

Community Impact Reallocation Application

Requests for Proposal (RFP) Process for Reallocation of Annual Funding

Please read all policies and guidelines:

Please submit the following to:
United Way of the Bradford Area, Inc.

- Due to the impacts of COVID-19, the United Way of the Bradford Area, Inc. is providing the opportunity for currently funded agencies the option to reallocate current monthly funding under the stipulation that programs have been negatively impacted by COVID-19 and programming is: terminated, postponed or limited (funds not being fully use as requested).
- The reallocation of funds must meet criteria as stated by The United Way of the Bradford Area, Inc. and all requirements necessary to meet original funding grants (see following two pages for reference).
- If your agency has been impacted by COVID-19 and you feel your agency is not in need of the UWBA granted monthly funding, please reach out to Sarah Lonzi, Executive Director, to discuss options for returning/temporary cessation of your monthly allocations.
- The UWBA Board of Directors reserves the right to not consider late or incomplete RFPs. Should the Board choose to accept such submissions, an automatic 10% reduction will be applied to the reallocated annual funding.

If additional information, clarification, or an agency visit is required, a representative from United Way will contact your organization.

Please feel free to contact the UWBA at sarah.lonzi@uwbanews.org, or by calling (814) 368-6181 with questions or concerns. Thank you for your interest in partnering with United Way.

Admissions and Allocations Policies and Procedures

POLICY

United Way of the Bradford Area, Inc. abides by three (3) fundamental principles for allocating funds:

- Decisions about funding will be made by the entire Board of Directors of United Way of the Bradford Area, Inc.
- Agencies which receive support will be held fiscally and ethically accountable
- Funds will be awarded with fairness and impartiality

STRUCTURE

The Board of Directors of United Way of the Bradford Area, Inc., will review applications, present recommendations and vote on requests for proposals that meet and support the criteria of United Way of the Bradford Area, Inc.

PROCEDURES

Agencies meeting the criteria contained in this policy will submit an application for funding to United Way of the Bradford Area, Inc., by the date established for funding to be retrograded to the date of program temporary cessation or limitations due to COVID-19. Requests for funding will be accepted on a basis of pandemic impact, with programs who have been granted funding for a one (1) year period to be given the opportunity to reallocation requested funds for affected programs. Once applications have been received, United Way of the Bradford Area Board adheres to the following:

- **APPLICATION REVIEW:** Board members meet to review all agency application materials, making note of any information that needs further explanation; or recommending an agency representative meet with the board to discuss specific information relative to their proposal.
- **FACILITY VISITATION:** If the agency applying for United Way support has not been a funded agency in the past, if significant program modifications have taken place in an agency currently funded by UWBA or if the Board deems it necessary, an on-site visit of the facilities will be scheduled.
- **UWBA BOARD RECOMMENDATIONS/FINAL APPROVAL:** The Board will vote on their final recommendations at the November board meeting.
- **ANNOUNCEMENT OF AWARDS:** United Way of the Bradford Area Inc. will announce the approval of grant reallocation.

CRITERIA

In order to receive consideration for **Community Impact Reallocation** funding from United Way of the Bradford Area Inc., an agency must:

- Be a qualifying 501 (c) 3 non-profit organization, as defined by the Internal Revenue Service, providing a health and human service program to the community that meets and supports the funding criteria of the United Way of the Bradford Area, Inc.
- Be run by a volunteer Board of Directors, none of whom receives any remuneration from the agency.
- Execute agency agreement with United Way of the Bradford Area, Inc.
- Provide a complete listing of all impacted fundraising activities scheduled during COVID-19 as well as newly scheduled activities for which the reallocation will fund to United Way of the Bradford Area, Inc. (**See Policy on Agency Fundraising**).
- Agree to not conduct **any fundraising activity** during the time period from September 1 – November 1 of each year. (**See Policy on Agency Fundraising**). This includes, but is not limited to, third-party fundraising.

- Maintain organizational profile and updated, accurate information in NWPA 2-1-1 database.
- Agree to lend strength, support and active participation by naming a designated representative to participate in the annual United Way campaign.
- Agree to submit a final expense report detailing how United Way allocated funds were spent for each program approved for funding under this RFP application.
- Programs to be funded must fall into one of three categories: Health, Financial Stability, Education*
*education is to have a direct impact on the cognitive ability of the target audience

Policy on Agency Fundraising

AGENCY FUNDING

United Way of the Bradford Area, Inc. recognizes agencies must obtain funding from sources other than the allocation amount provided from the annual campaign. While it is acknowledged that a fundraising partnership will generate greater total support for health and human service programs, United Way, in stating this policy makes no attempt to limit the agency's ability to secure additional funding outside the campaign timeline. If however, an agency has the ability and resources to generate more revenue through year-round fundraising, then application with United Way of the Bradford Area, Inc. should be reconsidered.

CAMPAIGN BLACK OUT

No independent fundraising for competing campaigns of any nature shall be scheduled, sponsored or conducted by or on behalf of United Way funded agencies during the period of September 1st through November 1st. United Way of the Bradford Area, Inc. will adhere to a strict enforcement of this requirement. It is permitted to hold events that strictly support operational expenses.

Please refer to Conditions of Default in the Agreement of Participation.

EXEMPTIONS

Approved **Community Innovations and Quarterly Impact** applicants are exempt from the following:

- Campaign black out restrictions

COMPLIANCE

Non-compliance with this policy will result in the following sanctions by United Way of the Bradford Area, Inc.:

- Holding of monthly allocation check until compliance is achieved
- Reduction or discontinuation of annual United Way allocation

(Please refer to Conditions of Default in the Agreement of Participation)

RESTRICTION ON FUNDS:

United Way dollars are unrestricted in the sense they are customizable to your organizational program needs. The United Way of the Bradford Area, Inc. will not fund grant applications that are solely for operational costs or salaries. As an organization we are understanding that programs and services often times require an operational expense. The United Way of the Bradford Area, Inc. will fund operational expenses that have direct support in the execution of your program but ask that administrative expenses not exceed 20% of the ask.



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www.uwbanews.org

2019 - 2020 Request for Proposal COVID-19 Reallocation

Organization Name:	Organization Phone No.:
Organization Address:	
Our UWBA funded program was: ___ Not Impacted ___ Restricted/Limited ___ Impacted	
I would like to speak with the UWBA office to discuss returning unused funds and/or temporarily terminating my monthly allocation to be put towards funding relief/future programs ___	
Executive Director Signature:	
Date: _____ (Non-impacted programs may stop form completion at this point)	
COVID-19 Restricted or Impacted Program Name and how/why was it affected:	
Amount of UWBA funding that has been placed on hold/limited use (March – Present)	\$ _____
Program For Which You Are Requesting Reallocation of Funding:	
Program Name:	
Program Contact's Name and Title:	Phone: _____
	Email: _____
Requested Funding: \$ _____	
Total Program Budget: \$ _____	
Is this a new or existing program? ___ New ___ Existing If it is an existing program, how long has it been underway? _____	
Has this project previously received UWBA funding? ___ Yes ___ No If yes, when was it funded, and how much? _____	



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Program Overview: What specific services or activities will be delivered by this program? Please include a description of your plans for outreach to the target population, as well as a detail of how your program collaborates with other agencies to address this specific need as well as how long you anticipate the program to take place.

Targeted Outcomes: What are the expected individual outcomes for participants in this program? These are the outcomes that you will track and report. Additionally, briefly describe your plan to measure individual participants' progress on the outcome(s). Will you use a standardized assessment, a survey, case notes, observation, etc.? When and how often will assessments take place and who will collect the data and evaluate progress? Identify if and how program participants and members of the community will be supported to participate in the outcome evaluation activities.



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AGREEMENT FOR PARTICIPATION

Introduction

United Way of the Bradford Area, Inc. was established by contributors to provide an effective means for channeling donated funds for financing 501 (c) 3 non-profit organizations providing health and human service programming. It is expected that United Way leaders make it their responsibility to provide a unified, community-based fundraising system as the most efficient manner to provide for the financial needs of voluntary, non-profit organizations with in the service areas.

Since the most fragile asset of United Way is good will of all potential contributors, its leadership maintains stewardship over contributed funds to assure they will be utilized for needed services in the most efficient and effective way. In doing this, United Way recognizes the autonomy of participating agencies administered by responsible volunteer representatives of the community.

I certify that by submitting this request for proposal for funding from the United Way of the Bradford Area, Inc. during the 2020 COVID-19 Pandemic, _____ (agency name) will adhere to all terms detailed in the “Agreement for Participation”. This request has the full support of _____ (agency name)’s Board of Directors.

RECITALS

This agreement is entered into as of this _____ day of _____, by _____

Agency Name

AND

United Way of the Bradford Area, Inc.

WITNESSES THAT

The above agency has made application for financial participation to United Way of the Bradford Area, Inc., has reviewed this agreement and has authorized its executive by proper official action; and United Way of the Bradford Area, Inc., after examination of the representations contained in said application and supporting documents, has determined participant’s eligibility for acceptance and hereby accepts agency as a participating agency in United Way of the Bradford Area Inc., on all of the following items listed.