

# FY26 LPO Region 1 Prevention Subgrants

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*United Way of Northwest Vermont*

## *SECTION A: Application Qualification*

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### **Readiness to Complete a Request\***

Please affirm that your organization still meets the following requirements:

#### **Choices**

- Organization is serving people in VDH Barre, Burlington, and/or St. Albans Health District(s)
- Organization is a tax-exempt nonprofit organization
- Organization's work is already grounded in SPF and staff have received recent SPF training
- Organization adheres to VT State's Attachment C (see link in RFP)

**Next step if you are not able to check all these requirements:**

Contact Megan Bridges at [megan@unitedwaynwvt.org](mailto:megan@unitedwaynwvt.org).

## *SECTION B: Organization Information*

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### **Organization Name:\***

*Character Limit: 100*

### **Organization Address\***

*Character Limit: 100*

### **Organization Town/City/Zip\***

*Character Limit: 50*

### **Primary Contact Name\***

*Character Limit: 50*

### **Primary Contact Email\***

*Character Limit: 50*

### **Primary Contact Phone:\***

*Character Limit: 50*

### **Fiscal Agent Organization (if applicable):**

*Character Limit: 50*

**Fiscal Agent Address:**

*Character Limit: 50*

**Fiscal Agent Town/City/Zip:**

*Character Limit: 50*

**Fiscal Agent Primary Contact Name:**

*Character Limit: 50*

**Fiscal Agent Primary Contact Email:**

*Character Limit: 50*

**Fiscal Agent Primary Contact Phone:**

*Character Limit: 50*

*SECTION C: Project Name, Project Description & Request Amount*

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**Project Name\***

Provide a brief title for the project:

*Character Limit: 100*

**Project Description\***

Please provide a brief description of the project.

*Character Limit: 500*

**Funding Amount Request:\***

Provide the TOTAL amount of funding that is being requested for this project. Please round up to the nearest \$1,000.

Minimum Award: \$10,000

Maximum Award: \$50,000

*Character Limit: 20*

## *SECTION D: Priorities to be Addressed*

The Region 1 LPO Funding Committee determined the following priorities for subgrants in FY26:

**PRIORITY 1:** Program, services, or activities that support youth, young adults and/or older adults.

**PRIORITY 2:** Program, services, or activities that address the needs of priority populations including people who identify as Black, Indigenous, and people of color, people who identify as LGBTQIA+; people with limited financial means; refugees, immigrants, and people with limited English proficiency; individuals with disabilities; veterans; people living in rural areas; and people who are or have experienced being unhoused.

**PRIORITY 3:** Program, services, or activities that address at least one of these 4 levels of the Vermont Prevention Model: Policy & Systems, Community, Organizations, Relationships.

Select each priority this program, services, or activities will address and further define how each priority will be addressed. If at least one of these priorities will not be addressed, make that selection and the Funding Committee will still consider your application based on its own merits.

### **Priority 1: Age Range**

If addressing Priority 1, **select all** age ranges that apply.

#### **Choices**

Youth (5-17)

Young Adults (18-24)

Older Adults (60+)

### **Additional Narrative for Priority 1:**

If you select Priority 1, describe any defining characteristics of priority age range(s) being served. Also, describe the experience your organization has working with this (or each) age range and how participants will be invited to engage in the work.

*Character Limit: 3500*

### **Priority 2: Priority Population(s)**

**Check all** of the priority population(s) this project will serve. Please note that for this grant, a priority population is defined as:

- 25% or more of the people to be served by hold this identity **and/or**
- the program, services, or activities are intentionally designed to serve people who hold this identity and expected involvement will meet or exceed 25%

*As people have multiple identities, more than one may be selected.*

**Choices**

- People who identify as Black, Indigenous, and people of color
- People who identify as LGBTQIA+
- People with limited financial means
- Refugees, immigrants, people with limited English proficiency
- Individuals with disabilities
- Veterans
- People living in rural areas
- People who are or have experienced homelessness

**Additional Narrative for Priority 2:**

If you select Priority 2, describe any defining characteristics of priority population(s) being served. Also, describe the experience your organization has working with this (or each) priority population and how participants will be invited to engage in the work.

*Character Limit: 3500*

**Priority 3: Vermont Prevention Model Level(s)**

Check all of these levels of the Vermont Prevention Model that will be addressed. The Funding Committee has given priority to four of the five levels in the model:

**Choices**

- Policy & Systems
- Community
- Organizations
- Relationships

**Additional Narrative for Priority 3:**

If you selected Priority 3, describe how the selected level(s) will be addressed:

*Character Limit: 3500*

**Priorities Do Not Apply**

If none of these priorities will be addressed, the Funding Committee will still consider your application based all criteria being considered such as geographic location. Please check the following box so that we know that you understand how the application will be ranked in terms of these priorities and regional distribution.

**Choices**

This project does not address one of these three priorities.

***SECTION E: Geographic Area to be Served***

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**Barre Health District\***

Check All Towns, No Towns, or the individual towns you anticipate serving:

**Choices**

- All towns in Barre Health District

No towns in Barre Health District

- Barre City
- Barre Town (Websterville, Graniteville)
- Berlin
- Braintree
- Brookfield
- Cabot
- Calais
- Duxbury
- East Montpelier
- Fayston
- Marshfield
- Middlesex
- Montpelier
- Moretown
- Northfield
- Orange
- Roxbury
- Plainfield
- Waitsfield
- Warren
- Washington
- Waterbury
- Williamstown
- Worcester

**Burlington Health District\***

Check All Towns, No Towns, or the individual towns you anticipate serving:

**Choices**

- All towns in Burlington Health District
- No towns in Burlington Health District
- Burlington
- Charlotte
- Colchester
- Essex
- Essex Junction
- Hinesburg
- Huntington
- Jericho
- Milton
- Richmond
- St. George
- Shelburne
- South Burlington
- Underhill
- Westford
- Williston
- Winooski

### St. Albans Health District\*

Check All Towns, No Towns, or the individual towns you anticipate serving:

#### Choices

- All towns in St. Albans Health District
- No towns in St. Albans Health District
- Alburgh
- Bakersfield
- Berkshire
- Enosburg
- Enosburg Falls
- Fairfax
- Fairfield
- Fletcher
- Franklin
- Georgia
- Grand Isle
- Highgate
- Isle LaMotte
- Montgomery
- North Hero
- Richford
- Sheldon
- South Hero
- St. Albans City
- St. Albans Town
- Swanton

### Addition Narrative for Area to be Served\*

Please add any clarifying information on the geographic area(s) to be served by program, activities, or services. If helpful, reference any past work in geographic area(s).

*Character Limit: 3500*

## SECTION F: Narrative

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### Narrative\*

Please describe the proposed project, services and activities. Be sure the include the following narrative:

- Description of proposed work including timeline for the work.
- How will the work address risk and protective factors for substance use prevention.
- How this work is evidence-based, a promising practice, and/or innovative in its approach.

*Character Limit: 7500*

## *SECTION G: Budget*

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### **Budget\***

Upload budget.

Find template in invitation email or at **Northwest & Central Vermont Prevention Network Funding & Subgrants**.

Note: Funds must be used to supplement existing state and local funds for project activities and must not replace funds that have been appropriated for the same purpose.

*File Size Limit: 34 MB*

### **Budget Narrative**

Optional: Add justification narrative if needed.

*Character Limit: 3500*

### **Additional Funding\***

List any additional funding this project receives. If there is no addition funding, write "None".

*Character Limit: 2000*

## *SECTION H: Logic Model*

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### **Logic Model\***

Upload a Logic Model for this project.

Find an optional template in the invitation email or at **Northwest & Central Vermont Prevention Network Funding & Subgrants**.

*File Size Limit: 33 MB*

## *SECTION I: Evaluation Plan*

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Please provide a summary of how you plan to evaluate your project based on Results Based Accountability (RBA) performance measures. This framework uses three guiding questions to determine success: How much did you do?; How well did you do it?; and Is anybody better off? For each of these questions, please describe what information and demographics you will collect and how you will report on them.

**How much?\***

Describe what information you will provide to quantify project activities, participation, and outputs.

*Character Limit: 3500*

**How well?\***

Describe what information you will provide to demonstrate quality of the work.

*Character Limit: 2500*

**Is anyone better off?\***

Describe what information you will collect to demonstrate impact/outcome for the people served by the project.

*Character Limit: 2500*

***SECTION J: Background Checks & Mandated Reporting***

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**Vulnerable Populations:\***

Check one: This project involves work with children, youth and/or vulnerable adults:

**Choices**

Yes

No

**If you checked "Yes":**

By submitting this application, your organization affirms that relevant background checks are conducted and that mandated reporting requirements are followed per:

Abuse Registry:

**33 V.S.A. §4919(a)(3); 33 V.S.A. §6911(c)(3)**

Reporting of Abuse, Neglect, of Exploitation:

**33 V.S.A. §4913(a) and §6903; Chapter 69 of Title 33 V.S.A 33; V.S.A. §4914; 33 V.S.A. §6904**

**Choices**

I cannot affirm that my organization is in compliance.

I affirm that my organization is in compliance with these requirements.

If you checked that you cannot affirm that your organization is in compliance with the listed background checks and mandated reporting requirements, contact Megan Bridges at [megan@unitedwaynwvt.org](mailto:megan@unitedwaynwvt.org) to discuss the requirements and trainings needed.



## *SECTION K: Risk Assessment*

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### **Upload Risk Assessment\***

Complete and upload a Risk Assessment Form which is attached to the RFP email or can be found at **Northwest & Central Vermont Prevention Network Funding & Subgrants**.

*File Size Limit: 33 MB*