

2020 HEALTH, MENTAL HEALTH &
SUBSTANCE ABUSE TREATMENT RFP APPLICATION



United Way of Wayne
and Holmes Counties

Please submit a separate application for each program.

Organization: _____

Program: _____

Percentage of clients served in Holmes County: _____

Percentage of clients served in Wayne County: _____

Part I: Program Overview

Which objective(s) will your program meet? (Check all that apply)

Individuals and families will have access to physical health care. _____

Individuals and families will have access to mental health care. _____

Individuals will have access to substance abuse treatment. _____

1. Does your program serve low income residents in Wayne or Holmes County?
2. What percent of your clients served are at/below 200% of Federal poverty limit? _____
3. Are you able to clearly track your client's progress?
4. Are you able to provide annual reporting of clients and services provided?
5. Do you provide referrals to UWWH or other organizations in Wayne/Holmes?
6. Do you collaborate with other organizations in Wayne/Holmes Counties?
7. Please describe your program in detail.

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8. Please list the type of services your program provides.

Example:

- ***Vaccinations***
- ***Eye Exams***
- ***Therapy Sessions***

9. Please describe the need that this program is meeting. What data leads you to believe this is a need in our community?

10. Please describe your intake and tracking process.

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11. Please describe the outreach efforts currently used by the program to recruit and retain participants.

12. Are your service numbers increasing, decreasing or staying about the same? Please explain to us any changes in your program service numbers.

13. If your program is not able to meet a client's need, what do you tell the client and where do you refer them for additional assistance?

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14. Please describe this program's greatest challenge.

Part II: Key Performance Indicators

Use this table:
2019 (12 months of data using your fiscal calendar)
2020 (projected)

KPI Descriptions:

Type of service: *What service are you providing? (Make sure this list matches your answer in Q7)*

Number of services: *How many vaccinations did you administer?*

Type of Service	Number of Services		Number of Households		Number of Individuals (unduplicated)		Number of Collaborations		Number of Referrals	
	2019	2020 projected	2019	2020 projected	2019	2020 projected	2019	2020 projected	2019	2020 projected
Vaccinations	42	50	20	25	40	49	1	1	15	20

Number of households: *How many households did you serve?*

Number of individuals: *How many individuals did you serve? If one person had 4 vaccinations, only count the person once and the vaccination 4 times.*

Number of collaborations: *How many organizations do you partner with for this service?*

Number of referrals: *How many referrals were given to UWWH or other organizations due to this service?*

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Part III: Program Reporting and Evaluation

Please explain:

How do you define success for this program?

How do you track a client's progress?

How often and to whom are you reporting number of clients and services rendered?

What tools or processes do you use to evaluate the success of the program?

How often do you perform a program evaluation?

Part IV: United Way Promotional Section

If the program was previously funded, please provide a detailed example of a program success story which we can use for publication.

Part V: Fundraising Events

Please list all fundraising events that you have planned for 2020: date and description.

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Part VI: Budget Information

Please Use This Program Budget Template and attach a separate pdf form

Item Description	Justification	Item Cost (Total)	Amount Requested from UWWH	Matched Amount	Amount Ratio	
					UWWH	MATCH
Vaccines	<i>In order to administer vaccines we need to purchase them. \$2.00 each, we need 100 units</i>	\$200.00	\$200.00	\$0	100%	0%
PT Nurse-Hourly Rate	<i>We need to hire a PT nurse to properly administer vaccinations. \$25 per hour x 10 hours per week x 52 weeks.</i>	\$13,000.00	\$4,000.00	\$9,000.00	30%	70%
		Total Cost:	\$4,200.00	\$9,000.00	47%	53%

Please complete a program budget for each independent program request.

Additionally, we require a budget narrative which addresses all or some of the following as applicable:

1. Item description is “miscellaneous” and the total cost is greater than \$1,000.00
2. Please tell us how this program will succeed or fail without United Way funding? What will you do to fund this program if you are not awarded United Way funds?

Additional questions regarding finances and financial documentation may be requested before final awards are announced. Please be prepared to answer additional questions and provide additional documentation.

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