



**UNITED WE FIGHT.  
UNITED WE WIN.**

**LIVE UNITED™**

**UWEUP LETTER OF INTENT TO APPLY FOR UW IMPACT FUNDING 2018 Funds cycle (2018-2019 program cycle)**

**ACCEPTED OCTOBER 29 – NOVEMBER 30, 2018**

United Way of the EUP fights for the Health, Education, and Financial Stability of every person in our community.

### **OUR MISSION**

We advance the common good by mobilizing the caring power of communities.

### **OUR VISION**

We win by Living United.

By forging unlikely partnerships.

By finding new solutions to old problems.

By mobilizing the best resources.

By inspiring individuals to join the fight against their community's most daunting social crises.

### **CONSIDERING A PARTNERSHIP WITH US?**

We're looking for partners who are as invested in creating lasting change as we are. We want to know that with our donor's help, you will ensure outcomes that strengthen and transform lives. That is what our community impact work is all about. We are in the business of igniting *social change*. We are raising local dollars to create positive and lasting changes in community conditions across the EUP.

**Please complete this form by November 30, 2018 and return to:**

[raulaniaesa@unitedwayeup.org](mailto:raulaniaesa@unitedwayeup.org), or call with questions 906-632-3700, ext. 2.

Your letter of intent will be acknowledged upon receipt. See **Community Investment Calendar** (found at [www.unitedwayeup.org/grants](http://www.unitedwayeup.org/grants)) for dates regarding the funding process.

## HOW TO QUALIFY

To qualify for our funding your program must:

- Provide documentation showing status of a tax-deductible parent organization that serves human service needs
- Provide services and advocacy in the Eastern Upper Peninsula (Chippewa, Luce and Mackinac Counties)
- Be open to collaboration and include like-minded partnerships to increase program efficiency and clarity while avoiding duplication of services in the community
- Demonstrate measurable outcomes (i.e. logic model)
- Demonstrate fiscal responsibility and capacity to produce results

We encourage the following:

- Include matching funds from local, state, federal, nonprofit, private or other foundation sources, in-kind support
- Innovative programming (i.e., programs not traditionally funded via other sources such as United Way, etc.)
- Sustainability from other funding sources
- Utilization of community assets and grassroots efforts

## WHAT WE DO NOT FUND

- Overall agency operations
- Political campaigns or promotion of candidates for public office.
- Promotion of the religious perspectives of a program's sponsoring denomination. Programs must serve individuals regardless of religious affiliation.
- Loan payments, deficit spending, capital campaigns, or endowment campaigns, event sponsorship or scholarships for individuals.
- Services normally supported by tax dollars

## USE OF FUNDS

United Way of the EUP funds may be applied to cover costs such as, but not limited to:

- Community outreach and travel expenses
- First year support for salaries in pilot or start-up programs
- Education and public communications materials
- Training and conferences specifically related to starting and staffing new programs
- Volunteer training and travel
- Peer-to peer-learning sessions and collaborative events
- Kickstart new programming that addresses systemic change in one or more EUP community conditions/UWEUP Impact Areas

## **HOW WILL YOU CHANGE OUR COMMUNITY?**

There are three priority impact areas in which we target funding to improve lives and overall community conditions:

### **Health – Promoting a Healthy & Active Lifestyle**

Examples of Measurement areas include:

- Access to Care & Counseling
- Kids Have a Healthy Start
- Safe & Caring Home & Community
- Good Nutrition & Active Lifestyle
- Recovery & Addiction

### **Education – Helping Kids Succeed in School**

Examples of Measurement areas include:

- Early Childhood Success
- School Readiness
- On Track Math & 3<sup>rd</sup> grade Reading Readiness
- Career Awareness
- Increased High School Graduation rates
- Post High School Success

### **Financial Stability – Promoting Family Self-Sufficiency & Building**

#### **Financial Stability**

Examples of Measurement Areas include:

- Stable Employment & Living Wage
- Established Savings
- Housing Stability
- Manageable Expenses, Housing, Financial Literacy & Budgeting
- Basic Needs Support, Food & Shelter

Your program must fit into at least one of our impact areas and provide the ability to track & report outcomes.

To complete a Letter of Intent, please fill out the following information and submit letter of intent to:

[raulaniesa@unitedwayeup.org](mailto:raulaniesa@unitedwayeup.org) by November 30, 2018.

## 1. WHO ARE YOU?

Please provide your contact information:

Organization Name:

CEO/President/Ex. Director:

Email:

Address:

Telephone:

Fax:

Website URL:

Social Media Handle(s): (for example - facebook.com/UnitedWayEUP)

EIN Number:

Years of Operation:

Program Name:

Funding Request Amount: \$ \_\_\_\_\_

What Percentage would United Way's funding be of your total program budget? \_\_\_\_\_%

Are you a tax-deductible organization? Yes or No

## 2. WHAT IS YOUR VISION?

Every great idea begins with a vision! Explain your vision for this program – including both short-term and long-term goals. What community problem does this program address? How will it help to improve community conditions?

## 3. WHICH UNITED WAY IMPACT AREA(S) WILL YOUR PROGRAM ADDRESS? Briefly explain why.

## 4. WHO ARE YOUR PARTNERS?

We know, when we LIVE UNITED, we accomplish so much more for our community! Who will help you to sustain this positive programming?

## 5. HOW WILL YOU KNOW YOU'VE BEEN SUCCESSFUL?

How will program goals be measured and how will you relate that to the community?

***If you are invited to complete a full proposal you will be required to submit the following information:***

Organizational Governance and Financial Information

- 501(c)(3) designation or tax deductible organization
- IRS Form 990 or 990 EZ – filed within the last 18 months
- Annual budget with YTD figures
- Proposed Program Budget 12 month
- Audit with the management letter (or certified financial statement)
- Board membership list
- Your Bylaws
- Year to date income statement and balance sheet
- Agency total # of staff
- Agency total # of volunteers
- Agree to laws of anti-terrorism and non-discrimination

Documents to be Maintained and Made Available upon Request:

- Relevant licenses and accreditations
- State of Michigan background check compliance
- Adequate insurance coverage
- Pending regulatory inquiries or legal actions
- Additional financial and governance information

**ORGANIZATION’S CONTACT PERSON IN CASE OF QUESTIONS**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_ The undersigned

hereby certify:

- The program and budget information in this pre-proposal is true and accurate to the best of our knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Executive Director**

Print Name: \_\_\_\_\_