

SUCCESSFUL STUDENTS IMPACT COUNCIL REQUEST FOR PROPOSAL CHECKLIST FOR INDEPENDENT APPLICATIONS		This checklist must accompany your submission via e-CImpact.	
Agency Name _____		Contact Person _____	
Program Name _____		Title _____	
Address _____		Contact Phone _____	
Phone _____		Contact Email _____	
<p>The following list represents all required elements of the RFP.</p> <p>Please note United Way will not accept:</p> <ul style="list-style-type: none"> • incomplete proposals • proposals submitted via mail/e-mail or delivered in person • proposals submitted after the deadline 		<p><u>Completed and verified:</u> <u>Indicate completed with</u> <u>initial and date</u></p>	
		Initial	Date
Application Form in e-CImpact			
Organization Information Section			
Organization's Capacity Section			
Program Design Section (related Implementation Plan is a required document)			
Performance Measures and Evaluation Section (Narrative and Performance Measure form)			
Program Budget Section (Program Budget form and Budget Narrative)			
Sustainability Section			
Required Documents (to be uploaded in e-CImpact)			
Implementation Plan Template			
Copy of IRS 501(c)(3) Determination Letter			
Articles of Incorporation and/or Certificate of Incorporation and any Amendments			
By-Laws			
Documentation of D.B.A. (if applicable)			
Certificate of Non-discrimination			
Proof of Insurance			
Current list of Board of Directors			
Current Organizational Chart			
Most Recent Audited Financial Statements (Must include Statement of Financial Position, Statement of Revenues and Expenses, Statement of Cash Flows and Footnotes.) If the agency's annual operating budget is \$250,000 or less and the agency does not have an audit, it may submit financial statements that have been reviewed by an independent Certified Public Accountant (CPA). United Way			

expects the audit/review would be complete within four months of the agency's fiscal year end.		
Single Audit (if applicable)		
Most Recent IRS Form 990		
Letters of Support (if applicable – required document(s) if listing partners)		
Checklist		

I acknowledge I have reviewed this Request for Proposal in its entirety and approve of its submission to United Way of San Antonio and Bexar County.

Board Chair Signature

Date

CEO Signature

Date