



2022 United Way of Wayne and Holmes RFP Application

Directions: Please submit request via email to: info@uwwh.org. All information should be included in one PDF document. Funds are only available for organizations, churches and school districts that are physically located and serve in Holmes or Wayne Counties.

Should your request be approved you will be required to abide by all requirements set forth by United Way of Wayne and Holmes Counties. A mid-term and year-end report will be required for all funded partners. Please direct any questions on this application to info@uwwh.org. Awards will be announced in March 2022.

AGENCY NAME:

MISSION STATEMENT:

PHYSICAL ADDRESS:

WEBSITE:

AGENCY DIRECTOR/CEO NAME:

PHONE:

EMAIL: _____

BOARD PRESIDENT'S NAME:

PERSON COMPLETING APPLICATION :

Organizational Overview (Please select Y or N)

1. Confirm your organization is 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 County? **Y N** Holmes County? **Y N**
5. Do 100% of your board members contribute to your organization financially? **Y N**
6. Do you have a statement of diversity, equity and inclusion that was adopted by your board? **Y N**
7. In order to calculate your administrative costs please attach pages 1,9,10 of form 990. **Y N**

A. What Need Is Your Request Fulfilling?: (Mark all that apply)

- Addiction Treatment
- Access to Arts and Culture
- Access to Physical Health Services
- Case Management
- Counseling
- Education
- Food Insecurity Issues
- Health/Wellness
- Information and Referral
- Job Retention Support
- Opportunities for Career Advancement
- Prevention
- Positive Role Model
- Removing Barriers Employment
- Safe Place for Adults
- Safe Place for Kids
- Support Systems
- Shelter
- Transportation
- Other: _____

Check what areas of impact your need falls under (Check all that apply):

- Health/Mental Health/Substance Abuse Treatment
- Safety Net
- Workforce Development
- Youth Development

B. How will you use these funds to meet the above marked needs? (Mark all that apply)

<input type="checkbox"/> Certifications/Training <input type="checkbox"/> Client Evaluation/Assessment <input type="checkbox"/> Direct Client Services (Shelter, Rent, Utilities, Clothing, Transportation, etc.) <input type="checkbox"/> Meals/Snacks/Food Pantry <input type="checkbox"/> Program Specific Supplies <input type="checkbox"/> Salary/Benefits <input type="checkbox"/> Scholarships <input type="checkbox"/> Support Group <input type="checkbox"/> Other: _____
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To see what United Way funds may not be used for, visit FAQ's on website

C. Define Units of Measurement for each option marked in B. (ie. hours, blankets, rent payments, books)

D. Total Amount Requesting: _____

Are you requesting 2 years of funding? Yes or No

This option is available to those that are only meeting basic needs (food and shelter) and that have been a funded partner of United Way of Wayne and Holmes in good standing for 5 consecutive years. This option is not available to new partners. Please call Katie Kogelman or Carrolyn Salazar to verify your eligibility. Contact information is on the last page.

If Yes, how would multi-year funding help you?

E. Provide a budget to reflect how you will use the requested amount to meet the needs you have identified above.

How are you using the Funds to meet needs? (Should Match B above)	Amount Requested from United Way?	Amount Provided from other sources?	% of UWWH Funding?	Total:
ie. Meals	\$10,000	\$10,000	50%	\$20,000
ie. Salary/Benefits	\$40,000	0	100%	\$40,000
	\$50,000*	\$10,000		\$60,000

*This number must match what you answered in D

F. Key Performance Indicators (KPI) Table: The KPI Table needs to reflect the budgeted expenses above. When the use of funds (B) is salary/benefits, we need to know what need (section A) that person is meeting - unit of measurement may be hours, children..ect. - the cost per unit is N/A

A. Need	B. How will you use the funds	A. Unit of Measurement	How many units?	How many individuals will be served? (unduplicated)	Total \$ Amount (should match budget)	Cost per Unit
le. Food Insecurity	Hot Meals	Meals served	30,000	4,562	10,000	.33 per meal
le. Case Management	Salary/Benefits	Hours of case work	480	35	40,000	N/A

★ Describe in detail how your organization is meeting the needs stated above, for every community need that you checked above, there must be detail given on each item, please tell us the who, what, when, where, why and how:

★ How do you know that what you are doing is meeting the need? How do you measure success?

★ If United Way does not fund your request, how will you meet the community need(s)?

★ Why should United Way fund you, over a comparable request?

Contact Information:

Application must be submitted as one pdf and emailed to info@uwwh.org

Katie Koglman: katie@uwwh.org (330) 264-5582

Carrolyn Salazar: carrolyn@uwwh.org (330) 264-5585