

**“Health and Wellbeing”  
Request for Proposal  
2019-2020**



**Valley United Way**

**Proposed Budget**

Revenues must equal expenses. If budget does not balance, please include an explanation.

**Applicant Organization(s)** \_\_\_\_\_

**Program/Initiative** \_\_\_\_\_

**Requested \$** \_\_\_\_\_

	<b>Revenues</b>	<b>Current (If Applicable)</b>		<b>2019-2020 (Projected)</b>	
1	UW of		#DIV/0!		#DIV/0!
2	Government Contracts & Grants		#DIV/0!		#DIV/0!
3	Foundations & Private Grants		#DIV/0!		#DIV/0!
4	Fundraising		#DIV/0!		#DIV/0!
5	Program Fees & Client Payment		#DIV/0!		#DIV/0!
6	Other Revenue (Please Identify Source)				
7			#DIV/0!		#DIV/0!
8			#DIV/0!		#DIV/0!
9			#DIV/0!		#DIV/0!
10			#DIV/0!		#DIV/0!
	<b>Total Revenues</b>	\$ -	#DIV/0!	\$ -	#DIV/0!
	<b>Expenses</b>	<b>Current (If Applicable)</b>		<b>2019-2020</b>	
<b>1</b>	Salaries, Benefits & Taxes		#DIV/0!		#DIV/0!
<b>2</b>	Program Supplies & Equipment		#DIV/0!		#DIV/0!
<b>3</b>	Staff Training		#DIV/0!		#DIV/0!
<b>4</b>	Assistance to Individuals		#DIV/0!		#DIV/0!
<b>5</b>	Miscellaneous Expenses (Please Identify)		#DIV/0!		#DIV/0!
	<b>Total Expense</b>	\$			
	<b>Total Expenses</b>	\$ -	#DIV/0!	\$ -	#DIV/0!

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**Budget Narrative:** Please elaborate on existing revenues/expenses and/or describe other anticipated revenues/expenses.

1 United Way of
2 Government Contracts & Grants (List specific sources of funding)
3 Foundations & Private Grants
4 Fundraising
5 Program Fees & Client Payments
Other Revenue
6
7
8
9
10

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**Expenses:**

1 Salaries, Benefits & Taxes (List all positions and indicate full or part-time status)
2 Program Supplies & Equipment
3 Staff Training
4 Assistance to Individuals
5 Miscellaneous Expenses

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**Targeted Population  
(Ages, Gender, etc.)**

**PROGRAM DEMOGRAPHICS ONLY**

PROGRAM DEOGRAPHICS - AGE	100	0-3 YEARS		
	200	4-5 YEARS		
	300	6-12 YERS		
	400	13-17 YEARS		
	500	18-29 YEARS		
	550	30-64 YEARS		
	600	65+ YEARS		
	700	NOT KNOWN		
<b>TOTAL</b>				

PROGRAM DEMOGRPHICS - ETHNICITY	100	WHITE		
	200	BLACK		
	300	HISPANIC		
	400	ASIAN		
	500	NATIVE-AMERICAN		
	600	BI-RACIAL		
	700	NOT KNOWN		
<b>TOTAL</b>				

PROGRAM DEMOGRAPHICS - GENDER	100	BELOW OFFICIAL POVERTY		
	200	AT OR NEAR POVERTY		
	300	MIDDLE INCOME – CT MEDIAN		
	400	UPPER INCOME		
	500	NOT KNOWN		
<b>TOTAL</b>				

PEOGRAM DEMOGRAPHICS - RESIDENCE	100	ANSONIA		
	200	DERBY		
	300	OXFORD		
	400	SEYMOUR		
	500	SHELTON		
	600	OTHER		
	700	NOT KNOWN		

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TOTAL				
PROGRAM DEMOGRAPHICS - GENDER	100	FEMALE		
	200	MALE		
	300	TRANSGENDER		
	400	NOT KNOWN		
TOTAL				

**Please Elaborate on How Granted Amount Will Be Allocated/Used Among Collaborators**