



United Way  
of Sumner County

# Letter of Intent

All agencies requesting funding for the first time OR new programs of current funded partners must complete and email this Letter of Intent to [erin@unitedwaysumner.org](mailto:erin@unitedwaysumner.org), **DUE December 6, 2021**. Please complete a separate Letter of Intent for each program for which you are requesting funding.

Questions should be directed to Chief Executive Officer Erin Birch at 615-504-5936 or [erin@unitedwaysumner.org](mailto:erin@unitedwaysumner.org).

## AGENCY INFORMATION FORM

1. Name of Agency: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Name of Agency Director: \_\_\_\_\_
6. Email Address for Agency Director: \_\_\_\_\_
7. Name of Board Chair: \_\_\_\_\_
8. Email Address of Board Chair: \_\_\_\_\_
9. Agency's Annual Operating Budget: \$ \_\_\_\_\_
10. Please provide the following attachments:
  - Check if you have an updated Giving Matters Profile with the CFMT
  - Most recent 990
  - Most recent year-end Profit and Loss Statement

### Signatures

- We certify that all information included in this grant application is true and that the attached IRS tax exemption letter is current.
- We certify that we have had/will have had our 501(c)3 status and been operational for two full years as of December 31<sup>st</sup> of this year.

CEO/Agency Director: \_\_\_\_\_ Date: \_\_\_\_\_

Board Chair: \_\_\_\_\_ Date: \_\_\_\_\_

#### For United Way Office Use Only

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Received by: \_\_\_\_\_

# PROGRAM INFORMATION FORM



Program Title: \_\_\_\_\_

## Priority Area(s):

Please indicate which of United Way's 4 Building Blocks of a successful life your program falls within.

- \_\_\_\_\_ **Education** - *Providing early learning opportunities, youth mentoring programs, assistance in overcoming barriers to learning and promoting literacy to span throughout adulthood.*
- \_\_\_\_\_ **Financial Stability** - *Assisting in establishing basic needs following emergencies, cultivating financial literacy and helping families become self-sustaining.*
- \_\_\_\_\_ **Health** - *Implementing preventative care and critically needed services; helping seniors stay in their own homes and providing age-appropriate mental and physical health resources.*
- \_\_\_\_\_ **Rebuilding Lives** – *Providing assistance in times of crisis or disaster, youth and family-focused counseling and reducing child abuse and domestic violence.*

Program Funding Request : \$ \_\_\_\_\_

Total Cost of Program: \$ \_\_\_\_\_

List other significant funding sources for this program (secured & pending):

Number of years this agency has been in operation: \_\_\_\_\_

Number of years this program has been in operation: \_\_\_\_\_

Number of full-time program staff: \_\_\_\_\_

Number of part-time program staff: \_\_\_\_\_

