

2019 RFP Cover Sheet

(One Per Organization)

AGENCY NAME:

Mission Statement:

AGENCY DIRECTOR/PRESIDENT NAME:

Phone:

E-Mail:

Board President Name:

E-Mail:

Person Completing RFP (Name):

E-Mail:

Organizational Overview (Please circle Y or N)

1. Is your organization a registered 501(c)(3) with the Ohio Secretary of State? **Y N**
2. Are you a public education institution, voluntary association or faith based organization?
Y N
3. Do you have a volunteer Board of Directors (not compensated)? **Y N**
4. Do you currently provide services in Wayne and/or Holmes County? **Y N**
5. Have you ever applied for funding from United Way of Wayne and Holmes Counties? **Y N**
6. Do 100% of your board members contribute to your organization financially? **Y N**
7. Please select the grant(s) you are applying for:

Health & Mental Health:

- _____ \$75,000.
- _____ \$20,000.
- _____ \$10,000.
- _____ \$7,500.
- _____ \$5,000.

Workforce Development:

- _____ \$40,000.
- _____ \$25,000.
- _____ \$10,000.
- _____ \$ 2,500.

Safety Net:

- _____ \$50,000.
- _____ \$40,000.
- _____ \$15,000.
- _____ \$5,000.

Youth Development:

- _____ \$50,000.
- _____ \$20,000.
- _____ \$10,000.
- _____ \$5,000.
- _____ \$2,500.

Total number of programs for which you are requesting funds:_____