



COMMUNITY IMPACT 2026

Letter of Intent to Apply for United Way Funding

*Letters of intent are due by 5 pm on Friday, **September 26, 2025**. Completed letter of intent should be emailed to shayla@fremontunitedway.org. For each program 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 EMAIL _____

EXECUTIVE DIRECTOR PHONE _____

YEAR ORGANIZATION WAS FOUNDED _____

TOTAL ANNUAL BUDGET _____

IS YOUR ORGANIZATION A 501(C)(3) ☐ YES ☐ NO

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.

- ☐ IRS tax-exempt letter granting your organization 501(c)(3) status
- ☐ Financial statements reviewed by an outside CPA firm (acceptable if budget is under \$250,000)
OR
- ☐ CPA prepared independent audit for budget \$250,000 +
- ☐ Current set of bylaws for organization

- ☐ Current budget for the entire organization
- ☐ Current budget for specific program for which you are requesting funding
- ☐ Current list of board of directors
- ☐ 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.

PROGRAM INFORMATION

NAME OF SPECIFIC PROGRAM FOR WHICH YOU ARE REQUESTING FUNDING _____

COUNTY/COUNTIES FOR WHICH THE PROGRAM SERVES _____

BRIEF DESCRIPTION OF THE PROGRAM _____

CAN YOU CITE MEASURABLE OUTCOME DATA FOR THIS PROGRAM? ☐ YES ☐ NO

BRIEF SUMMARY OF HOW OUTCOMES WILL BE MEASURE _____

APPROXIMATELY HOW MANY PEOPLE DO YOU PREDICT THE PROGRAM WILL SERVE IN 2025?

EXPECTED PROGRAM BUDGET _____

AMOUNT REQUESTING _____

YEAR PROGRAM WAS INITIATED _____

PROGRAM CONTACT NAME _____

PROGRAM CONTACT EMAIL _____

PROGRAM CONTACT PHONE _____

I represent and warrant all information submitted to Fremont Area United Way through this application is accurate and complete to the best of my knowledge and belief.

SIGNATURE OF EXECUTIVE DIRECTOR/CEO

_____ DATE _____