

United Way of Mason County
Request for Proposal Instructions

2019/2020 Funding Cycle

United Way of Mason County is accepting Request for Proposals (RFP) for the 2019/2020 funding cycle. **The RFP is due by 5:00 p.m. on Monday, February 11, 2019.** Proposals that are not completed in its entirety or received after the due date will not be accepted.

You may choose to have the United Way of Mason County Executive Director review your Request for Proposal and required attachments for completeness, but it must be submitted by **5:00 p.m. on Thursday, January 24, 2019.**

You will be given the opportunity to make the necessary corrections and resubmit your Request for Proposal, as long as, it is resubmitted by the due date. This also includes all of the required documents.

Completed Request for Proposals and the required documents may be e-mailed or sent U.S. mail.

- **To E-mail** – send to Lynne Russell. Her e-mail address is lynne@masoncountyuw.org. When e-mailing, please send RFP and required attachments as one document.
- **To Send U.S. Mail** – send to Lynne Russell, Executive Director, United Way of Mason County, 920 East Tinkham Avenue, Ludington, MI 49431.

Eligibility Criteria

To receive funding through United Way of Mason County your organization and program for which you are seeking funding must meet the following organizational and program criteria:

1. Organizational

- Has a clear mission statement.
- Is a not-for-profit with Articles of Incorporation.
- Is exempt from Federal Income Tax under section 501(c)3 or exempt from taxation under another section of the Internal Revenue Code.
- Has a Board of Directors or Governing Board that meets at least quarterly and can provide dates of the meetings upon request.
- Has a most recent Annual Certified Audit or financial statement.
- Has a most recent completed IRS Form 990 or 990EZ, if applicable.
- Has a current fiscal year budget.
- Has a current License to Solicit with the State of Michigan or documentation from the Attorney General exempting the organization.
- Has stated policies and procedures of nondiscrimination, which comply with all requirements of the state and federal laws and regulations on nondiscrimination and equal opportunity with respect to clients, officers, employees and volunteers and can provide evidence of such policy upon request.
- Does not knowingly employ individuals or contribute funds to any organization found on terrorist related lists officially announced by the U.S. Government, the United Nations or the European Union.

2. **Program** – The Program must be addressing one of United Way of Mason County’s impact areas:

- Adults and Families Living Well and Self Sufficiently or
- Children and Youth Achieving Their Potential.

In addition, the program must be working toward achieving one or more of the outcomes listed below.

- Successfully manage household expenses.
- Develop the necessary skills to obtain and maintain employment.
- Obtain and maintain safe and affordable housing.
- Meet basic needs on an emergency and on-going basis.
- Obtain and maintain a healthier lifestyle through diet and exercise.
- Decrease rate of substance use.
- Become safe from domestic violence.
- Children are developmentally ready to learn and succeed.
- Youth are involved in safe and productive activities in schools or the community.

The program may be implemented through a single organization or multiple organizations.

REQUEST FOR PROPOSAL

The 2019/2020 Request for Proposal is a fillable PDF, with the exception of the Income and Expense Sheet, which is an Excel document.

The Request for Proposal has seven (7) sections that must be completed, as follows:

- Section One – General Information
- Section Two – Organizational Information
- Section Three – Program Description
- Section Four – Program Impact
- Section Five – Financial Information
- Section Six – Income and Expense Sheet (Excel Document)
- Section Seven – Supporting Documents

There is an explanation for how to answer each of the questions, as needed. It should be also noted that the narrative sections are word limited, with the maximum amount of words indicated.

TIME LINE

Date	Activity
Monday, January 14, 2019	E-mail Requests for Proposals to organizations.
Monday, January 14, 2019	Publish press release announcing that the RFP is opening to qualified organizations
Tuesday, January 22, 2019	RFP meeting with organizations interested in applying for funding. Review the Request for Proposal process and answer questions. In addition, provide a brief overview of Collective Impact/Bridges Out of Poverty.
Thursday, January 24, 2019	Organizations can submit their RFP for a preliminary review. Due by 5:00 p.m.
Monday, February 11, 2019	RFP due at 5:00 p.m.
Week of February 18, 2019	Community Investment Committee/Council reviews RFP and determines the following: <ul style="list-style-type: none">• RFP denied• RFP is accepted• RFP is accepted, but request for additional information• RFP is accepted, request for presentation
Friday, February 22, 2019	Organizations notified of committee/council decision.
Week of March 11, 2019	Committee/council meets to review additional information and/or listen to program presentations and finalize funding recommendations.
Wednesday, April 17, 2019	Recommendations presented to the Board of Directors for review/approval
Wednesday, May 1, 2019	Organizations notified and first quarter allocations made.



United Way of Mason County

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2019/2020 Request for Proposal

Please complete the following information and email it back to lynne@masoncountyuw.org.

SECTION ONE – GENERAL INFORMATION

Program Name

Organization Name

Organization Acronym *(if applicable)*

Tax ID #

Mailing Address

Website Address *(if applicable)*

Point of Contact

Position/Title

Telephone Number

E-Mail Address

Total Amount Awarded in 2018/2019 *(if applicable)*

Total Program Budget for the Organization’s Current Fiscal Year

Total Request for 2019/2020 Funding Cycle

Signature of the Point of Contact

Signature of Executive Director (if different)

Date

Date

Program Name

Organization Name

SECTION TWO – ORGANIZATIONAL INFORMATION

Briefly describe how your organization works. What is your mission? What are your values? What is unique about your organization? ***(Please limit to space provided)***

What community members or partnerships does your organization work with? How, if at all, does your organization's current success depend on these partners? ***(Please limit to space provided)***

Are the services that your organization provides listed in the 2-1-1 database?

Yes

No

If yes, are you reviewing your organization's information in the database, at least annually, to ensure that it is still current?

Yes

No

If the services your organization provides are not listed in the 2-1-1 database, please explain. ***(Please limit to space provided)***

Does your organization utilize volunteers?

Yes

No

If yes, do you utilize Volunteer West Michigan as a means of recruiting volunteers?

Yes

No

If you are not utilizing Volunteer West Michigan as a means of recruiting volunteers, please explain. (***Please limit to space provided***)

Program Name

Organization Name

SECTION THREE – PROGRAM DESCRIPTION

Provide a clear and succinct explanation of your program. *(This is a brief statement that each reviewer will read and develop an understanding of your program. This is your opportunity to make a strong first impression.)* **(Please limit to space provided)**

Who are the people that your program serves? *(Please include the following information in your narrative, as applicable.)* **(Please limit to space provided)**

- Geographic location
- Age group
- Gender
- Race
- Disability

What program criteria do individuals/families have to meet to access services? **(Please limit to space provided)**

How do you quantify people served? *(Please check the applicable box.)*

Individual

Family

Household

Based on your answer above, how many were served during your program's most recently completed fiscal year? *(Type the number in the box below.)*

Unduplicated

Duplicated

Program Name

Organization Name

SECTION FOUR - PROGRAM IMPACT

What impact area is your program seeking to address? *(Please check the box below.)*

- Adults and Families Living Well and Self-Sufficiently
- Children and Youth Achieving Their Potential

What outcome(s) is your program working toward achieving? *(Please check all applicable boxes below.)*

- Successfully manage household expenses.
- Develop the necessary skills to obtain and maintain employment.
- Obtain and maintain safe and affordable housing.
- Meet basic needs on an emergency and on-going basis.
- Obtain and maintain a healthier lifestyle through diet and exercise.
- Decrease rate of substance use.
- Become safe from domestic violence.
- Children are developmentally ready to learn and succeed.
- Youth are involved in safe and productive activities in schools or the community.

How did you choose which outcome(s) to focus on and what is the program's approach to achieving the identified outcomes? ***(Please limit to space provided)***

How do you know whether you are making progress on those outcomes? Please include relevant information, data or evidence. ***(Please limit to space provided)***

Has your program or approach ever been externally evaluated? *(Please check the applicable box below.)*

Yes

No

If yes, please describe the results. ***(Please limit to space provided)***

Program Name

Organization Name

What kind of data, if any, do you collect? *(Please select all that apply.)*

Informally check in with the people you serve to see how things are going.

Formally collect and document qualitative feedback.

Routinely collect program and other data on progress.

Pilot or user test new programs, products, policies.

Internally conduct evaluation or assessments of outcomes.

Externally conduct evaluation or assessment of outcomes.

External randomized control trial.

Other *(Please indicated below.)*

Program Name

Organization Name

SECTION FIVE – FINANCIAL INFORMATION

What is your organization's fiscal year?

How often does the Board of Directors review financial information?

What financial statements does the Board of Directors review?

What is the organization's annual percentage for administrative and fundraising expenses? *(Please type in the percentage rate. If your organization is not required to complete an IRS Form 990, please calculate the annual percentage rate using your most recently completed annual audit/review.)*

Definition – *The annual percentage for administrative and fundraising expenses shall be computed from the most recently completed IRS Form 990 by adding the amount spent on “management and general” to “fundraising” and dividing the resulting total by “total revenue.”*

SECTION SIX – INCOME AND EXPENSE SHEET

General Requirements - Below are the guidelines that we are requesting be used when completing the income and expense sheet.

1. The income and expense sheet must be completed specifically for the program for which your organization is requesting funding.
2. Mason County Program Most Recently Completed Fiscal Year Actual – This column reflects the income and expenses for the program **to operate in Mason County. Use actual figures for your organization's most recently completed fiscal year.**
3. Mason County Program Current Budget Fiscal Year – The information reflects the **program's approved budget for the organization's current fiscal year.**
4. Please, use only numbers and decimals.
5. If you do not have an amount for a specific line, please leave blank.
6. If there is no appropriate line item number for a source of revenue or expense, please use Miscellaneous Income or Miscellaneous Expense.

Income

1. United Way of Mason County – The total amount of funding the program receives from United Way of Mason County. This includes funds received from the unallocated pool of dollars and designated dollars. **This amount is what the program received during your organization's most recently completed fiscal year, which may be different than the amount awarded from the previous funding cycle.**
2. Local Government Grants – The total amount of funding the program receives from the local government (city, township, county).
3. State Grants – The total amount of funding the program receives from the State of Michigan.
4. Federal Grants – The total amount of funding the program receives from the Federal Government.
5. Foundations – The total amount of funding the program receives from local and national foundations.
6. Third Party Reimbursement – Reimbursement from third party sources such as, insurance companies.
7. Program Service Fees – Registration/participation fees, fees for service such as, counseling.
8. Membership Dues – Dues paid by an individual or group to be a member of the program.
9. Contributions – Donations (solicited or unsolicited).
10. Special Events – The gross amount raised from all special events held in Mason County that were directly run by your organization or a third party entity.
11. In-Kind Contributions – Items donated to the program such as, advertising, supplies, etc.
12. Investment/Endowment – Dollars earned on investments or from an endowment that is specific to the program.
13. Miscellaneous Income – Other income that cannot be categorized into any of the other revenue line items. Please attach an explanation of the type of income recorded on this line item.
14. Total Income – The sum of lines 1 through 13 equals the program's total income.

Expenses

15. Salaries – Include the amount of employee compensation dedicated to the program.
16. Employee Benefits – Include the amount of employee benefits for the program such as, health insurance, retirement, optical, dental, etc.
17. Payroll Taxes – Include the amount of employee workers compensation costs, employer's share of FICA and unemployment taxes for the program.
18. Consultant Fees – Amount of contract payments to professional consultants and contract employee fees as it relates to the program.
19. Special Events Expenses – Amount for special event related expenses.
20. Occupancy/Utilities – Amount of occupancy costs and utilities for the program such as, office rent, mortgage interest, property taxes, electric, gas, water, sewer, etc.
21. Equipment Purchases/Maintenance – Amount for equipment-related expenses dedicated to the program and/or its share of the cost to maintain equipment such as, computers, copy machine, office furniture, etc.
22. Supplies – Amount of supplies dedicated to the program. This includes such items as office supplies, craft and recreational supplies, food and beverages, etc.
23. Telephone – Amount of telephone, fax and internet connection expenses for the program.
24. Postage and Shipping – Amount for postage and delivery expenses as it relates to the program.
25. Printing and Publications – Amount for printing and publications expenses as it relates to the program. This includes items such as printing, artwork, photography, etc.
26. Travel – Amount of travel expenses for the program such as, vehicle maintenance, mileage reimbursement.
27. Conferences and Meetings – Amount of conference and meeting expenses for the program such as, conference registration, sponsoring or hosting a meeting, continuing education.
28. Membership Dues – Amount of dues expense paid for the program to other organizations. This includes dues to state and national organizations.
29. Insurance – Amount of insurance expense paid for the program such as, general liability, directors and officers professional liability, etc.
30. Specific Assistance to Individuals – Amount of specific assistance the program provided to participants/consumers. This includes items the program provides directly to the participant/consumer such as, money, food, clothing, housing, utilities, etc.
31. Miscellaneous Expense - Expenses that cannot be categorized into any of the other expense line items. Please attach an explanation of the type of expense recorded on this line item.
32. Total Expense – The sum of lines 15 through 31 equals the program's total expenses. If the total expense exceeds the total income, please provide an explanation as to how the deficit will be met.

SECTION SEVEN – SUPPORTING DOCUMENTS

Please provide one copy of the following documents and label them according to the corresponding attachment number.

Required Attachments		Included	n/a
Attachment One	Exemption letter from Federal Income Tax under Section 501(c)3 or exempt from taxation under another section of the Internal Revenue Code.		
Attachment Two	Current License to Solicit with the State of Michigan or documentation from the Attorney General exempting the organization.		
Attachment Three	List of current volunteer Board of Directors or elected officials.		
Attachment Four	Most recent Certified Annual Audit or financial statements.		
Attachment Five	Current fiscal year budget.		
Attachment Six	Board of Directors meeting minutes during which the annual audit and current fiscal year budget were approved. <i>(Please, highlight the section of the minutes showing where this action was taken.)</i>		