United Way of Rock River Valley and
815 Community Response Team (815CRT)

Emerging Needs Fund Request for Proposals (RFP)

815 Community Response Team is looking for proposals from charitable organizations for a program that will give cash assistance directly to individuals affected by loss of employment, underemployment, or economic hardship caused by COVID-19. Capacity of the organization and established service delivery process will be carefully scrutinized in the review process. This is a competitive grant application and resources are limited.

This RFP is open to Winnebago County charitable organizations and proposals must serve Winnebago County residents. 815CRT will require timely reports on how organizations are serving individuals and families and how funds are being spent.

The 815 Community Response Team Grant Making Committee is a partnership of the Community Foundation of Northern Illinois, the Kjellstrom Family Foundation, the Northern Illinois Center for Nonprofit Excellence (NICNE), and United Way of Rock River Valley, which are part of the 815 Community Response Team that also includes the Rockford Area Convention and Visitors Bureau, Transform Rockford and the Workforce Connection.
Eligibility for Grant Allocations
In order to be eligible for a grant allocation from the Emerging Needs Fund, nonprofit agencies must:

- Be a 501(c)(3) Organization
- Be in operation and providing human services in Winnebago County
- Have an active Board of Directors comprised of nonpaid volunteers who meet at least quarterly
- Maintain an annual operating budget
- Have a history of providing cash assistance to vulnerable populations
- Comply in a timely manner to a request for information

Ineligibility for Grant Allocations
Agencies that provide programs or services described below are ineligible for funding:

- Are primarily political in nature.
- Provide programs or services limited solely to the members of a particular religious group. A program run by an agency with a religious affiliation may be granted funds, but only if the program is not religion-based and grant allocation funds are clearly not used for religious activities.

Review and modification of these standards may be made at the discretion and approval of the 815 Community Response Team Steering Committee.

Grant Application Form

A. Organizational Information – Do not omit any information

Organization _____________________________________________________________

Address ______________________________________________________________

City, State, Zip _________________________________________________________

Phone __________________ Fax _____________________________

E-mail ________________________________________________________________

Executive Director __________________________________________________

Contact Person (if other than Executive Director) _________________________

Board Chair _________________________________________________________

Organization Mission ________________________________________________

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________________________________________________________

Signature of Executive Director ______________________________

Date of Application __________________________
B. Grant Information

Name of Program ___________________________________________________________

Amount of Request ______________________________________________________

Brief paragraph describing exactly how the money will be spent for direct assistance to individuals
and/or families

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Briefly describe your history in providing cash assistance to vulnerable populations (attach process
documents as available):__________________________________________________
________________________________________________________________________

C. Grant Narrative

Please consider the following bullet points and tell us in a maximum of one (1) page how your organization
will give direct cash assistance to families and individuals.

• Who will your program serve? How will you qualify clients/participants?

• Estimate the number of people you intend to serve and list their demographics - percentage of
  Caucasian, African American, Latino, Asian and Others served.

• How will you capture data specific to the people served (income level, employment industry,
  underemployed, unemployed, # of family members, assistance granted, etc.) keeping in mind a desired
  rapid turnaround from application to cash assistance?

D. Grant Deadline – 5 pm on Monday, November 9.

No application will be accepted after this time. All applicants must use this form to respond to the
Emerging Needs RFP.

E. Application Submittal

Email a completed copy of this packet, your grant narrative, and a copy of your 501(c)(3) exemption letter to
lindas@unitedwayrrv.org or send a hard copy to Linda Sandquist, United Way of Rock River Valley,
612 N. Main Street #300, Rockford, IL 61103. Do not include any supplemental information. It will not be
considered when reviewing your grant application.

Contact Linda Sandquist at United Way of Rock River Valley at 815-289-1258 with any questions or
concerns.