



United Way of Rutland County

UWRC PROPOSAL SUBMISSION CHECKLIST:

Assembling the UWRC Proposal:

Before submitting a proposal to United Way of Rutland County's Community Impact Campaign team, please be *certain* that all of the noted information below is complete.

- UWRC Proposal Cover Sheet** (*form included*)
- Program Narrative** (*no more than 4 to 5 typewritten pages in 12-point font with 1 inch margins, Times New Roman font, and Single-Spaced please*) — Use attachment sent with this application.
- Program Timeline Form** (*form included*)
- Program Evaluation Form** (*form included*)
- Proposal Measurement Tool** — Please provide the tool you will use to measure success.
- Proposal Budget and Narrative** (*included within Program Narrative – no more than one page, please*)
 - Organizational Annual Budget**
- Proof of Nonprofit Status**
- Letter of Support, if applicable** (*form included, with extra attachment for sharing*)
- Additional information describing the program** — This could be an informational sheet, data supporting the need for the program, etc.
- Last Fiscal Year Organizational Budget to Actual and Balance Sheet**

File Formats:

The following file formats will be accepted:

- Microsoft Word
- Microsoft Excel (*Budget Information*)
- Adobe PDF

Sending the Proposal:

Please create one PDF with attachments arranged in the order listed above and email to caprice@uwrutlandcounty.org by 5pm April 2nd 2021

Remember:

Proposals will *only* be accepted electronically unless previous arrangements are made!

QUESTIONS? : Please contact Caprice Hover, Executive Director: caprice@uwrutlandcounty.org



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UWRC PROPOSAL COVER SHEET:

Project Information

Name of the Project:			
Organization Applying:			
Fiscal Agent: If different from above (organization hosting the funds)			

Contact Person(s)/Program Director(s):							
Address:		City:		State:	Vermont	Zip:	
Phone:	-	Fax:	-				
Email Address:							

Brief Description of the Project

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Purpose of the Funding

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Estimated Total Project Cost		Amount of Funding Requested	
Total	\$	Total	\$



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PROGRAM NARRATIVE:

DIRECTIONS: In *no more than* 4 to 5 single-spaced, typewritten pages in 12-point, Times New Roman font with 1 inch margins, please answer the following questions to the best of your ability.

Please Note: Do not use this word document to state your answers. Please use a separate word document, restating each question before answering.

QUESTIONS:

Agency Mission

Question #1: Please describe your Agency Mission and add a brief overview of its Current Work.

Brief Overview of Proposed Community Impact Program

Question #2: Please provide a brief overview explaining how this proposed program fits within your mission. Remember to state specific program details within this section, please.

Target Population

Question #3: Please describe your overall Target Population. (e.g., age, gender, ethnicity, socio-economic status, religion, location, specific needs, etc.)

Program Activities

Question #4: Please describe your intended program activities (e.g., the services to be provided, interventions to be put in place, facilities and/or resources made available, etc.)

Intended Program Outcomes

Question #5: Please describe your intended program outcomes (e.g., measurable, documentable changes to how people live and behave, and/or to systems that impact this)

Evidence of Need

Question #6: Please describe the evidence that supports the need of the existence of this program. Remember to cite your sources, summarize evidence of need, and reference any documents attached to this application.



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No Duplication

Question #7:	Please provide an overview of other similar programs within Rutland County, if they exist, and demonstrate how this program will differ.
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Program Outputs Measured in Accordance With RBA

Question #8:	<p>For each question below, describe the data you will collect, the methodology, and measurement tools to be used in collection.</p> <ol style="list-style-type: none"> 1.) How much will we do? (number of clients, number of hours, resources provided, etc.) 2.) How well will we do it? (evaluation of your program relative to proposed outcomes) 3.) Who will be better off? (demographics on the population served and other beneficiaries) 4.) How much will they be better off? (measurement of the impact to individuals and the community to quantify the positive outcomes of this program)
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Connectivity to the Community / Collaboration

Question #9:	<p>Please give details of relationships, partnerships and/or collaboration with other agencies relevant to this project.</p> <p>Remember: <i>Be sure to attach letters of support if one is necessary to solidify a direct partnership. A "Letter of Support" outline is available within your Grant packet.</i></p>
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Sustainability and Continuity

Question #10:	<p>How does your organization seek to diversify its funding streams in the future? Please touch on a few goals (at least two) that support the sustainability of your program. (Example: Fundraisers/Annual Appeal, Other Grants, etc.)</p>
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PROGRAM TIMELINE:

INSTRUCTIONS

The program timeline must be completed with your original grant proposal. This gives readers of your application a general set of activities for your program, helping them to better understand your proposal overall. Please be brief in your “*Activity*” description – about one or two sentences works well.

NOTE: If you need more rows to explain more goals, simply **copy and paste** a new row into place when completing this document.

The Program: *Please describe the activities required for the implementation of your proposed program for the entirety of your grant year. (July 1st, 2021-June 30th, 2022)*

PLEASE NOTE: This section gives you and the readers of your application a very basic outline of the different goals you plan to achieve throughout the lifetime of this grant. Please be as specific as possible when stating your goals, as this section of your grant stands as a breakdown of the overall program you are writing for.

Goal	Activity	Target Date	Person Responsible (<i>Job Title</i>)
<i>Example: Prepare for the start-up of the program.</i>	<i>-Begin marketing our new program on social media. -Make sure all of the program staff are on the same page and ready for the first community members to arrive on opening day, 8/17/2020.</i>	<i>8/11/2021</i>	<i>Executive Director/Program Director</i>



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Goal	Activity	Target Date	Person Responsible (<i>Job Title</i>)



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Program Evaluation Form:

How will you gauge your success?

Instructions: Within the table provided below, please state all of your goals with measurable objectives that will relate directly with the overall success of your program. **Attach** all materials, like an overall program survey, that you plan on using.

Goal	Measurable Outcome	Target Date	Person Responsible (<i>Job Title</i>)
<i>Example: Implement first, quarterly survey</i>	Program Director will implement first quarterly survey to beneficiaries of the program for one week to gauge the success of the program after three months	10/12/20 – 10/16/20	Program Director



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BUDGET NARRATIVE:

DIRECTIONS: In *no more than* 1 page, typewritten in 12-point, Times New Roman font with 1 inch margins, please describe your budget and why it makes sense for your program. This section gives you the opportunity to explain your budget in words, giving readers a better understanding of your budget overall.



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LETTER OF SUPPORT:

Project Information

Name of the Project:

Person Completing Form:
(This form must be completed
by the primary partner, not the
grantee organization)

Partner Organization:

Title:

Address:

City:

State:

Zip:

Phone:

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Email Address:

Briefly describe your primary level of support within this partnership. Please include services, space, equipment, materials, staff time or other resources that your organization will be committing to the project.

PLEASE NOTE:

NOTE: This form is to be filled out by primary project partners and/or supporters only, please. *Thanks!*