**THIS APPLICATION IS TO BE COMPLETED FOR**

**NON-OUTCOME-BASED PROPOSALS ONLY.**

**CUMBERLAND COUNTY UNITED FUND**

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

**Non-Outcome Based Programs or Cooperating Agency**

To invest our resources in services that impact Cumberland County’s most pressing human service needs, the United Fund is transitioning to an outcome-based funding model. For funding in 2026, nonprofits will be able to select whether they want to apply for funding that requires determining and measuring outcomes, or smaller grants that do not require outcome measurement. This RFP is for those selecting not to measure outcomes.

**Review Team visitations will NOT be scheduled for non-outcome-based proposals**.

**Grants for Non-outcome-based proposals will be limited to under $4,000 and those that are requesting no funding but desire to be a Cooperating Agency.**

| 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. |
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**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**

**Completing the Proposal:**

1. Please read the complete RFP before beginning.
2. 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.
3. Please number the pages and include your non-profit name at the top of each page.

Questions should be addressed to:

 Holly Neal 931-484-4082 or hollyneal@cumberlandunitedfund.org

**Cumberland County United Fund**

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

 **Non-Outcome Proposals or Cooperating Agency**

**COVER SHEET**

| Agency Name:Website:  |
| --- |
| Mailing Address: City: State: Zip:  |
| Physical Address: City: State: Zip:  |
| Agency Director: Email: Phone:  |
|  |
| Grant Writer/Proposal Contact for Questions: Title: Email: Phone:  |
| **Amount of this request**: $ **Amount awarded in 2025:** $ **(must be under $4,000) or type in Cooperating.**  |

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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Agency Director Date Board Chair Date

**Please answer the following:**

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. Does your organization’s mission align with one of the following Impact Area Goals? Please circle or underline one of the 4 following choices:

**Health & Wellness** - **Goal:** Children and adults in Cumberland County are physically, mentally, and emotionally healthy.

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

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

**Your mission does not align with one of the above Impact Area Goals at this time.**

 

1. How many years has the organization been in existence?
2. Do you use volunteers for your program? If so, how many unduplicated volunteers annually? 
3. What is your organization’s total annual operating budget for all the programs you operate within Cumberland County? 
4. If your request is for one specific Cumberland County program within your organization, what is the program’s annual budget? (Cooperating Agencies do not answer) $ 
5. What are the top three funding sources for the program for which you are requesting funds? (Cooperating agencies do not answer).
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1. Does your organization work collaboratively, beyond referral sources, with other community partners in Cumberland County? If yes, please explain.
2. **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, and the numbers served.
3. If your organization has been supported by the United Fund in the past, please explain how you informed the community of your partnership with the United Fund, i.e. Specific use of United Fund logo, etc.

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**accepted**. **Please email completed proposal to admin@cumberlandunitedfund.org**

Review Team visitations will NOT be conducted for proposals in this category (non-outcome-based proposals).