

**United Way of Santa Cruz County / Women In Philanthropy  
Request for Proposals for Non-profit Health and Human Services Programs to Achieve  
Women In Philanthropy's Goals**

**Issue Date:** **February 11, 2019**

**Announcement**

The purpose of this Request for Proposals (RFP) is to seek and select qualified non-profit organizations that serve Santa Cruz County to receive annual allocations of \$10,000.00 to implement strategies that will achieve one or more of the United Way's results to measure which in turn will lead to the achievement of United Way's Youth Success goal.

**The goals and results to measure are:**

Goal

Our youth will succeed in school and in life.

Results to Measure

- Promotion of college and career readiness.
- Increase youth access to health & wellness.
- Increase positive activities for youth so as to decrease their risk of involvement in negative behaviors, such as gangs, drug and alcohol use or crime.

**Timeline**

Below is a timeline for this proposal award process:

RFP Released	February 11, 2019
Deadline Date to Submit Proposals	Friday, March 15, 2019
Proposal Award Announcement Date	June 14, 2019
Allocations Award Start Date	July 1, 2019

**Selection Process**

Proposals will be evaluated by the Women In Philanthropy Allocations Committee volunteers based on adherence to RFP instructions and the completeness, clarity and measured outcomes of the proposals.

**Eligible Entities**

Non-profit organizations that serve Santa Cruz County and have current experience in this work are eligible to apply. Proposals must focus on the results to measure in the Youth Success community focus area. Strategies must include a direct service to youth in Santa Cruz County.

**Award Amount**

Allocations are \$10,000.00 per program and will be directed to this work for FY 2019-2020. The grant period will be for one year at a time for a maximum of three years.

**Proposal Submission**

All proposals must be received by 5:00 p.m. on Friday, March 15, 2019. Each proposal should consist of one (1) original and eight (8) copies.

Mail Delivery	In-Person and USPS/FedEx Delivery
United Way of Santa Cruz County P.O. Box 1458 Capitola, CA 95010	United Way of Santa Cruz County 4450 Capitola Road, Suite 106 Capitola, CA 95010

### **Proposal Instructions**

All proposals must adhere to the following instructions

1. Due Date:  
Submit proposal and required documents by Friday, March 15, 2019 at 5:00 p.m.
2. Cover Letter:  
Submit a cover letter on official agency letterhead signed by the Executive Director and Board Chair.
3. Proposal format attached

**Appeal Process** All funding decisions are made at the sole discretion of the United Way of Santa Cruz County. There is no appeal process.

**Contact Person** If you have any questions contact Keisha Frost at [kfrost@unitedwaysc.org](mailto:kfrost@unitedwaysc.org) or 831.465.2205.

**FUNDING REQUEST: UNITED WAY OF SANTA CRUZ COUNTY,  
WOMEN IN PHILANTHROPY, FUNDING FOCUS:  
SCHOOL SUCCESS  
FY 2019-2020**

**SUMMARY INFORMATION**

**CONTACT INFORMATION**

<b>Agency Name:</b>		
<b>Contact Name:</b>		<b>Title:</b>
<b>Address:</b>		<b>ZIP:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>E-mail Address:</b>

**CERTIFICATION OF APPLICATION**

I hereby certify that the information in this proposal is accurate to the best of my knowledge and that my organization has authorized me to submit this proposal for funding.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



**BRIEFLY DESCRIBE YOUR REQUEST (50 words or less)**

**APPLICATION NARRATIVE**

**Please provide a single-spaced narrative of no longer than 4 pages, using type no smaller than 11 point with one-half inch margins, that addresses the following:**

**1) YOUR ORGANIZATION**

**2) Background and description**

- a) Describe your organization’s mission and history, particularly addressing your experience and expertise in serving the K-12 population.

**YOUR FUNDING REQUEST**

**3) Demonstration of need**

- a) What need would be filled by the request?
  
- b) Provide statistical and/or anecdotal evidence of need which has informed the selection of services proposed. The need could be a service need of a specific target population, geographic area, selected neighborhoods, or a combination, that relates to the population.

**4) Approach**

- a) Does your program have a clear program philosophy, principles and/or curriculum? What is it?
- b) What types of short-term results will you expect to see?
- c) What is the extent of the program’s contact with families and how will you involve parents in program design?
- d) Discuss the specific training and supervision of staff involved in this program.

**PROJECT BUDGET FORM - FY 2019-2020**

Agency/Program Name: \_\_\_\_\_

PERSONNEL EXPENSES * <i>(list positions separately)</i>	% of time paid by this grant	Full-Time Equivalent Salary	8/1/2015-7/31/6 (12 months)	
			This Request	Other Funding
<b>Example:</b> <i>Parent Educator 1 FTE</i>	50%	\$40,000	\$10,000	\$30,000
<b>Personnel Benefits &amp; Payroll Taxes @ <u>X</u>%</b>				
<b>SUBTOTAL</b>				
<b>GENERAL EXPENSES</b>				
Training/Conferences				
Supplies				
Travel				
Printing/Copying				
Telephone/Fax				
Rent/Occupancy				
Postage				
Consulting Services				
Miscellaneous ( Do not include requests for furniture, equipment, or capital expenses)				
<b>SUBTOTAL</b>				
<b>TOTAL PROGRAM EXPENSE</b>				

**SCOPE OF WORK - FY 2019-2020**

**Organization Name:** \_\_\_\_\_ **Program Name:** \_\_\_\_\_

Definitions: A **program objective** is a specific measurable statement of services provided: In these objectives, **identify the number of estimate unduplicated clients and number of units of service**. A **method of measurement** is a specific, identified data source that measures the program objective. A **client outcome objective** is the anticipated result of providing the services to the clients, for example: 75% of children will demonstrate a specific skill. **Note how the client outcome objective will be measured and when the measurement will occur.**

**Program Objective:** A specific measurable statement of services provided, including number of estimated unduplicated clients and number of units of service:

Activities	Person(s) Responsible	Timeline	Method of Measurement
Measurable Results – Client Objective	Client Outcome Objective measured by:		Timeline