**2025-2028 Community Investments Request for Proposals (RFP) Partnership Application**

*Note:* We highly recommend applicants first fill in this Word version of the application and then copy and paste your responses into the grants portal. Please note that all applications must be entered into the grants portal application system by October 15 at 4pm.

* All questions and attachments in this application should be considered required unless they are noted as optional. Please review your application in its entirety before submitting.
* Please do not abbreviate or use acronyms that have not been fully identified first. It will ensure ease of reading and comprehension for reviewers.
* We've provided a Word version of the RFP Application on the [Community Investments landing page](https://www.gtcuw.org/nonprofit-portal/community-investments/). Applicants are encouraged to fill in the Word document first and then copy and paste their work into the online application. Note that rich text formatting (bullet points, bold words, spacing) will not copy/paste well into the online form.
* Applications must be submitted online to be considered. Applicants will receive a confirmation email acknowledging their application has been received after it has been fully submitted.
* If applying as a partnership, select one organization to be the "Lead Organization". The "Lead Organization" will fill out the application on behalf of the partnership. If funded, the "Lead Organization" will be the organization that receives grant funds on behalf of all the partners. Please see our Partnership section of the FAQ to learn more.

**Organization Eligibility**

To apply to this RFP, your Lead Organization must answer YES to all the following criteria.

* Your Lead Organization must be a 501(c)(3) tax-exempt organization OR a fiscally sponsored group of an organization that is classified as a 501(c)(3) tax-exempt organization.
* Your Lead Organization has been in operation for at least two years OR is a fiscally sponsored group that has been in operation for at least two years.
* Your Lead Organization’s current fiscal year budget is at least $250,000 OR is a fiscally sponsored group where both the Lead Organization and the fiscal sponsor each have a budget of at least $250,000.
* For Lead Organizations required to complete an audit (by law, nonprofits are only subject to audit if they have annual total revenue over $750,000), your most recent audit DOES NOT contain a Going Concern disclosure and your audit opinion is free of material weaknesses and unqualified. If you are not required to complete an audit, you may automatically check this box.

To apply for this RFP, each organization applying in the partnership must meet these criteria:

* 50% or more of the people served by each organization in the partnership are [living at or below 200%](https://www.medicaidplanningassistance.org/federal-poverty-guidelines/) of the Federal Poverty Guidelines.
* 50% or more of the people served by each organization in the partnership reside in the nine-county metro region.
* Each organization in the partnership provides direct services to individuals.

If you are considering applying as a Partnership, please contact us at [rfp@gtcuw.org](mailto:rfp@gtcuw.org) before starting your application to discuss your eligibility.

Please note that there are additional eligibility criteria specific to each impact area. Please go to the relevant impact area section below to learn more.

*NOTE ON FINANCIAL REVIEW: Your organization must meet the financial standards for Greater Twin Cities United Way grantees based on a review of your financial documents to receive funding. You will be asked to upload financial documents as part of this application.*

**Application Contact Information**

Lead Organization Legal Name:

Are you applying as an individual organization or as a partnership?

* Partnership

Fiscal Sponsor Legal Name (optional):

EIN Number (or Fiscal Sponsor’s EIN Number):

Administrative Address:

* (Street 1, Street 2, City, State, Zip)

Lead Organization Primary Contact (CEO, Executive Director, Co-Director or President)

* (Name, Title, Email, Phone)

Additional Lead Organization Primary Contact (Optional; For organizations using a Co-Director Leadership model):

* (Name, Title, Email, Phone)

Proposal Contact (If different than Organization Primary Contact):

* (Name, Title, Email, Phone)

**Partnership Summary**

Please provide a brief summary of your partnership and its work.

*This question will not be scored. It will help provide reviewers with a better understanding of what your partnership does.*  
**[Recommended word limit: 150 words]**

Please provide a brief summary of the programs and services your partnership provides for all impact areas for which you are applying.  
*This question will not be scored. It will help provide reviewers with a better understanding of what your partnership does.*  
**[Recommended word limit: 250 words]**

**Leadership Representation**

*Greater Twin Cities United Way recognizes that collecting data around dimensions of identity is inherently sensitive and complex, and we take this responsibility seriously.*

**Senior Leadership**  
*We define senior leaders as those who engage in such business activities as setting organizational goals, building strategic plans, and holding significant decision-making responsibility for the organizations participating in the partnership. Please include all senior leaders in total for all organizations in the partnership. If you have questions about how to define senior leadership for your partnership, please contact us at* [*rfp@gtcuw.org*](mailto:rfp@gtcuw.org)*.*

How many total individuals make up the **senior leadership** teams for all partnership organizations? (Enter number of people) \_\_\_\_\_

How many of your partnership’s **Senior Leaders** **self-identify** as the following?

*Please feel free to duplicate your count if senior leaders self-identify in multiple areas.*

|  |  |
| --- | --- |
| **Racial and Ethnic Identify** | **Number Who Identify** |
| Asian American/Asian |  |
| Native Hawaiian/Pacific Islander |  |
| Black/African American/African/Black Caribbean |  |
| Hispanic/Latino/Latina/Latinx/Latine |  |
| Native American/American Indian/Indigenous |  |
| Middle Eastern/North African |  |
| White/European |  |
| Multi-Racial/Multi-Ethnic (2+ Races/Ethnicities) |  |
| Another Racial/Ethnic Identity |  |
| Unreported |  |

*Optional Narrative:* Please provide any additional information you’d like us to know about the racial/ethnic identity of your partnership’s senior leadership team.

**Board of Directors**

*The racial/ethnic identity of your Board will not be scored. We are asking it to better understand non-profit Board of Director demographics in our region. Please include all Board members in total for all organizations in the partnership.*

How many total individuals serve on the **Board of Directors** for all partnership organizations? (Enter number of people) \_\_\_\_\_\_\_

*Please feel free to duplicate your count if Board Members identify in multiple areas.*

|  |  |
| --- | --- |
| **Racial and Ethnic Identify** | **Number Who Identify** |
| Asian American/Asian |  |
| Native Hawaiian/Pacific Islander |  |
| Black/African American/African/Black Caribbean |  |
| Hispanic/Latino/Latina/Latinx/Latine |  |
| Native American/American Indian/Indigenous |  |
| Middle Eastern/North African |  |
| White/European |  |
| Multi-Racial/Multi-Ethnic (2+ Races/Ethnicities) |  |
| Another Racial/Ethnic Identity |  |
| Unreported |  |

*Optional Narrative:* Please provide any additional information you’d like us to know about the racial/ethnic identity of the Board of Directors for all partnership organizations.

**Your Community**

**Year of Data (2023 calendar year; other fiscal year [enter dates of fiscal year]):**

**Type of Data (Fiscal, Calendar, School Year):**

Please complete the demographic information for people served through direct services by your partnership to the best of your ability, using unduplicated counts of participants served where possible. *Our intent is to understand the number of people served by your partnership in a year.*

*Greater Twin Cities United Way recognizes that collecting data around dimensions of identity is inherently sensitive and complex, and we take this responsibility seriously. Partnerships may use proxy measures such as medical assistance or other income-defined programs to determine income levels for their participants.*

|  |  |
| --- | --- |
| **Category** | **Results** |
| **Participants served:** | |
| Total Individuals Served |  |
| **Age:** | |
| 0-5 years |  |
| 6-17 years |  |
| 18-24 years |  |
| 25-44 years |  |
| 45-64 years |  |
| 65+ years |  |
| Age Unreported |  |
| **Race & Ethnicity:** | |
| Asian American/Asian |  |
| Native Hawaiian/Pacific Islander |  |
| Black/African American/African/Black Caribbean |  |
| Hispanic/Latino/Latina/Latine |  |
| Middle Eastern/North African |  |
| Multi-racial/Multi-ethnic (2+ Races/Ethnicities) |  |
| Native American/American Indian/Indigenous |  |
| White/European |  |
| Another racial/ethnic identity |  |
| Race/ethnicity Unreported |  |
| **Income:** | |
| Below 100% of [Federal Poverty Guidelines](https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines) |  |
| Between 100 – 200% of Federal Poverty Guidelines |  |
| Above 200% of Federal Poverty Guidelines |  |
| Income Unreported |  |
| **Geographic Information:** | |
| Anoka |  |
| Carver |  |
| Chisago |  |
| Dakota |  |
| Isanti |  |
| Hennepin |  |
| Ramsey |  |
| Scott |  |
| Washington |  |
| Other County |  |
| County Unreported |  |

*Optional Narrative*: Please provide any additional information you'd like us to know about your partnership's demographics and/or the data you have provided here.

**Responsiveness to Community**

How is your partnership’s work focused on disrupting inequities for Black, Indigenous, Latine, Asian, Pacific Islander, and/or Communities of Color; and people experiencing poverty?  
**[Recommended word limit: 200 words]**

Describe how your partnership defines, responds to and engages those you serve or intend to serve. Please tell us *who* you engage; *how and how often* engagement happens; and *how this engagement influences* your organization’s decisions, programs, services, and/or practices. Please provide at least one example of a program, service, or practice decision that was informed by engagement with those you serve in the last year.   
**[Recommended word limit: 400 words]**

What wraparound or additional support does your partnership provide, either yourself or through partners?? **[check boxes]**

Health:

* Chemical Health services
* Mental health services
* Physical health services
* Culturally specific health/wellness services
* Gender-affirming care

Education services:

* Early childhood education
* Coordination with K-12 schools
* Coordination with higher education schools
* Tutoring
* Out of School time services
* Culturally specific education services

Economic Opportunities:

* Employment & training for minors
* Employment & training for adults
* Entrepreneurship support
* Finance management/credit counseling
* Low-income tax preparation
* Culturally specific economic services

Housing services:

* Subsidized/affordable housing with services
* Subsidized/affordable housing without services
* Housing stability services only (without housing infrastructure)
* Temporary shelter, street outreach, and/or drop-in services for people experiencing homelessness
* Culturally specific housing and/or homeless response services

Food security services:

* Provision of food and/or meals to meet immediate needs
* Provision of culturally specific food
* Access to land, markets, or other long-term food security strategies

Other:

* Transportation support
* General case coordination
* Diversion programs
* Teen parenting programs
* Other [fill in the blank]

How do your partnership’s programs and services address the full range of needs and aspirations of those you serve? How do you ensure your programs, services, referrals, and follow-ups are coordinated, consistent, and effective in ensuring barriers are address, and needs and aspirations are met?  
**[Recommended word limit: 500 words]**

**Organizational Vision for the Future**

Tell us how your partnership uses data (quantitative, qualitative, anecdotal, learnings, reflections, etc) to make improvements and adjustments to your programs and services to better meet the needs and opportunities among those you serve. Please include an example of how you have used your information and results to identify opportunities for positive change to programs and services, and how you know those changes are working for the Black, Indigenous, Latine, Asian, Pacific Islander, and Communities of Color, and/or people experiencing low income you support.

**[Recommended word limit: 300 words]**

As you look at the next three years, tell us your partnership’s vision and plan for disrupting inequities with and for the communities you support. Please tell us how you will achieve this vision, and how you will know you are successful.

**[Recommended word limit: 300 words]**

**Service Delivery Locations**

Example service delivery locations include buildings where you have scattered site housing, locations where you do food drop offs or home visits, or schools where your partnership provides programming. Service delivery locations are not the same as locations where participants reside unless your partnership is providing services directly in or at a participant’s home.

As Greater Twin Cities United Way is actively working to build its capacity toward a more detailed data collection and utilization to disrupt systemic inequities across race, place and income, we ask for detailed information about the zip codes where your services are delivered. This data helps us understand the breadth of your partnership’s impact across different communities in the greater Twin Cities region, so we can better assess how effectively we are addressing needs across various communities, particularly in underserved areas. This granular analysis helps uncover hidden trends and disparities, informing our advocacy approach and funding decisions, and enhancing our understanding of how to work alongside communities experiencing underinvestment.

*In the online application, general area descriptions have been provided next to the zip code for your reference to help narrow in on the right zip codes more quickly. However, city and neighborhood descriptions are not all encompassing. Please check selected service delivery zip codes against your records, as some cities or neighborhoods fall into multiple zip codes.*

Please select the counties and then zip codes in which your partnership is delivering programs and services. Note: the online application will include drop down zip codes by county that you will be able to check.

\_\_Anoka \_\_Carver \_\_Chisago \_\_Dakota \_\_Hennepin \_\_Isanti \_\_Ramsey \_\_Scott \_\_Washington

Please report any zip codes where you have service delivery locations outside of Greater Twin Cities United Way’s nine-county service area.

**Impact Areas:**

*Note: Organizations must apply in at least one impact area and are welcome to apply in multiple impact areas if you meet the eligibility criteria. Applying in multiple areas will neither advantage nor disadvantage an organization in the scoring and review process; however, if funded in multiple areas, organizations will be responsible for reporting on required outcome measures for all areas in which they are funded.*

\_\_Early Childhood Education

\_\_Career and Future Readiness

\_\_Food Security

\_\_Housing

\_\_Economic Opportunity

# Impact Area Eligibility & Priorities

*In the questions below, we are specifically interested in how your partnership provides programs and services that are responsive, community-powered, and hold a clear vision for a more equitable and just future. This RFP specifically prioritizes Black, Indigenous, Latine, Asian, Pacific Islander and/or Communities of Color as the groups most affected by inequities in our region. We also recognize that inequities often occur at the intersections of race, gender, sexual orientation, citizenship, creed, income level, ability, and where a person lives.*

*Note: Please only fill out the impact areas in which you intend to apply. We have listed all five here for your reference. To skip ahead to the impact area eligibility and funding priority criteria for a specific impact area, use the links:*

[Early Childhood Education](#_Early_Childhood_Education)

[Career and Future Readiness](#_Career_and_Future)

[Housing](#_Housing)

[Food Security](#_Food_Security)

[Economic Opportunity](#_Economic_Opportunity)

# Early Childhood Education

**Early Childhood Education Eligibility Criteria**

To apply for this Early Childhood Education, partnerships must answer YES to all criteria under each strategy they choose. Partnerships may apply under one or both strategies. **Work in this area should be focused on ensuring that families and caregivers are equipped to support children in becoming successful learners, and children enter kindergarten ready to learn and thrive.**

**Strategy 1: Early Childhood Education Programs (direct service to children)**

Yes/no - Programs and services have a focus on early learning and serve children ages birth until starting kindergarten

Yes/no - If the program setting is a licensed classroom or center, the license is in good-standing and is 3-or 4-star Parent Aware rated.

**Strategy 2: Family Education Programs (direct service to families and caregivers)**

Yes/no - Programs and services serve the families and caregivers of children from ages birth until the start of kindergarten.

Yes/no - Programs equip families and caregivers to support children to meet successful learning milestones by the time they enter kindergarten.

**Early Childhood Education Funding Priorities**

Please indicate which criteria below are part of your partnership’s programming. While you do not need to select all boxes below to be eligible for funding, partnerships with **Early Childhood Education Programs** and/or **Family Education Programs** that meet or exceed the following criteria will be more competitive for funding.

* Programs support developing and actualizing goals of children, families, and caregivers
* Programs provide interventions and/or referrals for children not on track to become successful learners (including age-appropriate development, early literacy, social emotional learning, cultural and linguistic relevant skills).
* Programs connect families to food, housing, financial and other supportive services (in addition to core early childhood education related programming.)

**Required Outcome Measures - Early Childhood Education (same for both strategies)**

* Number of children served through Early Childhood Education programs and services
* Number of adults served through Early Childhood Education programs and services
* Number of children who are on-track to be ready for kindergarten
* Number of children not on-track for school who demonstrate growth
* Number of adults who report increased capacity to help children to be successful learners

By checking these boxes, you confirm your ability to provide this data annually.

Click to return to Impact Area Eligibility & Priorities Menu

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# Career and Future Readiness

**Career and Future Readiness Eligibility Criteria**  
To be eligible for funding in this impact area, your partnership must answer “Yes” to the following eligibility criteria. **Work in this area should be focused on ensuring youth are equipped with the knowledge, skills, mindsets, and relationships to choose and direct their own future path and contribute to their communities.**

Yes/No - Programs and services serve youth between the ages of 5-18 (grades K-12)

Yes/No - Program participants receive a minimum of 60 hours of programming/services per year.

*Not eligible: district public, private, or charter public PK-12 schools or school-operated programs.*

**Career and Future Readiness Funding Priorities**

Please indicate which criteria below are part of your partnership’s programming. While you do not need to select all boxes below to be eligible for funding, partnerships that meet the following criteria will be more competitive in the RFP.

* Programs support at least 50% middle school youth (ages 11-15)
* Programs build strong Social-Emotional Learning (SEL) skills, mindsets and behaviors.
* Programs facilitate connections to caring adult relationships.
* Programs provide youth empowerment, voice, and/or leadership opportunities.
* Programs provide or connect the household to supportive services (directly or through partnerships) in addition to core programming. (For example: food, housing, transportation, childcare for younger siblings, educational supplies, technical support, internet connectivity and/or other services for youth and their families.)

**Required Outcome Measures – Career and Future Readiness**

* Number of youth served through Career and Future Readiness programs and services
* Number of youth who build strong social-emotional learning skills, mindsets and behaviors

By checking these boxes, you confirm your ability to provide this data annually.

Click to return to Impact Area Eligibility & Priorities Menu

# Housing

**Housing Eligibility Criteria**  
To be eligible for funding in this impact area, your partnership must answer “Yes” to the following eligibility criteria. **Work in this area should be focused on ensuring homelessness is prevented whenever possible, and where not is rare, brief and non-recurring.**

**Strategy 1: Homeless Prevention**

*Yes/No -* Programs and services serve those who meet HUD’s definition of [imminent risk of homelessness](https://www.hmismn.org/definitions#:~:text=Extent%20of%20Homelessness%20by%20Minnesota's,past%20three%20(3)%20years)

*Yes/No -* Programs and services keep people imminently at risk of homelessness in safe, stable, and affordable housing

**Strategy 2: Homeless Response**

*Yes/No* - Programs and services are intended for individuals, unaccompanied youth, or families who experience literal homelessness, or are fleeing/attempting to flee domestic violence (see more on these definitions [here](https://www.hmismn.org/definitions#:~:text=Extent%20of%20Homelessness%20by%20Minnesota's,past%20three%20(3)%20years)).

*Yes/No* - Programs and services support people in obtaining and maintaining safe, stable, and affordable housing

**Housing Funding Priorities**

Please indicate which criteria below are part of your partnership’s programming, under one or both strategies. While you do not need to select all boxes below to be eligible for funding, partnerships that meet the following criteria will be more competitive in the RFP.

**Strategy 1 & 2:**

* Programs provide low-barrier supportive services that are not time-limited, and which help people obtain and maintain safe, stable, and affordable housing
* Programs utilize a housing-focused approach and provide holistic supports to participants to improve health and safety, while developing and actualizing participants’ own goals

**Required Outcome Measures – Housing (same for both strategies)**

* Number of individuals served through housing programs
* Number of individuals who maintain housing for at least six months because of programs and services
* Number of individuals who obtain housing because of programs and services

By checking these boxes, you confirm your ability to provide this data annually.

Click to return to Impact Area Eligibility & Priorities Menu

# Food Security

**Food Security Eligibility Criteria**

To apply for Food Security, partnerships must answer YES to all eligibility criteria under each strategy they choose. Partnerships may apply under one or both strategies. **Work in this area should be focused on ensuring residents have access to food that is nutritious, culturally relevant and affordable, toward long-term food security.**

***Food Security Strategy 1: Short-Term Food Security***

*Yes/No –* Programs are categorized as food shelves, meal programs, or food banks

*Yes/No* – Programs provide holistic services that support households in increasing their overall stability, such as those that address income/wealth building, stable housing, and improving health

***Food Security Strategy 2: Long-Term Food Security***

*Yes/no -* Programs provide direct services focused on land access and/or accessing markets for the sale of locally produced food

*Yes/no* - Programs result in communities having increased access to fresh food that is locally grown/produced via land access, community-defined and led sustainable solutions, and other food justice efforts that work toward equitable access and participation in the food system

**Food Security Funding Priorities**

Please indicate which criteria below are part of your partnership’s programming. While you do not need to select all boxes below to be eligible for funding, organizations that meet the following criteria will be more competitive in the RFP.

* Programs provide access to food that is nutritious, culturally relevant, and affordable
* Programs provide a dignified, culturally affirming, and welcoming experience
* Programs focus on food justice for Black, Indigenous, Latine, Asian, Pacific Islander and/or People of Color that addresses access and affordability beyond SNAP and other public benefits.

**Required Outcome Measures – Food Security**

*Short-Term Food Security*

* Number of individuals served through food programs categorized as food shelves, meal programs or food banks.

*Long-Term Food Security*

* Number of individuals served by direct services that support land access, market building, and other food justice strategies

By checking these boxes, you confirm your ability to provide this data annually.

Click to return to Impact Area Eligibility & Priorities Menu

# Economic Opportunity

**Economic Opportunity Eligibility Criteria**

In order to apply in this impact area, partnerships must answer YES to all criteria under each strategy they choose. Partnerships may apply under any strategies for which they are eligible. **Work in this area should be focused on ensuring that adults enter the workforce prepared for skilled employment and increased wealth.**

**Strategy 1: Employment & Training**

*Yes/no –* programs and services provide employment and training support

**Strategy 2: Entrepreneurship Support**

*Yes/no* – Programs and services provide entrepreneurship support

*Yes/no* – Programs and services must *specifically* serve Black, Indigenous, Latine, Asian, Pacific Islander, North African, and People of Color entrepreneurs

*Yes/no* – Programs must provide services for established small/micro businesses, supporting them to build capital, capacity, and business development

**Strategy 3: Financial Accessibility**

*Yes/no* – Programs and services support financial accessibility through the delivery of a financial product and/or service

*Yes/no* – programs and services support individual-level wealth building by integrating a financial product and/or financial service into a program’s direct service (For example, an early childhood education programs with a College Savings Account product, or a housing program with a lending circle for participants).

***Not Eligible: Partnerships that provide a stand-alone financial product/service not embedded within a service delivery model (for example, an organization addressing financial accessibility solely through offering tax preparation would not be eligible).***

**Economic Opportunity Funding Priorities**

Please indicate which criteria below are part of your partnership’s programming, under all the strategies under which you are applying. While you do not need to select all boxes below to be eligible for funding, partnerships that meet the following criteria will be more competitive in the RFP.

**Strategy 1: Employment and Training**

* Support individuals with barriers to employment in building their confidence and connectedness toward skilled employment and/or increased wealth along a participant-centered career continuum
* Assess participants’ education, skills, and interests relative to placement in education and training.
* Provide or connect participants to financial coaching, financial products, income supports, or related services that support individuals towards increasing their financial health.

**Strategy 2: Entrepreneurship Support**

* Provide a continuum of access to unconventional and traditional capital (e.g. micro-lending, credit-building loans, SBA loans, etc.).
* Provide or connect participants to personal finance services including financial counseling, financial planning, and tax preparation.
* Works to change current structures and systems to allow for greater accessibility for Native, Black, Latine, Asian and/or Pacific Islander entrepreneurs to capital and entrepreneurial services.

**Strategy 3: Financial Accessibility**

* Financial product/service is new, seeking to eventually expand or replicate

**Required Outcome Measures – Economic Opportunity**

*Employment & Training*

* Number of individuals served through employment and training programs and services
* Number of individuals who complete at least one training or education component
* Number of individuals who obtain employment
* Average per hour wage at placement
* Estimated % of participants who retain their job for 12 months or more

*Entrepreneurship*

* Number of individuals served through entrepreneurship programs and services
* Amount of loans/grants dispersed to entrepreneurs
* Number of jobs created
* % of businesses who achieve sustainability or growth

*Financial Innovations*

* Number of individuals enrolled in the product or service
* Number of participants who report increased wealth/financial stability

By checking these boxes, you confirm your ability to provide this data annually.

Click to return to Impact Area Eligibility & Priorities Menu

**Program Approach & Impact**

**Note: You will be required to respond to each of these questions separately for each impact area in which you are applying.**

**Individuals Served**

How many individuals did your partnership serve in the last year in [impact area] programs?

**Narrative Questions**

How are your [impact area-specific] programs and services intentionally designed to be responsive to those who have been systemically oppressed and marginalized, such as Black, Indigenous, Latine, Asian, Pacific Islander, and People of Color; people experiencing low income; LGBTQ+ people; people with disabilities; older adults; people living in rural areas; and immigrants and refugees.

*Race is the largest predictor of inequity in our region. We recognize that, like racism, prejudice against other identities also contribute to inequitable outcomes. Please respond to this question in the way that best reflects your programming and those you support.*

**[Recommended word limit: 400 words]**

For [this impact area], please give 1-2 examples that highlight how your programs and services are specifically designed to respond to race/ethnicity and intersectional identities like those listed above.

**[Recommended word limit: 250 words]**

Tell us about key results you have achieved or progress your partnership has made over the last two years related to [this impact area]. Please provide an example that clearly illustrates how the programming in this [impact area area] translates into results that disrupt inequities for the community you support.

*In your answer, please include any information (quantitative or qualitative) that you gathered to understand or document evidence of these results/successes.*

**[Recommended word limit: 500 words]**

**Financial Review and Required Documents**

Please have your Lead Organization answer the questions below and upload the required documents from the perspective of their organization (unless otherwise indicated) to complete the application.

*Greater Twin Cities United Way will assess the financial health of your Lead Organization based on a set of benchmarks. If the Lead Organizations does not meet the financial health measures, the partnership WILL NOT be eligible for funding under this RFP.*

*Partnerships invited to participate in a site visit may receive follow up communication from Greater Twin Cities United Way with additional questions as part of our final financial review.*

**Partnership Grant Resources Allocation**

Please list each of the organizations in your partnership separated by a semicolon. In parentheses after the organization name, provide an estimate (by percentage) of how you plan to allocate funding across partner organizations. We understand final funding allocations across partners will depend upon the grant award.

|  |
| --- |
|  |

*We anticipate most grant awards to be between $50,000-$125,000 with a minimum award of $50,000.*

**General Information**

* Lead Organization's Fiscal Year (for example: (1/1-12/31, 7/1-6/30, etc.)
* What is your Lead Organization’s total operating budget for the current fiscal year?
* What is your partnership’s total budget (for their work together) for the current fiscal year?

**Audit Opinion**

If your Lead Organization is [required by law to complete an audit](https://www.councilofnonprofits.org/nonprofit-audit-guide/state-law-audit-requirements#:~:text=Statute%20and%20Description%3A%20Minn.,prepared%20by%20an%20independent%20CPA.), please complete the following section:

* Year of your most recent audit opinion (or if your organization has not completed an audit, please explain why not):
* Your most recent audit opinion was: Unqualified, Qualified, Adverse, Disclaimer, No Audit
* *Yes/No* Did your most recent audit opinion include a Going Concern paragraph? *Organizations that answer “yes” will not be eligible for a grant under this RFP.*

**Additional Questions**

* For the three years of financials attached below, please explain any major changes/fluctuations between your Lead Organization’s year-over-year expenses and revenue (+/- 10%) that occurred for reasons not related to COVID-19. Please leave blank if this does not apply to your organization.
* For the three years of financials attached below, please explain any substantial changes/fluctuations between your Lead Organization’s year-over-year expenses and revenue (+/- 20%) that occurred for reasons related to COVID-19. Please leave blank if this does not apply to your organization.
* For the three years of financials attached, please explain any major year-end budget deficits (+/- 10%). Please leave blank if this does not apply to your Lead Organization.
* Please note any major changes in Lead Organizational leadership in the past 12 months (i.e. anything beyond the typical transition due to term limits and/or board member relocation/availability, such as: several board members stepped down, board restructured, key leadership transition, key positions open, etc.) Please leave blank if this does not apply to your organization.
* *Optional*: If you wish, your Lead Organization may use this space to pre-emptively address any other questions or concerns that you anticipate may arise from reviewing their organizational financial documents.

**Required Financial Attachments for All Applicants\***

* Form 990 from last three years
  + 2023 Form 990
  + 2022 Form 990
  + 2021 Form 990
* 2024 Lead Organization/Fiscal Sponsor Budget or Most Recent Forecast
* Most Recent Lead Organization Board-Approved Audit *(If applicable; by law, nonprofits are only subject to audit if they have annual total revenue over $750,000)* **OR** Most Recent Board-Approved Year-End Financials (*if organization is not subject to an audit*)
* \*If your organization has only two years of financial data or any questions about financial document requirements, please reach out to staff at [rfp@gtcuw.org](mailto:rfp@gtcuw.org).

**Financial Attachments for Some Applicants**

* 2024 Partnership Budget or Most Recent Forecast  
  (We’re looking for a budget for the work your partnership is doing together)
* Fiscally Sponsored Project Budget (Fiscally sponsored groups ONLY)
* IRS 501c3 Determination Letter (If your organization has never received funding from United Way)
* IRS Form W9 (If your organization has never received funding from United Way)

*Optional:* If you are unable to attach any of the above required financial attachments, please explain why.