

Letter of Intent to Apply

Agency Name:

Program Name:

Funding Amount Request:

Goal, Priority Strategy

Indicate which Goal, Priority, and Strategy with which your program most closely aligns.

(Select one in each category)

Goal:

Priority:

Strategy:

Unique Program Strategy:

Does this program meet more than one goal? *Example: Program serves priorities in both Income and Health.* **Yes** **No**

Qualification Responses

Indicate which document you will submit as proof of fiscal responsibility: (Select one)

Indicate when you will submit proof of fiscal responsibility: (Select one)

Does this program offer services locally to residents of Boyle, Garrard, Lincoln and/or Mercer counties? (Select Yes/No)

If funding is awarded, will Heart of KY United Way be the sole funding source? *We require multiple funding sources for our partner programs.* **Yes** **No**

Are you willing to conduct a fundraising campaign *or* assist with a HKUW event in 2020?
 Yes **No**

Do you commit to attending or sending a representative to semiannual Partner Roundtable events? **Yes** **No**