

County United Way, Inc.

115 Baltimore Street, Suite 203, Cumberland MD 21502 • 301-722-2700 • www.cuw.org



Letter of Intent to Apply for United Way Funding 2025/2026

Letters of intent are due by close of business day March 17, 2025. Completed letters of intent should be emailed to misty@cuw.org. For each County you plan to ask for funding a letter of intent must be completed.

Organization Name _____

Address _____

City _____ State _____ Zip _____

Federal Tax ID Number _____

Organization Website _____

Executive Director/CEO Name _____

Executive Director Office Phone _____

Executive Director Email Address _____

Year organization was founded _____

Total Annual Budget _____

Is your organization a 501(c) 3 Yes No

Is your organization faith based? _____

The following documents must be submitted with this letter of intent.

- IRS tax-exempt letter granting your organization 501(c) 3 status
- Charitable Registration issued by the MD/WV Secretary of State, if you are required to have one
- Audited financial statements dated June 30, 2024 or later, if total budget is \$250,000 or greater
- Financial statements reviewed by an outside CPA firm (acceptable if budget is under \$250,000)

REQUIRED DOCUMENTS

The following documents will be required as part of a full application. Please check the box for each of these items that your agency has in place. If you are invited to submit a full application, you will need to submit these documents at that time.

Please select all the documents that you currently have available.

- Current set of bylaws for organization**
- Current budget for entire organization, including expected revenue and expense**
- Current budget for specific program for which you are requesting funding, including expected revenue and expense**
- Current list of board of directors**
- Mission statement of organization**
- Anti-discrimination statement clearly stating that your organization does not discriminate against anyone on the basis of any federally protected classification. Statement must apply to employees, clients, and volunteers.**
- Board-approved statement explicitly opposing all forms of racism**

PROGRAM INFORMATION

Name of specific program for which you are requesting funding _____

Please include a brief description about this program

County for which you are requesting funding _____

Amount Requested _____

Year program was initiated _____

Program Contact Name _____

Program Contact Email _____

Program Contact Phone _____

Is this program a collaboration with another local agency or agencies? *(Agencies may apply for collaborative programs)* Yes No

If yes, name of other agency(ies) _____

Can you cite measurable outcome data for this program? Yes No

(If you are invited to submit a full application, you will need to provide very detailed information about this.)

Signature of Executive Director/CEO

Signature _____

Date _____