**CUMBERLAND COUNTY UNITED FUND**

**2024 Request for Proposals**

**for**

**Non-Outcome Based Programs**

To invest our limited resources in services that impact Cumberland County’s most pressing human service needs, the United Fund will be transitioning over the next two years to an outcome-based funding model. For the 2024 funding cycle, 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.

**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.**

**THIS APPLICATION IS TO BE COMPLETED FOR**

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

**All applications are due by NOON on AUGUST 24, 2023. No late proposals will be accepted**.

**Please email completed proposals to: hollyneal@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](mailto:hollyneal@cumberlandunitedfund.org)

**Cumberland County United Fund**

**2024 Grant Application – Non-Outcome Proposals**

**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**: $  **(must be under $4,000)** |

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 your organization’s Mission statement?
2. How are resources for Cumberland County allocated?
3. Is your organization registered and up-to-date as a 501©3?
4. 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?
5. What are the top three funding sources for the program for which you are requesting funds?
6. Does your organization work collaboratively, beyond referral sources, with other community partners in Cumberland County? If yes, please explain.
7. Describe the program for which you are requesting funds. You must include:

* program goal(s)
* need for the program
* target population
* number served during past 12 months
* anticipated number of unduplicated individuals you will serve with requested funding.

1. How many direct contact hours on average does your program provide with each participant? (Please explain if you are unable to provide this information.)
2. Describe why this program makes a difference to the participants.
3. Describe how this program addresses a critical human service need in Cumberland County.
4. 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.

Workshops on United Fund’s Community Impact Areas and on completing this grant application will be held on June 22 from 1:30 – 3:30 pm (CST) at Roane State Community College Cook Rd Room 106 (first classroom on the left (park in large parking lot to the left of the building looking from the street. The workshop will be repeated on June 27 from 9:00 - 11:00 am (CST) at TCAT 910 Miller Ave building 1, parking available across the street at Cornerstone Baptist Church. You must register at [hollyneal@cumberlandunitedfund.org](mailto:hollyneal@cumberlandunitedfund.org). Attending one of these workshop is **not** mandatory but encouraged.

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**Email completed proposal to:**

[hollyneal@cumberlandunitedfund.org](mailto:hollyneal@cumberlandunitedfund.org)

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