

# Northern Santa Barbara County United Way

Letter of Intent for - DATE: \_\_\_\_\_

Legal Name of Applicant

Organization: \_\_\_\_\_

Program Name (if applicable): \_\_\_\_\_

Funds will pay for: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Location(s) if different from above: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Tax-exempt - 501(c)(3) status. (You must check this requirement before applying.)

**The focus area of the program for which you are requesting funds:**

Education

Income

Health

Basic Needs

**This services will be provided in:**

Santa Maria

Lompoc

Guadalupe

Santa Ynez

This Grant Request: \$ \_\_\_\_\_

Total Program Budget: \$ \_\_\_\_\_

Grant Period from: \_\_\_\_\_

To: \_\_\_\_\_

Total Organizational Budget for Current Year: \$ \_\_\_\_\_

Fiscal year begins: \_\_\_\_\_

Summarize the organization's mission (two to three sentences):

Summarize your grant request (two to three sentences):

Designate 3-measurable outcomes to be accomplished with your funding request