



Portfolio of Model Upstream Programs PROGRAM DESCRIPTION

INSTRUCTIONS: *To apply to the Portfolio of Model Upstream Programs, submit this application, the Pre-Requisite application, and one Tier application with the requested attachments to Upstream@schsd.org or mail to Upstream, 490 Mendocino Ave., Santa Rosa, CA 95401. Complete ALL sections. Detailed information about each question is available in the separate INSTRUCTIONS. Assistance in completing this application is available and encouraged. Call Upstream at 565-8797 to indicate your intent to submit this form and to receive assistance.*

1. **Program Name** _____

2. **Organization** _____

3. **Contact name** _____

4. **Contact phone number** _____

5. **Contact e-mail address** _____

6. **Program website (if one exists)** _____

7. **Program Design: Provide a program description that includes the following or similar elements:** goals, strategies/activities, target population, outreach strategies and anticipated outcomes (anticipated benefit to client, county, society). The program description should be based on the program's logic model; clearly reflect the findings from the literature review; align with the content of the program's manual (for Tier 2) or policy and procedures document (for Tier 3); and incorporate the evaluation outcomes (for Tier 2) or elements of the evaluation design (for Tier 3).

8. **Program service location(s):**

(a) List all locations in Sonoma County where this program is **currently** physically provided to clients. Please include street addresses with zip codes. If program is provided in clients homes please indicate this and the supervisorial district in which clients reside.

(b) **Supervisorial District(s):** Check all Districts where services are **currently** physically provided

_____ 1st District (Susan Gorin)

_____ 4th District (James Gore)

_____ 2nd District (David Rabbitt)

_____ 5th District (Efren Carrillo)

_____ 3rd District (Shirlee Zane)

9. Clients: Describe the number of and demographics of **clients in this program during the most recent fiscal year**. It is acceptable and encouraged to cut and paste from a report prepared for another purpose:

10. Implementers: List all organization(s) that are **currently** implementing this program under this application:

11. Funding source(s)/Budget:

a) Provide total **current fiscal year program budget** amount (details not necessary) under this application:

b) Provide a list of all funders for this program under this application in the **most recent fiscal year**: