

**United Way of Merced County
2017/2018 Community Investment Allocation
Letter of Intent**

Please complete the following form and return it to United Way of Merced County by **January 31, 2017 (by 4:00PM)**. Community Investment Applications will be issued to agencies whose programs fit the United Way of Merced County's Eligibility and Funding priorities. A letter of intent is required of all agencies, regardless of past United Way support. Please fill out a letter of intent for the program for which you are applying (one program per agency). *Please note that completion of this form does not guarantee funding. One page, no attachments.*

Organization Information:	Organization Name:
	Contact Person:
	Address:
	E-mail:
	Phone: _____ Fax: _____
	Organization Mission Statement:
Non Profit Status: 501 (c)(3) <input type="checkbox"/> Yes EIN: _____ <input type="checkbox"/> No <input type="checkbox"/> Fiscal Agent _____ EIN: _____	

Program Information:	Program Focus Area: (Select the primary outcome that your program will address – <u>One</u> only!) <input type="checkbox"/> Health – Programs that enable people to live healthier. Areas may include: healthy eating and physical activity, access to health care, healthy choices, safe home and community, and healthy beginnings. <input type="checkbox"/> Education – Programs that help increase the number of students graduating from high school and preparing for employment. Areas may include: school readiness, early grade reading proficiency, middle grade success, high school graduation, and post-secondary success – Vocational education or college graduation. <input type="checkbox"/> Financial Stability – Programs that help individuals and families maintain and/or increase their income. Areas may include: workforce training, entrepreneurial program development, budgeting family finances, public benefit awareness and asset development.
	Program Description:
	Program Budget:
	Amount Requested (Maximum \$20,000)
	<input type="checkbox"/> I have read the 2017 eligibility guidelines. _____ Contact signature