

Request for Proposal – Cover Sheet

**Is your organization(s) a 501(c)(3)? ❑ Yes ❑ No**

**Have you been in operation for a minimum of two (2) years? ❑ Yes ❑ No**

**Do you currently meet the Better Business Bureau’s Wise Give**

**Alliance standards for Nonprofits? ❑ Yes ❑ No**

**If you answered no to any of the above questions, STOP here. You are not eligible to apply for funding. If you answered yes to all the questions, please continue.**

If this is a partnership of organizations applying, list the names of all the organizations within the partnership:

Please list the names and contact information for all staff members of the applying organization(s) who are responsible for the proposed program.

|  |  |
| --- | --- |
| Contact Person for the RFP | All questions and correspondence regarding the RFP will be directed to this person. |
| Contact’s Name |  |
| Contact’s Title |  |
| Contact’s Telephone Number |  |
| Contact’s Email Address |  |

|  |  |
| --- | --- |
| Organization |  |
| Organization’s Name |  |
| Street Address |  |
| Mailing Address |  |
| Telephone Number |  |
| Fax Number |  |
| Website Address |  |
| Organization Executive Director/CEO  |  |
| Name |  |
| Title |  |
| Telephone Number |  |
| Email Address |  |

|  |  |
| --- | --- |
| Primary Program Contact  | If funded, this person will serve as the primary contact for the program throughout the grant cycle. |
| Name |  |
| Title |  |
| Telephone Number |  |
| Email Address |  |

|  |  |
| --- | --- |
| Additional Program Contact  | If funded, this person supports the program, but is not the primary contact for it. |
| Name |  |
| Title |  |
| Telephone Number |  |
| Email Address |  |
| What is their role with this program? |  |

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| --- | --- |
| Additional Program Contact  | If funded, this person supports the program, but is not the primary contact for it. |
| Name |  |
| Title |  |
| Telephone Number |  |
| Email Address |  |
| What is their role with this program? |  |

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| --- | --- |
| Additional Program Contact  | If funded, this person supports the program, but is not the primary contact for it. |
| Name |  |
| Title |  |
| Telephone Number |  |
| Email Address |  |
| What is their role with this program? |  |

Where you a UWNNS Funded Partner in the 2015 – 2018, 2018 – 2020, or 2020 – 2021 grant cycles? ❑ Yes ❑ No

Is this ❑ a new program (for you), or ❑ an existing program?