Health Initiative RFP

1. Email Address
2. Which Health goal area are you applying for?
3. Which priority focus area will your work align most closely?
4. Legal Name of Organization or Fiscal Host Name
5. Organization EIN (Employer Identification Number)
6. Is this organization a 501c3 public charity?
7. Address
8. City
9. State
10. Zip Code
11. Phone Number
12. Organization's Website
13. Name of organization's President, Executive Director, or top paid staff.
14. Contact person completing this application
15. Contact person's title
16. Contact person's phone number
17. Contact person's email address
18. Does the organization reside within UWCM's service area or do 50% or more of the people you serve with this project reside within it? (all of Stearns & Benton and portions of Sherburne & Wright counties)
19. Please give two to three sentence summary of the organization's purpose/mission.
20. Provide two to three sentence summary of the basic services and history of the organization.
21. Provide two to three sentence summary of the organization's goals with special attention to any equity goals.
22. Provide two to three sentence summary of recent accomplishments with special attention to those involving equity.
23. Provide the number of Board members, paid staff and volunteers.
24. What is the title of the project/program?
25. What is the amount of UWCM funds requested per year?
26. Funds are requested for? (check all that apply)
27. Briefly describe the specific challenge/opportunity this grant will address. How did your organization identify this challenge or opportunity?
28. What is the specific service/strategy your program will provide to meet this challenge or opportunity?
29. Briefly describe how your project/program aligns with the Priority Focus Area for which you applied.
30. State the overall goal of this project/program and if it is successful, the expected impact/benefit it will have on the target population.
31. Provide three measurable outcomes that can be used in UW Health Initiative impact reporting, and the specific strategies/actions you will use to produce these outcomes.
32. Describe the specific, relevant characteristics of the target population to be served including their demographic status (race/ethnicity, socio-economic status, ages, gender, etc.).
33. Provide the unduplicated number of individuals likely to be served with this project/program within the UWCM service area. https://www.unitedwayhelps.org/about-us (Please list the number for year 2022-2023.)
34. What potential barriers might the target population face in accessing your project/program? What is or will be done to eliminate or minimize these barriers?
35. Describe how you will measure and evaluate your outcomes.
36. If you are awarded funds, briefly describe the overall plan and timetable for implementation.
37. Please provide the names of any additional funders for this project/program for which you have applied or received funds.
38. Please provide the names of any additional organizations with which you will be working on this project.
39. Please provide your total annual organizational budget.
40. If this proposal is selected to move forward with the investment process, will you be able to provide your organization’s budget for the current year including income and expenses?
41. Please provide a specific budget for your project/program for this grant request including income and expenses. If you have a specific document you would like to submit, please email it to jlenzmeier@unitedwayhelps.org.
42. Based on the most recent completed fiscal year, what was the % of program vs. administrative expense (management and fundraising) for the organization?
43. What percentage of funding for this project would be United Way funding?
44. Does the organization have a fiscal host? If yes, please email jlenzmeier@unitedwayhelps.org either the written Fiscal Sponsor/Host agreement between the fiscal sponsor and the applicant organization for this grant OR a letter stating that the sponsor accepts full legal, fiscal, and programmatic responsibility for the project.
    1. Name
    2. Title
    3. Date