

United Way of Adams County Community Partner Request for Proposal Letter of Intent 2016

Community Partner Name (name of Organization applying for grant funding):

Executive Director: _____ Board President: _____

Organization Mailing Address: _____

Organization Phone # (____) ____ - ____ Fax# (____) ____ - ____

Contact Person Phone #: (____) ____ - ____

Contact Person Email: _____

Organization Email: _____

Name of Program for which funding is being sought: _____

Date of Program Inception (when did the program begin?) _____

Did United Way of Adams County (UW _o AC) fund this program last year?	YES	NO
If yes, did your program submit a complete and timely mid-year report?	YES	NO
Did you complete the work that you promised in your 2015 application?	YES	NO
Did you provide UW _o AC evidence of completed work?	YES	NO

Are you a not-for-profit (501 (c) 3 serving Adams County? YES NO

Total 2016 Request \$_____ Total UW_oAC funded in 2015: \$_____

Impact Area this program will address (circle one): **Education** **Financial Stability** **Health**

List the Outcome(s) that this program will meet (as identified on the UW_oAC list of outcomes; minimum of one (1) required) although you may set a goal for more. _____, _____, _____

Executive Director: _____
Signature Date

Board President _____
Signature Date



**United Way
of Adams County, Inc.**