

2020 RFP Cover Sheet

(One Per Organization)



United Way of Wayne
and Holmes Counties

AGENCY NAME: _____

Mission Statement: _____

AGENCY DIRECTOR/PRESIDENT NAME: _____

Phone: _____ E-Mail: _____

Board President Name: _____

Person Completing RFP (name): _____ Phone: _____

Organizational Overview (Please select Y or N)

1. Is your organization a registered 501(c)(3) with the Ohio Secretary of State? Y N
2. Are you a public education institution, voluntary association or faith based organization? Y N
3. Do you have a volunteer Board of Directors (not compensated)? Y N
4. Do you currently provide services in Wayne and/or Holmes County? Y N
5. Have you ever applied for funding from United Way of Wayne and Holmes Counties? Y N
6. Do 100% of your board members contribute to your organization financially? Y N
7. What percentage of your 2019 organizational budget was from United Way of Wayne and Holmes? _____
8. Please select the grant amount with program name that you are applying. If you are applying for multiple programs with same amount, please separate with commas.

Health & Mental Health:

\$80,000. _____

\$50,000. _____

\$25,000. _____

\$10,000. _____

Safety Net:

\$50,000. _____

\$40,000. _____

\$30,000. _____

\$20,000. _____

Workforce Development:

\$40,000. _____

\$30,000. _____

\$20,000. _____

\$10,000. _____

Youth Development:

Early Childhood

\$50,000. _____

\$25,000. _____

\$5,000. _____

Summer Program:

\$10,000. _____

\$5,000. _____

All Other Youth Programs:

\$20,000. _____

\$10,000. _____

\$5,000. _____

Total Number of Programs: _____

Total Dollar Amount Requested: \$ _____