



# UNITED WAY OF NORTHERN NEW MEXICO

1200 Trinity Drive, Suite 418 & 419  
PO Box 539  
Los Alamos NM 87544  
Phone: 505.662.0800  
Fax: 505.662.0900  
www.UnitedWayNNM.org

## Request for Grant Proposals Information & Instructions \$10,000 maximum

**Organizations that meet the following criteria are eligible to apply for United Way of Northern New Mexico (UWNNM) grants:**

- Nonprofits 501(c)(3) status
- Organizations serving Los Alamos and/or Rio Arriba counties
- Organizations that impact one of the four focus areas: Nurturing Children & Youth, Strengthening Families, Improving Health & Healing, Enriching the Lives of our Seniors
- Organizations whose administrative costs are **less than 25 percent of their total budget**
- Proposals should not exceed \$10,000 per year, with a possible 3-year multi-year limit

**Deadline for grant proposals: Monday, August 16, 2010 by 3:00 p.m.**

Please submit 10 copies of your grant proposal, in person, to the UWNNM office, by the deadline. UWNNM is located at 1200 Trinity Drive, Suite 418, Los Alamos, NM 87544.

**All inquiries and written communication to UWNNM should be directed to:**

The Executive Director  
United Way of Northern New Mexico  
PO Box 539  
Los Alamos NM 87544  
OR via email to Donna.UnitedWayNNM@vla.com.

### Review Process

All funding proposals will be reviewed by a volunteer grant committee. Application review and final decision may require 4 - 6 weeks to complete.

### Funding Criteria

If your organization should be chosen to receive a United Way grant, your organization will be required to:

- provide financial institution's routing number for funding
- submit a six-month and year-end program report (format provided by UWNNM office). Continued funding to recipients of multi-year grants will be contingent on receipt of reports and review of outcomes and measurements.
- use the United Way Community Partner logos on all public material - including stationery, press releases, advertisements, newsletters and websites. (Note: upon funding approval from UWNNM, grant recipients will receive the United Way logo, via email, in order to meet this requirement.)



Community Partner

FUNDED BY THE UNITED WAY  
COMMUNITY ACTION FUND

To see grant projects funded by UWNNM in 2008 and 2009, please visit our website at [www.UnitedWayNNM.org](http://www.UnitedWayNNM.org).

# Grant Proposal Instructions

## Requirements for Application

Submit 10 copies of your funding proposal including attachments (see Section III) to the UWNNM office

All copies should be printed two-sided on white paper

Include a cover sheet with each copy (see details below)

Separate each copy with colored paper

Number each page

3-hole-punch every page of your proposal

No staples, no binding, and no paper clips

In a separate folder, submit one copy of the following financial information:

- completed UWNNM Financial Form, see page six
- current audited financial statement (if not available, submit an auditor's letter of engagement)
- current copy of the IRS form 990 (disregard if total revenue is under \$25,000)
- financial records (prior year-end balance sheet, current balance sheet, profit & loss statement)

Please place the financial information in the separate folder on top of your proposal.

**Cover sheets** should include the following information:

- Date proposal is submitted
- Name of organization
- Street address, city, county, state, zip code
- Telephone number and fax number
- Website address
- Federal Tax Identification Number
- Executive director's name
- Board president's name and mailing address
- Contact information of person completing proposal (name, title, e-mail, and telephone number)
- Total amount requested: \$\_\_\_\_\_
- Amount per program (if more than one program) \$\_\_\_\_\_
- Total annual budget \$\_\_\_\_\_
- Total amount requested is \_\_\_\_\_% percentage of annual budget
- One-sentence summarization of proposal, to be used for the review process and the media.

Organizations may apply for funding for multiple programs. Please complete Section II Program Funding Request for each additional program. Limit each request to 300 words or less, on one page. Please use clarity and brevity.

## Grant Proposal Instructions (continued)

### Section I.

#### Organization Overview LIMIT OVERVIEW TO TWO PAGES OR LESS.

- A. What is the **mission** of your organization?
- B. What is the primary **focus** of your organization (choose only one): Nurturing Children & Youth; Strengthening Families; Improving Health & Healing; Enriching the Lives of Our Seniors
- C. Describe your services or **programs**.  
Include client/participant demographics (i.e., age, ethnicity, residence, income level, etc.)
- D. What **geographic** area do you serve?
  - 1. What other organizations, if any, provide similar services in Los Alamos and/or Rio Arriba Counties or surrounding counties?
  - 2. Do you partner with such organizations, if so, how?
- E. How many **employees** do you have?
  - 1. List names and titles of full-time employees
  - 2. List names and titles of part-time employees
- F. How many **volunteers** do you have?
- G. Does your organization have an **anti-discrimination** policy? If yes, please include it.
- H. Does your organization currently receive funding from United Way of Northern New Mexico?  
If yes, did your organization send all the reports required in 2009?

# Grant Proposal Instructions (continued)

## Section II.

**Program Funding Request** LIMIT INFORMATION TO 300 WORDS OR LESS, ON ONE PAGE, PER PROGRAM.

A. Name of program: \_\_\_\_\_ Amount requested \$ \_\_\_\_\_

1. Focus area (choose only ONE): Nurturing Children & Youth; Strengthening Families; Improving Health & Healing; Enriching the Lives of Our Seniors
2. What is the mission of this program?

B. Who are the program’s target clients?

C. Provide one to three program goals.

D. Describe the program’s activities and the specific goals of each activity.

E. What specific community need does this program meet?

F. What are the intended/anticipated outcomes of the program and how are these outcomes measured?

G. Provide a client’s story and photo that demonstrates the success of this program.

1. Provide a copy of written permission to use the story.
2. Provide a signed copy of the client’s photo release form.

H. Provide the number of clients who live in Los Alamos and/or Rio Arriba County who are served by this program. Please choose a 12-month period for reporting.

Timeframe <small>(specify time period e.g. FY or calendar year)</small>	Los Alamos County	Rio Arriba County	Totals	Cost per Client
2009 actual				
2010 projected				

I. Provide your program budget(s). Include the following information for each program:

1. total program budget
2. funds requested from United Way of Northern New Mexico
3. funds from other sources
4. program administrative costs
5. percent of organization’s total budget the program represents
6. total organization’s administrative budget

Note: To qualify for UWN NM grant funding, your organization’s administrative costs must be less than 25% of your organization’s total budget.

J. How will funds, requested from UWN NM, be used for this program?

K. If you do not receive the full amount of funding requested from UWN NM, what is your contingency plan?

## Grant Proposal Instructions (continued)

### Section III.

**Attachments** DO NOT INCLUDE ATTACHMENTS OTHER THAN THOSE REQUESTED.

Provide the following documents in all ten copies of your proposal:

A. List of the Board of Directors

1. Include each member's occupation/profession
2. List any other non-profit board affiliations
3. If the main office listed on the coversheet is not located in either Los Alamos or Rio Arriba Counties, please list the members of any local advisory board or committee, located in either Los Alamos or Rio Arriba Counties

B. Bylaws and date of last revision

C. Record of board meeting dates and the last twelve months' attendance sheets

D. Personnel manual and date of last revision

E. Current strategic plan and date of last revision

F. Current annual budget

G. Financial records

1. Completed UWNNM Financial Form
2. Prior year-end balance sheet
3. Current balance sheet
4. Profit & loss statement

H. Signed copy of the Anti-Terrorism Certification & 501(c)(3) Verification Form (see page 7)

# Grant Proposal Instructions (continued)

## UWNNM Financial Form

Budget information should come from IRS Form 990

Organization and Program Budget	Actual prior fiscal year		Current fiscal year budget		Projected fiscal year budget	
	Dates:		Dates:		Dates:	
	Organization	Program	Organization	Program	Organization	Program
Contributions						
Gifts						
Grants						
UWNNM grant						
Government grants						
Program service revenue						
All other revenue						
<b>Total Revenue</b>						
<b>Net Assets</b>						
Salaries, wages & benefits						
Health care insurance						
Fees						
Operational expenses						
Other expenses						
<b>Total Expenses</b>						
Cost per client = Total program expenses/Total program clients served						



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## Anti-Terrorism Certification & 501(c)(3) Verification Form

Please carefully read and sign this Anti-Terrorism Certification form and provide your organization's 501(c)(3) information. This form must be received PRIOR to the release of funds. Please include a copy of this completed form with each copy of your grant proposal.

### Anti-Terrorism Certification

In Compliance with the United States of America Patriot Act and other counterterrorism laws, United Way of Northern New Mexico requires that every organization receiving funds certify the following:

"I hereby certify on behalf of \_\_\_\_\_  
 (Name of recipient organization)

that all United Way funds and donations will be used in compliance with all applicable United States anti-terrorist financing and asset control laws, statues and executive orders."

Representative's signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

### 501(c)(3) Verification

**Yes, my organization is a 501(c)(3).**

Tax Exempt Number: \_\_\_\_\_

Your organization's Tax Exempt Number is also known as your FEIN & IRS Classified Public Charity number under Section 501(c)(3)

Organization name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**My organization is a subordinate in a group ruling.**

Parent organization's name: \_\_\_\_\_

Parent organization's FEIN number: \_\_\_\_\_

Group exemption number (four digit only): \_\_\_\_\_

Parent organization's address: \_\_\_\_\_

**Please include a copy of this completed form with each copy of your grant proposal.**