United Way of Boone County, Illinois

Request for Proposal – FY2022

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| This submission was approved by the organization’s Board of Directors on: |  |

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| **Board President** | **Board Treasurer** |
| Printed Name: |  | Printed Name: |  |
| Signature: |  | Signature: |  |

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| **Organization Name:** |   |
| **Mailing Address:** |   |
| **City, State, Zip:** |   |
| **Telephone:** |   |
| **Organization CEO:** |   | **Email:** |   |
| **Proposal Contact:** |   | **Email:** |   |
| **Mission Statement:** |   |

**I. Program Narrative**

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| **Purpose – *How do you propose to use UW-Boone County funds? (Limit 3-5 sentences)*** |
| **Programs and Services – *List the names or titles of the programs and services that will be provided to Boone County residents with this funding.*** |
| **Accessibility and Equity – *How do you make the programs and services listed above available to potential participants who face income, race, language, gender, physical disability and/or transportation barriers? (Limit 3-5 sentences)*** |
| **Service Integration – *How do you connect and collaborate with other service providers to avoid duplication of services? (Limit 3-5 sentences)*** |
| **Outcome Measurement – *How do you know the degree to which your services are effective? (Limit 3-5 sentences)*** |
| **Program and Service Duration – *How much time does it take for a typical participant to achieve the desired outcomes of your programs or services? (Limit 3-5 sentences)*** |
| **Challenges – *What challenges do you face in providing services and how do you overcome these challenges? (Limit 3-5 sentences)*** |

**II. Operations Narrative**

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| **Service Delivery Location – *List the locations, including addresses where your programs and services are available to Boone County residents.*** |
| **Outreach and Referrals – *How do potential participants find out about your programs and services? (Limit 3-5 sentences)*** |
| **Enrollment – *If you have a formal enrollment mechanism, how is enrollment information maintained? (Limit 3-5 sentences)*** ***Note: If a formal enrollment mechanism is not applicable, then skip to the next item.*** |
| **Program and Service Quality – *What quality assurance standards govern your programs and services and what rating did you receive in your most recent review? (Limit 3-5 sentences) Note: If you are not governed by organizational, state, or national quality assurance standards, then skip to the next item.*** |
| **Organization Staff – *List the number of full-time equivalent (FTE) employees represented in Lines 16 and 17 of the Organization Budget form for the fiscal year reported on the form.***

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| --- | --- | --- |
|  | **for FY reported** | **for next FY****projected or budgeted** |
| **Line 16** |  |  |
| **Line 17** |  |  |

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| **Volunteers – *What role do volunteers play in delivering programs and services funded by this request and what are their numbers and qualifications? (Limit 3-5 sentences) Note: If volunteers are not used to deliver programs and services, then skip to the next item.*** |
| **Capacity – *How many participants would be supported by this funding request? (Limit 3-5 sentences)*** |

**III. Budget Narrative**

The budget information provided is for the organization’s most recently completed full fiscal year of:

Month/Year to Month/Year

**For the fiscal year reported:**

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| --- | --- | --- | --- |
| **Our organization . . .** | **Yes** | **No** | **Explanation** |
| Made employee payroll in full and on time.*If ‘no’, explanation required* |  |  |  |
| Was delinquent in transmitting employee payroll taxes to the IRS or State of IL*If ‘yes’, explanation required* |  |  |  |
| Paid bills within 60 days of the due date*If ‘no’, explanation required* |  |  |  |
| Lost its 501(C)3 Tax Exempt status *If ‘yes’, explanation required* |  |  |  |
| Bought or sold real estate*If ‘yes’, explanation required* |  |  |  |
| Held fundraising events where expenses exceeded 50% of the gross*If ‘yes’, explanation required* |  |  |  |
| Had a legal suit filed against us asking for judgment in excess of 2% of our total assets*If ‘yes’, explanation required* |  |  |  |
| Charges participants some fees for service*If ‘yes’, explanation required* |  |  |  |
| Has accommodations in place for participants unable to afford our fees*explanation required* |  |  |

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| % receiving reduced fees |  |
| % receiving full fee waiver |  |
| % charges full fee rate |  |
| Total (should equal 100%) |  |

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| **Fee Assistance – *How is an applicant’s eligibility for fee assistance assessed? (Limit 3-5 sentences)*** |
| **Fee Assistance – *How is the availability of fee assistance made known to participants? (Limit 3-5 sentences)*** |
| **Fee Assistance – *What is the dollar value of fees either waived (full and part) or covered by scholarships and/or subsidies made possible by private fundraising efforts? (Do not include government sources.) (Limit 3-5 sentences)*** |