

United Way of Delaware and Otsego Counties Fall 2020 RFP

SECTION A

Agency Information

Date: _____ Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Phone Number: _____ Fax Number: _____ Website: _____

Contact Person's First Name: _____ Last Name: _____

Title: _____ Email: _____

SECTION B

Mission Statement of your agency.

Program Information

Program Name: _____

Amount Requested (not to exceed \$10,000) \$ _____

Please choose which community impact area this program addresses:

Income Basic Needs Income Financial Stability Education Health

Provide a brief Summary of your Program

United Way of Delaware and Otsego Counties Fall 2020 RFP

SECTION C

1. Describe your program's main components?

2. Who is the target population for your program?

United Way of Delaware and Otsego Counties Fall 2020 RFP

3. How does your program meet the needs of the target population?

4. Of the main components you listed above, which are you asking United Way to fund? (No more than two)

5. In the immediate past year, if you did not meet your stated outcomes, please describe for us the plan you have in place with this application to ensure you meet your stated outcomes (If applicable).

United Way of Delaware and Otsego Counties Fall 2020 RFP

- 6. How does your program addresses the needs of the ALICE population please describe that here and include the percentage of your target population that aligns with ALICE (for more information on ALICE see attached summary report).

United Way of Delaware and Otsego Counties Fall 2020 RFP

SECTION D

Program Performance

This section is meant to provide details on the information you provided in number 5 above. Refer to Appendix B for example.

1. List the primary activities (no more than two) for which you are asking for the United Way Delaware Otsego for funding (Outputs)

2. What services or activities will you provide and how many people will you be serving for each main component?

3. As a result of those services you provide, what changes will your clients / the community realize? (Outcome)

United Way of Delaware and Otsego Counties Fall 2020 RFP

Complete the following chart identifying benchmarks for the results you have described. Describe how you will know when you have achieved the result and the measurement tool that will confirm your achievements.

Program Component	Number of people that will realize these changes by:			How/where measurement tool will be implemented
	August 30 th 2020	February 29, 2021	Measurement Tool	
1				
2				

United Way of Delaware and Otsego Counties Fall 2020 RFP

SECTION E

Collaboration

1. Describe at least 2 specific, current, collaborative efforts or partnerships between your program and other organizations/programs, noting your organization's role in these efforts. If no existing collaborations exist please include plans to establish collaborations for your proposed program.

2. Please describe how the efforts of the collaborations have effected specific positive change in the lives of participants or community conditions, limited service duplication or assisted in the sharing of best practices between organizations. If there are no existing collaborations, please include the expected benefits of planned collaborations.

SECTION F

Budget

Please be sure to complete the budget worksheet.

Explain specifically how UW funding will be used (include whether the funding will help add new services or supplement funding to maintain current service levels).

If you receive funding at an amount less than requested, how do you plan to meet your program goals and outcomes? (i.e. seek other funding sources and/or modify goals and outcomes)

What % of funding for this program is your United Way Proposal? _____%

From what other sources are you seeking funding for this program and in what amount? Please list each source and indicate if that funding is pending or secured.

Expense Type	Program Expenses	United Way Funds Requested	Describe the specific details of associated expenses you anticipate using United Way Funds to cover. For expenses not covered by United Way, please list anticipated funding Source.
Salaries of Program Staff (direct)			
Benefits and Related Expenses			
Administrative Overhead*			
Telephone			
Occupancy Expenses (Rent, Mortgage, etc.)			
Insurance			
Office equipment, repairs and maintenance			
Computer/Internet/ Technology Costs			
Administrative Staff Support			
Other:			
Supplies			
Postage			
Printing			
Travel and Automobile			
Training/ Conferences and Workshops			
Contractual Services			
Other Expenses:			
Other Expenses:			
Other Expenses:			
Other Expenses:			
Total Expenses			

*Administrative overhead should not exceed 20% of your total allocated dollar from UWDO