



**THE UNITED WAY  
OF THE NATIONAL CAPITAL AREA (UWNCA)  
COMMUNITY IMPACT DEPARTMENT  
CHILD WELLNESS INITIATIVE (CWI)**

**REQUEST FOR PROPOSALS:  
UWNCA-CWI-Capacity Building Grant 002-Cycle 2**

**Release Date: January 23, 2009**

**Application Submission Deadline: February 19, 2009, 5:00 pm.  
LATE OR INCOMPLETE APPLICATIONS WILL NOT BE FORWARDED  
TO THE GRANT REVIEW PANEL**

***“This program is funded, in whole or in part, by the Government of the District of Columbia, Department of Health, Community Health Administration”***

## APPLICANT CHECKLIST FORM

Please indicate with a check mark all items in the list below that have been completed in the application submission:

\_\_\_ The proposed program must address childhood obesity as identified in the RFP. Organizations may apply for more than one capacity building grant and should submit a complete application for each grant request.

\_\_\_ One original and five (5) copies (unbound) are submitted in a sealed envelope marked with the applicant's name and "Application in Response to the UWNCA-CWI-Capacity Building Grant 002".

\_\_\_ Application should be mailed, couriered or hand delivered to UWNCA on or before February 19, 2009 by 5:00 p.m. to:

**United Way of the National Capital Area**  
**1725 I Street, NW, Suite 200**  
**Washington, DC 20006**  
**ATTN: Euniesha Davis**

*Note: All applications must arrive at the above location on or before February, 2009.*

\_\_\_ The grant application must be submitted in English, on white paper, double-spaced, typed using 12 Point Font and not to exceed 5 pages.

\_\_\_ Contains a signed cover letter.

\_\_\_ Contains job descriptions for the people doing the work outlined in the application.

\_\_\_ Applicant Profile Form (Attachment A1) is completed and signed.

\_\_\_ Assurances Form (Attachment B1) is signed.

\_\_\_ Certifications Form (Attachment C1) is completed and signed.

\_\_\_ The application is submitted with two original receipts (Attachment D1)

\_\_\_ The applicant checklist is signed and submitted with the grant application.

### **SIGNATURE OF APPLICANT**

**To the best of my knowledge and belief, all information included in this application is true and correct. Submission of this application has been duly authorized by the governing body of the applicant and the applicant will comply with all required assurances if assistance is awarded.**

Signature of Authorized Representative: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Telephone \_\_\_\_\_

UWNCA-CWI-Capacity Building Grant RFP  
 Child Wellness Initiative

## SECTION I

### General Overview of the United Way of the National Capital Area

UWNCA was founded in 1974 when the United Givers Fund and the Health and Welfare Council merged, and for years has been a leader in community building. From the beginning, UWNCA partnered with the United Black Fund. We improve lives by mobilizing the caring power of our community by engaging our neighbors (who count on us to address pressing human needs) and our donors (who trust us to invest their contributions where they are needed most). Our goal is to advance our region's common good by identifying the underlying causes, significant issues, developing strategies, leveraging resources, and measuring the results.

### UWNCA Child Wellness Initiative

**Health. Community. Connection!** The initiative will focus on creating long-term *healthful* solutions, strengthening *community*, and developing *connections*.

The mission of the Child Wellness Initiative is to serve as a catalyst for change by raising the awareness of the issues that have put our children's overall well-being at risk. This will be achieved by identifying resources and assisting agencies with accessing those resources to address deficits in our communities. The initiative will strategically plan to support programming that fosters development of the mind, body and self appreciation of a child. The Child Wellness Initiative seeks to find solutions to the following issues that are facing our youth:

- Childhood Obesity
- Youth Violence (i.e. Gang violence, Bullying, Suicide)

### District of Columbia Department of Health

The Mission of the Department of Health is to promote and protect the health, safety and quality of life of residents, visitors and those doing business in the District of Columbia. Our responsibilities include identifying health risks; educating the public; preventing and controlling diseases, injuries and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources.

### SCOPE OF WORK

The UWNCA and the District of Columbia Department of Health seek to improve the lives of DC metro area children by connecting organizations/agencies with resources to conduct programming targeted to improving health and wellness. The UWNCA and the District of Columbia Department of Health have partnered to provide capacity building mini-grants to support organizations/programming aimed at reducing the rising childhood obesity rate in DC. **\*The focus areas are wards 5, 7, 8 and low-income areas in ward 6 to include:**

- New, innovative programming that is not supported under the organization's current operational budget;
- Programs that enable community intervention to reduce or prevent obesity through education and advocacy;
- Increasing access to healthy foods and/or physical activity;
- Childhood obesity prevention programs for the whole family;
- Program development targeted to culturally diverse communities;
- Community health workshops;
- Expanding existing child wellness programs;
- Curriculum development for youth physical activity programs;
- Purchasing of equipment used for the purposes of increasing access to healthy foods, adding educational value to a program.

*\*Preference will be given to grassroots organizations committed to building the capacity of residents in wards 5, 7, and 8 and low- income areas in ward 6 to improve access to healthy foods and active lifestyles.*

**Persons served must be 60% youth.**

### **Eligible Organizations/Eligibility Criteria**

#### **Award Period**

The program funding cycle shall be for the duration of **one year (12 months)** contingent upon availability of funds. You are not required to be a UWNCA member agency.

All applicants must adhere to and meet the outlined eligibility requirements. Selected applicants must be able to provide documents listed in the eligibility criteria. The eligibility requirements are listed below:

1. Organizations may include, but are not limited to, participating agencies in the UWNCA campaign or UWNCA Community Impact grantees. **All applicants must be located in the District of Columbia.**
2. Be directed by an active and responsive governing body, generally called a Board of Directors, whose members have no material conflict of interest, and a majority of whom serve without compensation.
3. Be an incorporated not-for-profit and have a registered constitution and/or By-Laws. **An entity may work through a fiduciary agency** that is an incorporated not-for-profit with a registered constitution and/or By-Laws.
4. **Have tax-exempt status under 501(c) (3) of the 1954 Internal Revenue Code** (or the equivalent status under an earlier subsequent Code) and shall have been notified by the Internal Revenue Service that it is not a private foundation as defined in Section 509(a) of the Internal Revenue Code.
5. Provide the most current letter from Internal Revenue Service verifying your exemption status.
6. Comply with applicable Federal, State and municipal laws and regulations.
7. Organizations which engage in lobbying and/or attempt to influence voting or legislation at the local, state or federal level must maintain expenses connected with those activities within the limitations which allow them to be classified as a tax-exempt agency under 26 U.S.C. 501(h).
8. Have a written policy and demonstrate a practice of non-discrimination as it relates to operation of organization including service delivery on the basis of race, creed, color, religion, gender, age, national origin, physical or mental health, sexual orientation or any characteristic protected by law.
9. Be directed by an active and responsive governing body, generally called a Board of Directors, whose members have no material conflict of interest, and a majority of whom serve without compensation.
10. Account for their funds in accordance with Generally Accepted Accounting Principles (GAAP)
11. Be audited in accordance with Generally Accepted Auditing Standards (GAAS) by an Independent Certified Public Accountant (CPA) in the immediately preceding year.
12. Provide a copy of the most recently completed, signed IRS Form 990 covering the fiscal year ending not more than 18 months prior to January 31, 2009 (i.e. on or after June 30, 2007). The IRS Form 990 must be signed on page 6 in the block marked "signature of officer." The preparer's signature alone is not sufficient. A complete form must include all supplemental statements, and schedules if applicable for the applicant organization. A completed Form 990 is required to be eligible for CFC and UWNCA Campaigns even if the Internal Revenue Service does not require your organization to file the form 990. Smaller organizations – those with annual revenue of less than \$250,000 – may submit the Form 990EZ along with pages 1 and 2 of the full Form 990 attached. The IRS Form and the Audit (if applicable) must cover the same period. An

- IRS Form for a national organization cannot be used for local chapters. The IRS Form must separate expenses for the local chapter and must be consistent with the local chapter audit.
13. Certify compliance with provisions of the USA PATRIOT Act.

### **Award Period**

No obligation or commitment of funds will be allowed beyond the grant period of performance. Grant awards are made three times for this funding cycle. UWNCA reserves the right to make partial awards (e.g., providing partial funding for a proposal and/or carving out proposed services) and to fund more than one agency for each target population covered in all program areas.

### **Grant Amounts**

A total of **\$200,000** is anticipated to be available for capacity building projects related to addressing the childhood obesity epidemic in the District of Columbia. Individual grant amounts shall range from \$500-\$20,000. The local funds anticipated to be awarded to District of Columbia eligible providers by the Child Wellness Initiative Capacity Building Mini-Grants are for services rendered to youth ages 25 and under in the District of Columbia. An organization may submit multiple applications. Agencies can not receive more than \$20,000 during the funding cycle.

## **SECTION II SUBMISSION OF APPLICATIONS**

### **Overview**

The United Way of the National Capital Area and the District of Columbia Department of Health announces the availability of the Capacity Building Mini-Grants for distribution during the 2008-2009 grant year. The funds are to be used to address critical community needs related to the childhood obesity epidemic within District of Columbia. Only agencies providing services to District of Columbia residents are eligible to apply for funding. Prospective applicants are encouraged to read all sections of the instructions and application.

### **UWNCA Contact Information**

Applicants are encouraged to email, fax or phone the Program Manger listed below if you have questions regarding any portion of the grant application.

Euniesha Davis

Director, Community Impact

Child Wellness Program Manager

202-488-2024

[edavis@uwnca.org](mailto:edavis@uwnca.org)

### **Application Review Session**

**An application review session will be held on February 6, 2009, from 11:00 a.m. to 12:30 p.m. at 2100 Martin Luther King, Jr., SE, (across from the big chair) Washington DC in the 3<sup>rd</sup> Floor Conference Room.**

**If you plan to attend the application review session, please email [commimpactevents@uwnca.org](mailto:commimpactevents@uwnca.org) with the number of attendees from your organization.**

### **Application Guidelines**

Applicants must complete the grant application and clearly define the program in which you are seeking funding. All programs must focus on reducing the childhood obesity rate in the District of Columbia. All applicants must be located in the District of Columbia.

Number of Copies: 1 original and 5 copies.

Please complete the **APPLICATION FORM** provided for all grant amount requests and adhere to the maximum character limits and page limits.

Do not staple proposals/applications. Use binder clips or paper clips for binding purposes.

The application must be signed and dated by the Executive Director/CEO.

### **The APPLICATION FORM can be found at the back of the RFP.**

All applicants **must** also include **1 copy** of each of the following documents with their application:

- Proof of non-profit status
- Current IRS letter
- IRS Form 990
- List of board members with terms, occupations, and places of employment.

A total of six (6) copies of individual applications must be submitted in an envelope or package. One copy of **Attachment D1** should be affixed to the outside of the envelope or package. **Of the six copies, one (1) copy must be an original application, with an original signature. UWNCA will not forward the proposal to the review panel if the applicant fails to submit the required six (6) applications.** Telephonic, telegraphic and facsimile submissions **will not be accepted.**

### **Application Submission Date and Time**

Applications are due no later than 5:00 p.m., EST, on February 19, 2009. All applications will be recorded upon receipt. Applications **received at or after 5:01 p.m., EST, on February 19, 2009 will not be forwarded to the review panel for funding considerations, and will be returned unopened to the submitting organization.** Any additions or deletions to an application will not be accepted after the deadline of 5:00p.m. **February 19, 2009.** The six (6) applications of the proposal **must be** delivered to the following location:

**Greater Washington Board of Trade  
1725 I Street, NW,  
Suite 200  
Washington DC, 20006.  
Attention: Euniesha Davis**

*\*UWNCA will not accept responsibility for delays in the delivery of the proposals.*

### **Multiple Applications**

An organization may submit multiple applications. Agencies can not receive more than \$20,000 during the funding cycle.

### Reporting Requirements

Grant recipients will be required to complete and submit 6 month and 12 month reports to the UWNCA. The 6 month report will detail progress made toward the proposed goals and include a current record of funding used to support the programming. The 12 month report will be deemed the final agency report (due one month after grant period closes) that will describe in detail the progress of achieving stated goals, outcome measures and community impact and outline uses of all funding. Grantees will be subject to site visits by members of the steering committee. These site visits will allow us to assess the program activities and ensure goal alignment. The format of the report will be outlined in the grant agreement letter.

### Application Review Criteria

All fully completed grant proposals will be reviewed by the UWNCA Child Wellness Grant Review Panel.

All panelists participating in the review process will read and sign the UWNCA Code of Conduct. Recommendations for funding of the reviewed proposals will be forwarded to and approved by the UWNCA Child Wellness Steering Committee, then to the UWNCA Community Impact Committee for recommendation to the UWNCA Board of Directors.

### TIMELINE

#### Proposed Grant Timeline: Cycle II

<b>Capacity Building Mini-Grant RFP Available to Public</b>	<b>January 23, 2009</b>
<b>RFP Review/Question &amp; Answer Session</b>	<b>February 6, 2009 at 11:00 a.m.</b>
<b>Proposals Due to UWNCA</b>	<b>February 19, 2009 by 5:00 p.m.</b>
<b>Review of Proposals</b>	<b>February 20– March 12, 2009</b>
<b>Award Notification Letters Mailed To Applicants</b>	<b>March 16, 2009</b>
<b>Announcement of Recipients Posted on UWNCA Website Press Release</b>	<b>March 16-March 25, 2009</b>

**ATTACHMENT A1**

---

**APPLICANT PROFILE**

Organization Name: \_\_\_\_\_

Specify Fiduciary Agency (If Applicable): \_\_\_\_\_

Non-Profit Status (Tax ID Number): \_\_\_\_\_

Contact Person Name/Title: \_\_\_\_\_

Office Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Agency Website: \_\_\_\_\_

Program Name: \_\_\_\_\_

Total amount requested for this program: \$ \_\_\_\_\_

Ward Servicing: \_\_\_\_\_

**Program Description:**

# ATTACHMENT B1

---

## ASSURANCES

The applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A-87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements - 28 CFR, Part 66, Common Rule, that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the applicant assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The applicant’s governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act if applicable.
3. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
4. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
5. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
6. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency’s (EPA), list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA
7. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63,
8. It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title XII of the Education Amendments of 1972 and the Age Discrimination Act of 1975.
9. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

---

**CERTIFICATIONS**

**1. ACTIVE BOARD OF DIRECTORS:** I certify that an active and responsive governing body, generally called a Board of Directors, directs the organization named in this application whose members have no material conflict of interest and a majority of whom serve without compensation.

**2. LOCAL PRESENCE AND BENEFITS:** I certify that the organization named in this application maintains local presence and provides services in the geographical area covered by the UWNC Area. “Local presence” is defined as a staffed facility, office or portion of a residence dedicated exclusively to the applicant organization that is accessible to its clientele or members of the public seeking the services or benefits that the organization provides. In addition, the organization provides services and assistance and conducts activities affecting human health and welfare. The facility is open at least 15 hours a week.

**3. NON-DISCRIMINATION POLICY:** I certify that the organization named in this application has a policy and demonstrates a practice of non-discrimination as it relates to service delivery on the basis of race, creed, color, religion, gender, age, national origin, physical or mental health, sexual orientation or any characteristic protected by law.

**4. PUBLIC ACCOUNTABILITY:** I certify that the organization named in this application is accountable to the public for its operations and services and discloses to the public information pertaining to its finances and operations.

**5. ANNUAL REPORT:** I certify that the organization prepares and makes available to the public an Annual Report or periodic Newsletters which include at a minimum, a full description of the organization’s activities and supporting services, and a list of Board members and chief administrative personnel.

**I CERTIFY THAT I HAVE READ ALL THE CERTIFICATIONS SET FORTH IN THIS DOCUMENT AND THAT MY SIGNATURE BELOW SIGNIFIES THAT I ACKNOWLEDGE AND AGREE WITH SUCH CERTIFICATIONS.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

ATTACHMENT D1



**RECEIPTS**

**United Way of the National Capital Area  
 1725 I Street NW, Suite 200 Washington, DC 20006  
 Child Wellness Capacity Building Grant  
 # UWNCA-CWI-Capacity Building Grant 002-Cycle 2**

**COMMUNITY IMPACT DEPARTMENT**

\_\_\_\_\_  
 (Contact Name/Please Print Clearly)

\_\_\_\_\_  
 (Organization Name)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 (Telephone)

\_\_\_\_\_  
 (Fax)

\_\_\_\_\_  
 (E-mail Address)

\_\_\_\_\_  
 (Program Title- If applicable)

\$ \_\_\_\_\_  
 (Amount Requested)

[UWNCA USE ONLY]	
ORIGINAL PROPOSAL AND _____	(NO.) OF COPIES
RECEIVED ON THIS DATE: _____/_____/2008	
TIME RECEIVED: _____	
RECEIVED BY: _____ (UWNCA Staff Person)	

UWNCA-CWI-Capacity Building Grant RFP  
 Child Wellness Initiative



## APPLICATION FORM



Complete this application if you are applying for a grant ranging from \$500.00 - \$20,000.00. Applicants must also submit the requested ATTACHMENTS and additional documents identified in the RFP. This application can not exceed five pages and must be double-spaced in 12 point font.

<p><b>Target Ward(s)</b> (Ward intended to be served by this project)</p>	
<p><b>Organization Name</b> (Legal name of the organization according to IRS)</p>	
<p><b>Tax Status</b> (Does the organization have 501(c)(3) status?)</p>	
<p><b>Tax Identification Number</b> Employer Identification Number (EIN).</p>	
<p><b>Year Established</b></p>	
<p><b>Staff Size</b> (The total number of staff in your organization.)</p>	
<p><b>Operating Budget</b> (Your organization's operating budget)</p>	
<p><b>Organization's Scope of Work</b> (Organizational mission, focus, audience served: 250 word max.)</p>	
<p><b>Project Name</b> (Name or title of project)</p>	
<p><b>Purpose Statement</b> (Provide a brief description of what will be accomplished as a result of the project: 250 word max.)</p>	

<p><b>Project Overview</b>  <i>(Provide a brief summary of the project: 250 word max.)</i></p>	
<p><b>Project Goals</b>  <i>(Impact to be achieved: 300 word max.)</i></p>	
<p><b>Project Objectives</b>  <i>(Key factors or achievements necessary for success: 250 word max.)</i></p>	
<p><b>Project Activities</b>  <i>(Activities that will be performed in order to accomplish the project objectives: 250 word max..)</i></p>	
<p><b>Anticipated Outcomes</b>  <i>(What will be different as the result of this project? : 250 word max.)</i></p>	

<p><b>Sustainability Plan</b>  <i>(Ways the grantee, community or other beneficiary will continue to fund the work after UWNCA/DOH funding ends: 250 word max.)</i></p>	
<p><b>Target Population</b></p>	
<p><b>Collaborating Organizations</b>  <i>(Other organizations you are working with on the project and the role of each.)</i></p>	
<p><b>Project Start Date</b></p>	
<p><b>Project End Date</b></p>	
<p><b>Amount Requested</b></p>	
<p><b>Total Project Budget</b>  <i>(Estimated budget including funding from all sources.)</i></p>	
<p><b>Other Funding Sources</b>  <i>(List of all other organizations contributing to the project, including in-kind support.)</i></p>	

**ADDITIONAL DOCUMENTS TO INCLUDE:**

ATTACHMENT A1;  
ATTACHMENT B1;  
ATTACHMENT C1;  
ATTACHMENT D1;  
PROOF OF NON-PROFIT STATUS;  
CURRENT IRS LETTER;  
IRS FORM 990;  
LIST OF BOARD MEMBERS WITH TERMS, OCCUPATIONS, AND PLACES OF EMPLOYMENT

