

**United Way of Mason County
Request for Proposal Instructions
2012/2013 Funding Cycle**

General Instructions

1. The Request for Proposal is due by 5:00 p.m. on _____. If you would like a preliminary review for the completeness of the Request for Proposal, it must be submitted by 5:00 p.m. on _____. (this is two weeks prior to the date in which the request for proposal is due.)

- If you submit your request for proposal for a preliminary review on or before the date specified above, the United Way of Mason County Executive Director will notify you if any sections of the proposal or required attachments are missing or incomplete.

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.

- If you do not submit your Request for Proposal for a preliminary review by 5:00 p.m. On _____, you will not be notified if any sections of the proposal or required attachments are missing or incomplete.

2. Since we have a large number of volunteers involved in the review process and the need to schedule multiple meetings, it is critically important that your submission of the Request for Proposal be completed in full using the format that we've outlined and that it is received on time.

The Request for Proposal will not be considered for funding during the upcoming funding cycle if it is not:

- **Completed in its entirety,**
- **Completed using the format outlined or**
- **Received by the due date.**

3. We ask that you only supply us with the original Request for Proposal document and one copy of the requested attachments.

4. To assist our volunteers in reviewing the proposals, we are appreciative if you make your proposal as easy to read as possible by doing the following:

- Provide a typewritten, double-spaced response to any of the questions that request a narrative explanation.
- Begin each section on a new page.
- Type the name of the program and organization at the top of each page. We've included a specific format at the top of each page for you to write the name of your program and organization. This will assist us in ensuring that all the questions in the Request for Proposal have been completed as we prepare it to be reviewed by the volunteers.
- Number all pages of the proposal starting with the cover sheet. To ensure that all pages are present, we would encourage you to label each page with the page number and the total number of pages. For example, Page 1 of "X", Page 2 of "X", etc. with "X" being the total number of pages in the proposal.
- To assist us with copying, please do not bind, staple, or put completed proposals or attachments in a notebook. Please, simply paperclip the application and each of the attachments.

Section One – Cover Sheet

1. Please type the name of the program and organization in the space provided.
2. The information provided on this page is to assist you in ensuring that your proposal is completed in full. We ask that you place a check “✓” in the box to indicate the item has been included or write n/a if it’s not applicable.
3. To assist us in locating the required attachments, we ask that you type the corresponding attachment number in the upper right hand corner of the document.

Section Two - General Information

1. Please complete the requested information in full. If an item is not applicable, please indicate by writing n/a.
2. Please ensure the proposal is signed by both the Executive Director/President/CEO and the organization’s Board Chair. If the Board Chair is not available to sign the document, it may be deferred to the Vice-Chair.

Section Three – Program Description

1. Please state the organization’s mission.

Definition - The mission of an organization describes why it exists. It is sometimes referred to as a purpose, charter or intent.

2. Program Description - Please utilize clear, concise, understandable statements to describe the scope of the program for which you are requesting funding in 60 words or less.

Note - This description may be used by United Way of Mason County for brochures, summary reports and general information provided to the public.

3. What is the target population to be served by this program? Please indicate the geographic area that the program will serve, the age group that will be served, the gender, race, disability and other unique characteristics of the population that will be served.
4. What are the program eligibility criteria?

Definition - This describes what requirements an individual and/or family must meet to participate in the program.

5. What are the program’s hours of operation? Please indicate if the program has a provision for individuals to access services after hours.
6. Is this a research/evidence based program? If yes, what is the name? Please provide the name of the evidence based program, if applicable. If the program is not research/evidence based, you may simply answer the question “no”.

Definition - Evidence-based programming includes techniques, strategies and methods that have been researched, practiced/tested and tracked.

7. Below are four ways that providers work with others. Check the box or boxes which best describe how program staff interacts with other providers and for each box checked describe how this is done.

Name and Definition of Four Components	Check Appropriate Box(es)	For Each Box Checked Describe How
Networking - Exchanging information for mutual benefit.		
Coordinating - Altering program activities for mutual benefit.		
Cooperating - Sharing resources for mutual benefit.		
Collaborating - Sharing decision-making, resources (human and financial) and accountability among participating organizations and groups.		

Example - Networking - program staff attend the Human Services Coordinating Council meetings and update the council on current program activities.

8. If this is a collaborative effort between multiple organizations and/or community partners, please list the name of each participating organization, contact person and their role in the collaborative utilizing the format below.

Name of Organization/Community Partner

Contact Person

Role

Definition - Collaboration is shared decision-making, shared resources and shared accountability among participating organizations and groups. It does not include organizations or groups with which the organization has a cooperative working relationship or referral relationship only. It is the ongoing, collaborative effort that directly relates to the program outcome(s).

Section Four– Outcome Measurement and Evaluation

In order for a program to be eligible for funding it must address at least one outcome in one of the two priority areas of:

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

These priority areas were determined by the Community Investment Committee and United Way of Mason County Board of Directors after obtaining feedback from a cross-section of the Mason County community and collecting literature data.

In each priority area there are several outcomes from which you may choose. Once you have determined which outcome(s) best match what the program is working toward achieving, you will need to select at least one of the corresponding indicators.

If the program is funded, you will be asked to provide a six-month and year-to-date report on the results of the program from the outcome(s) selected.

Definitions

An outcome is defined as the positive benefits or changes that participants will experience as a result of participating in the program.

An indicator is a measure or set of measures that indicates if the desired outcome has been successfully achieved.

This section of the proposal has been set-up utilizing a table format, which includes all the identified outcomes and indicators from which you may select. In addition, there are several questions that we want you to answer for each of the selected program outcomes and related indicators. The table below provides you with the questions and an explanation of what to include in your answer.

<i>How many participated in the program? (in numbers)</i>	<i>How many reported that they increased their knowledge of how to manage their household expense? (in numbers)</i>	<i>What is the program's target/ success rate? (in percentage)</i>	<i>What was the program's actual success rate? (in percentage)</i>	<i>What is the Measurement Method?</i>	<i>If the program did not achieve its target, please indicate if any corrective action will be taken.</i>
Record the number of individuals that participated in the program.	Record the number of individuals who achieved the outcome.	Record what was identified as the program's target or success rate. <i>(What you expect to achieve)</i>	Record the actual success rate. <i>(This is calculated by dividing the number of people who participated in the program by the number of people who achieved the outcome.)</i>	Describe what measurement method was used to collect the data. <i>(This may include the use of surveys with participants, ratings by a trained observer, data obtained from a third party source, etc.)</i>	If the program did not achieve the target that was set, please report what you will do differently in order to achieve the identified outcome.

The following is offered as an example:

Priority Area - Adults and Families Living Well and Self-Sufficiently

Outcome 1 - Successfully manage household expenses.					
<i>Indicator 1 - Participants that increased their knowledge of how to manage household expenses.</i>					
<i>How many participated in the program? (in numbers)</i>	<i>How many reported that they increased their knowledge of how to manage their household expenses? (in numbers)</i>	<i>What is the program's target/ success rate? (in percentage)</i>	<i>What was the program's actual success rate? (in percentage)</i>	<i>What is the Measurement Method?</i>	<i>If the program did not achieve its target, please indicate if any corrective action will be taken. For example, reviewing the program, changing the target in percentages, deleting the indicator.</i>
50	40	85%	80%	At the beginning of the eight week session, the participants took a pre-test and took a post-test at the end of the session.	Reviewed the findings with staff and found that three of the participants missed two of the eight classes. We created a method of ensuring that the participants receive the materials when they miss a class, along with scheduling a time to review it with them.

To assist us in reducing the number of pages that need to be copied, it would be helpful if you could delete the tables for the outcomes and indicators that your program is not addressing. This is done by using your computer mouse to highlight the table(s) that you want to delete, go to your toolbar, click on "table," go down to "delete" and click "rows."

Program Activities – To assist our volunteers in reviewing the proposal, we ask that you help them by listing the activities that your program will be implementing in a bulleted format. Below are the questions that we are requesting you answer depending on whether it is an existing program or new program.

Existing Program

- During the program's most recently completed fiscal year, what program activities were implemented?
- Will there be any additions or deletions to the types of activities being implemented for the program's current fiscal year? If yes, please explain.

New Program

- What program activities will be implemented to achieve the outcomes?

Definition - Activities are services that the program provides to its participants to achieve a desired outcome. The following examples are offered:

- Advocacy services
- Tax preparation
- Counseling sessions
- Transportation services
- Financial management classes
- Youth development activities.

Section Five – Financial Information

In order for the volunteers to have a better understanding of the financial operations of your organization please, answer the following questions:

1. What is your organization's fiscal year?
2. How often does the Board of Directors review financial statements?
3. What financial statements does the Board of Directors review?

Below are some examples of financial statements

- *Balance Sheet*
- *Profit and Loss Year-to-Date Compared to Budget*
- *Statement of Activities*
- *Others*

4. Within the last five years, has the organization ended a fiscal year with an operating deficit? If yes, please explain each situation and the strategies implemented to eliminate the deficit.
5. What is the organization's annual percentage for administrative and fundraising expenses?

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."

6. Is the organization running or planning to run or start a capital campaign within the next two years? If yes, please indicate the purpose of the campaign and the amount and target date for the goals.

Definition – A capital campaign is defined as the solicitation of funds, securities or real property for acquisition, construction, remodeling, or enlarging of land and/or physical facilities, including furnishings, computers and equipment. The campaign is directed at some combination of business, foundation and individual donors in Mason County.

7. Does the organization have an endowment fund? If yes, indicate its purpose, current market value and annual income.

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 is an Excel document.
2. The income and expense sheet must be completed specifically for the program for which your organization is requesting funding.
3. The income and expense sheet form shall be the last page of the proposal.
4. 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**. If your organization's fiscal year is the calendar year, use actual figures for January 1 to October 31 and projected figures for November 1 to December 31. (If the program has not been in existence for more than twelve months, the Most Recently Completed Fiscal Year Actual column does not need to be completed.)
5. Mason County Program Current Budget Fiscal Year – The information reflects the **program's approved budget for the organization's current fiscal year**. If your organization's fiscal year is the calendar year, project figures for the coming calendar year.
6. If the total expense exceeds the total income, please provide an explanation as to how the deficit will be met.
7. All amounts displayed should be in dollars only. Round up to the next dollar for items of \$0.50 or higher. Drop items \$0.49 or less.
8. Express negative figures in parentheses.
9. If there is no appropriate line item number for a source of revenue or expense, please use the line 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. In-Kind Contributions – Items donated to the program such as, advertising, supplies, etc.
11. Investment/Endowment – Dollars earned on investments or from an endowment that is specific to the program.
12. 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.
13. Total Income – The sum of lines 1 through 12 equals the program’s total income.

Expenses

14. Salaries – Include the amount of employee compensation dedicated to the program.
15. Employee Benefits – Include the amount of employee benefits for the program such as, health insurance, retirement, optical, dental, etc.
16. Payroll Taxes – Include the amount of employee workers compensation costs, employer's share of FICA and unemployment taxes for the program.
17. Consultant Fees – Amount of contract payments to professional consultants and contract employee fees as it relates to the program.
18. Occupancy/Utilities – Amount of occupancy costs and utilities for the program such as, office rent, mortgage interest, property taxes, electric, gas, water, sewer, etc.
19. 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.
20. Supplies – Amount of supplies dedicated to the program. This includes such items as office supplies, craft and recreational supplies, food and beverages, etc.
21. Telephone – Amount of telephone, fax and internet connection expenses for the program.
22. Postage and Shipping – Amount for postage and delivery expenses as it relates to the program.
23. Printing and Publications – Amount for printing and publications expenses as it relates to the program. This includes items such as printing, artwork, photography, etc.
24. Travel – Amount of travel expenses for the program such as, vehicle maintenance, mileage reimbursement.
25. Conference and Meetings – Amount of conference and meeting expenses for the program such as, conference registration, sponsoring or hosting a meeting, continuing education.
26. Membership Dues – Amount of dues expense paid for the program to other organizations. This includes dues to state and national organizations.
27. Insurance – Amount of insurance expense paid for the program such as, general liability, directors and officers professional liability, etc.
28. 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.
29. Miscellaneous Expense - Other expense 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.
30. Total Expense – The sum of lines 14 through 29 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.