

United Way of Northern New Mexico

Serving Los Alamos & Rio Arriba Counties

1200 Trinity Drive,
PO Box 539
Los Alamos NM 87544
Phone: 505.662.0800
www.UnitedWayNNM.org

2020 Request for Proposals Information & Instructions for Grants

Apply online at: UnitedWayNNM.org/2021-Community-Action-Fund-Grants

To apply for a United Way of Northern New Mexico (UWNNM) grant, organizations must meet all of the following criteria:

- Certified Non-profit 501(c) (3) in good standing with the IRS
- In or serving Los Alamos and/or Rio Arriba County
- Serving in the areas of Education, Financial Stability, or Health • Social Determinants of Health

Grant application available September 14, 2020

Deadline for grant proposals: Friday, October 16, 2020 by 5:00pm

If you are unable to apply through this online application please contact us for other application options.

United Way of Northern New Mexico (UWNNM) will give competitive priority to applicants working toward collective impact through intentional collaboration and identified partners (United Way Partners, Federal, State and/or Local Governments, Tribal Governments, other non-profit or philanthropic organizations.)

Social and Economic factors have a profound impact on our health, longevity, and quality of life. They are the main drivers of health disparities. UWNNM is committed to working to address social determinants of health - housing, health literacy, food insecurity, social supports, crime & violence, economic wellbeing, and transportation.

For 2021 funding, UWNNM is offering emergency funding to nonprofits who have been severely impacted by pandemic and are in danger of closing. In selecting emergency funding you will be foregoing any program funding and will be reporting different financials and use of funds in 2021. There is an excel file you will need to download, fill out, and submit with your application.

All awards will be based on available funding.

All inquiries and written communication to UWNNM

- Email to: volunteer@unitedwaynnm.org
- Phone: 505.662.0800
- Mail: PO Box 539, Los Alamos, NM 87544

Review Process

A volunteer grant committee will review all funding proposals. Application reviews and final decisions may require 4 - 6 weeks to complete. A Notification Letter will be emailed to your organization after December 8 2020, informing you of the status of your application.

Review Timeline

September 14	UWNNM Community Action Fund RFP Grant Application Released
October 16	RFP due to United Way of NNM
October 19 –23	United Way of NNM Screens Proposals
Oct 24 – Nov 1	United Way of NNM Board and Grant Committee Review Proposals
November 2 - 5	Over \$10k request - Interviews with Grant Committee
November TBD	Evaluations and Grant Committee Decisions
December 8	United Way of NNM Board of Directors Approval

Grant Proposal Instructions

Funding Criteria

Organizations funded by a United Way of Northern New Mexico Grant are required to:

- Submit program reports requested by UWNNM in June/July of 2021 and September/October 2021.
 - If your organization has been funded by United Way of Northern New Mexico in the past, your reporting history will be considered in this grant cycle.
- Host a site visit for your organization within the year of the grant, as determined by program dates. Additional site visits may occur throughout the funding cycle.
- Use the United Way Community Partner logo on **any and all** public material associated with the Funded Program – including, but not limited to, stationery, press releases, advertisements, newsletters, banners and websites (with links). Grant recipients may download the Community Partner Logo from www.UnitedWayNNM.org/2021-Community-Action-Fund-Grants in order to meet this requirement.

Application Requirements

Submit one (1) copy of your funding proposal, including cover sheet as specified below, and attachments (see Section II).

Cover sheet - include the following information:

- Date proposal is submitted
- Name of organization, street address, city, state, zip code
- Telephone number and web address
- Federal Tax Identification Number
- Executive Director's name
- Contact information of person completing proposal (name, title, e-mail and telephone number)
- Amount requested per program: \$_____
- Organization's Mission Statement
- Briefly describe your organization and its role in the community
- Please briefly explain 2020 impacts of pandemic on organization and/or programs
- One-sentence summary of each program requesting funding/ or reasons for emergency funding
- Geographic area served by program(s)
- Has your organization received funding from UWNNM within the last 3 years? If so:
 - Year(s):_____
 - Amount(s) Awarded:_____
 - Program(s):_____

Section I. Program Funding Request

- A. What is the main focus area of your program (**choose one**):
 - a. Education _____
 - b. Financial Stability _____
 - c. Health _____
 - d. Emergency Funding _____ proceed to section I-A if checked

- B. Describe your program. Describe your program and what the funding will be used for. Include the need that your program is filling and what the funding will be used for.
- C. Did your operations change to service the community during pandemic?
 - a. If yes, how did your organization serve the community?
- D. Who are the program’s target clients?
- E. What other organizations, if any, provide similar services in Los Alamos and/or Rio Arriba County or surrounding areas? Do you partner with these organizations?
- F. Provide one goal for this year, specific to program funding request.
- G. Define one, and no more than three, Client Outcome Performance Measures to determine the impact of this program. These measures should quantify client outcomes:
 - Measure one:
 - Measure two (optional):
 - Based on application and interview (if necessary) more measurables may be defined by United Way of Northern New Mexico and will be listed on your grant terms letter.

- H. Where do you see this program in 5 years?
- I. Provide the number of unique clients who live in Los Alamos and/or Rio Arriba County who were served by this program in the last 12 months.

Timeframe (specify time period e.g. FY or calendar year)	Los Alamos County	Rio Arriba County	Total	Cost per client
2020 actual				
2021 projected				

Section I-A. Emergency Funding Request (Skip if applying for Program Funding)

- J. Describe how your operational functions were impacted by the pandemic. Describe how you have responded, what are your current most critical needs and what the funding will be used for.
- K. Who are your target clients in Los Alamos and/or Rio Arriba County?
- L. Did your operations change to service the community during pandemic?
 - a. If yes, how did your organization serve the community?
- M. What other organizations, if any, provide similar services in Los Alamos and/or Rio Arriba County or surrounding areas? Do you partner with these organizations?
- N. Provide your plan to getting organization stabilized and return to providing services.
- O. Provide the number of unique clients who live in Los Alamos and/or Rio Arriba County who were served in 2019 compared to 2020 January to August

Timeframe (January to August)	Los Alamos County	Rio Arriba County	Total	
2019				
2020				

Section II. Attachments: PLEASE DO NOT INCLUDE ATTACHMENTS OTHER THAN THOSE REQUESTED.

- A. List of the Board of Directors
 - Include each member’s occupation/profession
 - List any other nonprofit board affiliations
- B. Current strategic plan and date of last revision
- C. Provide a **current organizational budget**. If you are applying for general operating support, you may submit the same budget for both items. A current operating budget should include all funding sources and all major expense categories for the most current fiscal or calendar year. Please include in kind contributions. Budgets can be presented as an Excel spreadsheet, Word document, or PDF File.
- D. Most recent IRS Form 990
- E. IRS Form 990 that precedes most recent
- F. Audit OR Current Financial Statements
 - Agencies with an audit must submit their audit
 - Agencies without an audit must submit Financial Statements that include: (1) Balance Sheet (2) Profit & Loss Statement, and (3) a Statement of Functional Expenses.
- G. A Non-Discrimination Policy and/or statement as approved by the Board of Directors.

FEDERAL COUNTERTERRORISM COMPLIANCE

In compliance with the spirit and intent of the USA PATRIOT Act dated October 24, 2001 and other counterterrorism laws, the United Way of Northern New Mexico requests that each funded agency (“Organization”) certify that it is in compliance with United Way of America’s compliance program.

ORGANIZATION NAME: _____

Check the Appropriate Box to Indicate Your Compliance With Each of the Following:	Comply	Do Not Comply
This Organization is not on any federal terrorism “watch lists,” including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not re-grant to organizations, individuals, programs and/or projects outside of the United States of America without compliance with IRS guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>

* In this form, "material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

I certify on behalf of the Organization listed above that the foregoing is true.

Print Name: _____ Title: _____

Signature: _____ Date: _____