



Lake Martin Area
UNITED WAY

NEW AGENCY FUNDING APPLICATION PROCESS

*** This will be on our website on or before July 1. A direct link to fill this form out online will be sent prior to July 1. This is ONLY for information and planning purposes at this time! ***

SUBMIT YOUR LETTER OF INTENT *(this will be online, but here are the fields requested/required)*

Please share more details about your organization and outcomes. All fields are REQUIRED.

Organization Legal Name: _____

Tax ID Number: _____

Primary Contact First Name: _____

Primary Contact Last Name: _____

Primary Contact Title: _____

Phone Number: _____ Email: _____

Website: _____

Social Media Links: (Facebook, Instagram, X, LinkedIn, etc. – please provide links to each):

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different from mailing): _____

City: _____ State: _____ Zip: _____

County Served (checkbox): Coosa Tallapoosa

What is your organization's mission and related programs?

Which of our 4 impact areas (healthy community, youth opportunity, financial security, and community resiliency) does your organization fulfill and why do think your organization fits with the mission of the Lake Martin Area United Way? Describe the relevance between your organization and our mission.

Describe the community need(s) for the services/programs provided by your organization. Include local statistics if possible.

Provide a general description of your organization and program(s) offered; target population for your program(s); and any eligibility requirements for participation in your program(s).

Are there any other organizations in Coosa or Tallapoosa County that provide the same or similar services? What sets your agency apart?

Provide a description of exactly how funding would be used and how the funds would expand your organization's ability to serve the community.

Describe the outcome(s) you anticipate from your program and the impact it will have in our communities.

How much would you be requesting from the Lake Martin Area United Way? _____

A copy of your organization and program budget, including all administrative and program costs AND all other sources of funding (committed and applied for) are required. You can enter all this information below and/or upload your budget documents.)

PLEASE READ AND CHECK ALL BOXES:

- I have read and understand the guidelines for eligibility for LMAUW funding.
- I am confirming that my organization is a registered 501c3 organization.
- I understand submitting this LOI is NOT a guarantee of award of funds or invitation to submit a full application.
- I understand that any decisions to accept this LOI, invitation to complete a full application, and/or any award of funds is up to the discretion of the LMAUW Board of Directors. I will not hold LMAUW staff responsible for decisions made.
- I understand that submitting a partial LOI or full application (missing required documents, failure to answer questions, etc.) may result in the elimination of my organization for current consideration. Questions regarding the LOI or application must be addressed prior to submission.
- I understand failure to be truthful in any of my responses will result in the elimination of my organization for current and future consideration.

By signing this online LOI submission, I am agreeing to the terms listed above and am representing my organization as honestly and truthfully as possible and attesting that all information is correct to the best of my knowledge.

Signature: _____

Date: _____

REQUIRED ATTACHMENTS:

- IRS Letter of Determination
- Budget (if not included above)
- List of current Board of Directors and their affiliations