

**United Way of Central WV  
2019 Community Impact Grant  
Letter of Intent Form**

**Submission Deadline: January 10, 2018 by 4 p.m.**

|   |  |        |      |
|---|--|--------|------|
| <b>Organization Information</b>   | Organization Name:   |        |      |
|   | Address:   | City:  | Zip: |
|   | Program Name:  |        |      |
|   | Contact Name and Title:  |        |      |
|   | E-mail:  | Phone: |      |
|   | Website:   |        |      |
|   | <p>Organization Mission:</p><br><br><p>County(ies) this program will serve: ___Boone ___Clay ___Kanawha ___Logan ___Putnam</p> |        |      |
| <p>Applicant is an incorporated nonprofit organization and has tax-exempt status under section 501(c)(3) of the Internal Revenue Service code.</p> <p>_____ Nonprofit Incorporation Letter identifying the organization as a Nonprofit Organization under Section 501(c)(3) of the Internal Revenue Code is attached.</p>   |  |        |      |
| <p><b>United Way of Central WV requires an independent assessment of the financial records of the organizations receiving funding. Please identify your organization's level of compliance.</b></p> <p><input type="checkbox"/> Our agency receives federal funds from one or several government funding sources and expends \$750,000 or more in federal funding and a single audit was conducted by an independent CPA.</p> <p><input type="checkbox"/> Our agency's total annual contributions from all sources except government grants and grants from private foundations is greater than \$500,000 and an audit was conducted by an independent CPA.</p> <p><input type="checkbox"/> Our agency's total annual contributions from all sources except government grants and grants from private foundations is greater than \$200,000 but less than \$500,000 and a financial review was conducted by an independent CPA. (An audit by an independent CPA is also acceptable.)</p> <p><input type="checkbox"/> Our agency's total annual contributions from all sources except government grants and grants from private foundations is less than \$200,000 and a compilation was conducted by an independent CPA. (A financial review or audit by an independent CPA is also acceptable.)</p> <p><input type="checkbox"/> None of the above. Please explain _____.</p> |  |        |      |

**IMPACT AREAS:**

- a) In the below table, select the ONE primary Impact Area of this funding request (Education, Health, Financial Stability OR Safety Net).
- b) Choose at least ONE Outcome the program will measure in the selected Impact Area. Additional outcomes may be selected that demonstrate overall program impact.

*Impact Areas*

*Outcomes*

| <i>Impact Areas</i> | <i>Outcomes</i>   |
|---------------------|---|
| <b>EDUCATION</b>    | <ul style="list-style-type: none"><li>1. Quality Childhood Education and School Readiness<br/>Children will achieve developmental milestones and will be ready to benefit from social, emotional, and cognitive development activities provided at the next level of education</li><li>2. Academic Success<ul style="list-style-type: none"><li><input type="checkbox"/> At-risk youth will maintain or increase their academic performance</li><li><input type="checkbox"/> At-risk youth will increase life skills</li></ul></li><li>3. Parent/Caregiver Development<ul style="list-style-type: none"><li><input type="checkbox"/> Parents/caregivers will strengthen their parenting skills (defined by the program)</li><li><input type="checkbox"/> Parents/caregivers and children will have more frequent, positive interactions and communication</li><li><input type="checkbox"/> Parents/caregivers will actively support their children’s academic growth</li></ul></li></ul>  |
| <b>HEALTH</b>       | <ul style="list-style-type: none"><li>1. Alcohol and Drug Abuse<ul style="list-style-type: none"><li><input type="checkbox"/> Reduce substantial use among youth and/or adults using evidence-based substance abuse prevention programs</li><li><input type="checkbox"/> Reduce substance abuse among youth and/or adults</li><li><input type="checkbox"/> Increase youth and/or adults maintaining sobriety and self-sufficiency</li></ul></li><li>2. Affordable Healthcare<ul style="list-style-type: none"><li><input type="checkbox"/> Uninsured/underinsured individuals will obtain essential medical and dental care</li><li><input type="checkbox"/> Reduce poor health outcomes resulting from smoking, obesity, diabetes, and other health issues</li></ul></li><li>3. Affordable Mental Health Counseling<ul style="list-style-type: none"><li><input type="checkbox"/> Individuals and families will receive ongoing and crisis counseling to help them increase mental wellbeing</li></ul></li><li>4. Health and Wellness<ul style="list-style-type: none"><li><input type="checkbox"/> Individuals will engage in healthy, prevention activities to increase their health and wellbeing</li><li><input type="checkbox"/> Reduce factors that negatively impact the health of community residents, including smoking, obesity and diabetes</li></ul></li></ul> |

|                            |  |
|----------------------------|--|
| <b>FINANCIAL STABILITY</b> | <ol style="list-style-type: none"> <li>1. Transportation <ul style="list-style-type: none"> <li><input type="checkbox"/> Individuals will have transportation to obtain job-related training or employment</li> </ul> </li> <br/> <li>2. Employment Readiness <ul style="list-style-type: none"> <li><input type="checkbox"/> Individuals will complete job training programs that result in “work ready” employees</li> <li><input type="checkbox"/> Individuals will learn the “soft” skills needed to gain and maintain employment</li> <li><input type="checkbox"/> Individuals will obtain employment</li> <li><input type="checkbox"/> Individuals will maintain employment</li> </ul> </li> <br/> <li>3. Financial Literacy <ul style="list-style-type: none"> <li><input type="checkbox"/> Low-income individuals will develop financial literacy skills to manage their financial resources effectively</li> <li><input type="checkbox"/> Low-income individuals will use knowledge and skills to manage financial resources effectively</li> </ul> </li> </ol>   |
| <b>SAFETY NET</b>          | <ol style="list-style-type: none"> <li>1. Domestic Violence and Child Abuse Services <ul style="list-style-type: none"> <li><input type="checkbox"/> Survivors’ immediate safety needs will be met</li> <li><input type="checkbox"/> Survivors’ will increase their knowledge about domestic violence</li> <li><input type="checkbox"/> Survivors’ will increase their awareness of community resources</li> <li><input type="checkbox"/> Reduce domestic violence in the service area</li> </ul> </li> <br/> <li>2. Shelter Services <ul style="list-style-type: none"> <li><input type="checkbox"/> Participants will actively engage in supportive services to move into permanent housing</li> <li><input type="checkbox"/> Participants will achieve housing stability</li> </ul> </li> <br/> <li>3. Access to Food <ul style="list-style-type: none"> <li><input type="checkbox"/> Reduce food insecurity for low-income individuals and families</li> </ul> </li> <br/> <li>4. Aging in Place for Seniors <ul style="list-style-type: none"> <li><input type="checkbox"/> Seniors will live independently and safely in their own homes</li> </ul> </li> <br/> <li>5. Disaster Relief <ul style="list-style-type: none"> <li><input type="checkbox"/> Individuals affected by disaster will have their immediate basic needs met</li> <li><input type="checkbox"/> Individuals affected by disaster will be assisted in finding resources/services to help them achieve pre-disaster status</li> <li><input type="checkbox"/> Increase community knowledge to prepare for and respond to disasters</li> </ul> </li> <br/> <li>6. Rent and Utility Assistance <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual’s immediate basic housing needs will be met</li> <li><input type="checkbox"/> Individuals will be assisted in finding resources/services/programs to help them Address their financial stability</li> </ul> </li> </ol> |



***We certify that, to the best of our ability, the information included in this Letter of Intent is true and accurate.***

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Signature of Board President/Chair

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date