**CUMBERLAND COUNTY UNITED FUND**

**Request for Proposals (RFP) for 2026 Funding**

**For Outcome Based Programs**

The United Fund of Cumberland County, Inc. is committed to investing community resources in programs and services that address the various needs of people in our community. This grant opportunity is designed for nonprofit organizations that deliver impactful local services to individuals and families and are aligned with the United Fund’s **Focused Impact Area Goals and Funding Priorities**. (Page 2)

Organizations that are committed to improving lives in Cumberland County – and to measuring the difference their services make – are strongly encouraged to apply.

| Workshops on completing this grant application will be held at the United Fund, 348 Taylor Street, Crossville TN 38555 on Wednesday, June 18th 3:30 pm - 5:00 pm (CST) and Tuesday, June 24th 1:30 pm -3:00 pm (CST) These workshops are **not** mandatory but encouraged. You must register for these workshops by email admin@cumberlandunitedfund.org. Please note: The content will be the same at both sessions, so attendees only need to choose one date that works best for their schedule. |
| --- |

**All applications are due by Thursday, August 21st 2025 by Midnight. No late proposals will be accepted**. **Please email completed proposal to admin@cumberlandunitedfund.org**

Review Team visitations **will** be conducted for proposals in this category (outcome-based proposals).

**Completing the Proposal:**

\*Answer each question by **typing on the document**. All proposals should be typed in Times New Roman with a 12-point font and 1.15 line spacing. Number the pages and include your nonprofit name at the top of each page.

For any questions, contact: admin@cumberlandunitedfund.org

1. Read **Impact Area Goals** **& Funding Priorities**.
2. Complete the **Cover Sheet**
3. Complete **Section I**
4. Complete **Budget Information Form**
5. Attach a copy of your 2024 **IRS Form 990** or **990-Z**
6. Review your proposal: Ensure that it is typed in Times New Roman with a 12-point font and 1.15 line spacing, and that you have numbered the pages and included your nonprofit name at the top of each page.
7. All of the above should be included in one email.

page 1

**Impact Area Goals & Funding Priorities**

HEALTH AND WELLNESS

**Goal I:** Children and adults in Cumberland County are physically, mentally, and emotionally healthy.

**Funding Priorities**

* Reducing rates of substance abuse through prevention, education, and treatment.
* Increasing awareness and access to mental health services.
* Removing barriers to ensure vulnerable individuals have access to services that support their basic needs.
* Supporting access for aging adults to physical, medical, and social support.

EDUCATION

**Goal II:** Youth achieve academic goals and demonstrate life skills necessary to become positive, contributing members of the community.

**Funding Priorities**

**Services supporting:**

* School readiness
* Early grade reading
* Middle school success
* High school graduation

FINANCIAL STABILITY

**Goal III**: Individuals and families are stable, self-sufficient and no one lives in poverty.

**Funding Priorities**

* Supporting family-sustaining employment and financial stability
* Supporting household stability

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**COVER SHEET**

| Agency Name:    Website: |
| --- |
| Mailing Address:    City: State: Zip: |
| Physical Address:    City: State: Zip: |
| Agency Director:  VVFF  Email: Phone: |
| Grant Writer:    Email: |
| Agency/Proposal Contact for Review Meeting:    Title:  Email: Phone: |
| **Amount of this request**: $  **Amount awarded in 2025:** $ |

We certify that the information provided in this proposal is accurate and complete. We agree to comply with any required visits by the Review Team for the allocation process.

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**SECTION I Program Information**

1. **What is the mission of your organization?**



1. **Is your organization registered and up-to-date as a 501c3? Yes No**

(Please provide a copy of your 501c3 determination letter if not already on file with the United Fund.)

1. ***Program Summary*** – Provide a brief ( 500 character maximum) summary description of the program services you provide in Cumberland County. Include the specific target population and key program/activity features. (Your summary will be used by CCUF for marketing and fundraising purposes, should your program be selected for funding.)
2. ***Impact Focus Area*** – Select ONE United Fund **Impact Area (See Page 2 Impact Area Goals and Funding Priorities)** listed below for which you are requesting funds. Be sure your program will show a measurable impact on an outcome for the focus area you select. If you received UF funding in 2025, you should measure the same outcome for a minimum of three (3) years. (underline your choice below)

**Health & Wellness Education Financial Stability**

1. **Funding Priorities** – Please select the Funding Priority from the Impact Focus Area you selected in #5 above that your services will impact during the duration of the grant. (**See page 2**)
2. **Program -** Please **LIST** the top five (5) programs, activities, or services your organization provides.
3. **Tell Your Story –** Showcase the strengths of your organization. What would you tell someone who knows nothing about your nonprofit, or someone you want to offer services to. Think about what information might be useful to the people reviewing your application. Be sure to include how your strengths tie into the United Fund’s Impact Focus Area and the Funding Priority you selected.
4. **Organizational Impact –** Explain how your organization makes a positive difference in our community. Include:

- The important changes or impacts your services make in a person’s life

- The main problems your work tackles and the results you are trying to achieve

- The backgrounds and experience of your staff and how this helps your impact

- What you hope to achieve in the next 3 to 5 years

1. **Actual Outcomes –** From August 2024 to August 2025, how many people did you serve through the program you are requesting the United Fund to support? Of those people, what were your services trying to improve in their lives for the better? How many were successful making that improvement?
2. **Experience –** Share an example of something your agency has changed in the last few years based on feedback or research.
3. **Resources -** If you had all the resources you needed, what services would you improve or what big steps would your organization take?
4. **Number Served –** How many unduplicated individuals did your agency serve in 2024? If your impact program is only one of many services you provide, how many unduplicated individuals did that program serve in 2024? How many do you anticipate it serving in calendar years 2025 and 2026?
5. **Collaborations –** Collaborations can make a significant difference in addressing community issues. Tell us about a time when you teamed up with other organizations or businesses to achieve something you could not achieve alone.

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**BUDGET INFORMATION**

**\*Instructions: This information should be emailed and submitted along with the rest of your proposal by August 21, 2025 midnight.**

**Agency Name:** 



**Total Agency Budget: $**



**Total Budget for this Program in Cumberland County: $**



**How many individuals will you serve through this budget?**

**Anticipated amount of dollars from agency fundraisers in 2025 (please list):**



**Please list the top 3 revenue sources for this program during the last budget year:**

* 

**Amount requesting from the United Fund: $**

**Does your agency conduct an annual audit? Yes No No**

**Please attach a copy of your IRS Form 990 for your most recent fiscal year end. If your organization is not required to file a 990, please complete an IRS Form 990-EZ and attach it to your RFP email with the above budget information. This information should be emailed and submitted along with the rest of your proposal by August 21, 2025 midnight.**

**END**