

Northern Santa Barbara County United Way
Letter of Intent for 2009

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.)

Area of Service of your Program: Mark the appropriate box.

Education Income Health Basic Needs

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