

2024 Community Impact Grants

LETTER OF INTENT

United Way of Rutland County
67 Merchants Row, Rutland, VT 05701

Main: (802) 773-7477

Fax: (802) 770-5133

www.uwrutlandcounty.org

Questions?

Contact info@uwrutlandcounty.org

Or call (802)773-7477

For the most up-to-date application materials, including the 2024 Community Impact Grants Handbook, visit our website at <https://www.uwrutlandcounty.org/grants/>

In the handbook you will find an overview of the United Way of Rutland County Mission and Purpose; a description of the three Priority Areas: Health, Education, and Financial Stability; General instructions for completing the application and the evaluation process; and reference materials.

GOOGLE FORM ACCESS TO THESE MATERIALS:

Proposal Submission Checklist

Submitted proposals may pertain to an entire program, or a specific project within that program. For this application the term Program is used, but should be considered interchangeable with Project. Please tailor your answers to the specific work your proposal intends to do.

Before submitting a proposal for United Way of Rutland County's (UWRC) Community Impact Grants, please be certain the following application materials are complete:

- UWRC Program Cover Sheet**
- Letter of Intent**

SUBMISSION DEADLINE FOR LETTER OF INTENT:

5pm, May 14th, 2024

SUBMIT COMPLETED LETTERS TO

isabella@uwrutlandcounty.org

Questions?
Contact info@uwrutlandcounty.org Or
call (802)773-7477

This form is also available as a Google Form at:

<https://forms.gle/tcBFcomjbGkPvCCa6>

We recommend reviewing the full form below and collecting the information needed prior to beginning the Google form. You must fill and submit the entire Google form in one session (you cannot save a partially completed form to finish at a later time).

UWRC Program Cover Sheet

Name of the Program (or Project):	
Grant type	€ Full (> \$3000) X € Mini (< \$3000)
Name of the Organization	
County	
Fiscal Agent (if applicable)	
Program contact person & title/role	
Phone Number	
Email	
Organization Mailing Address	
Brief Description of the program <i>Overview of the program activities and intended outcomes (100 words or less):</i>	

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Total	Total NOT TO EXCEED \$10,000

Letter of Intent

Priority Area (Check all that apply)		
€ Health	€ Education	€ Financial Stability
Problem/Condition Program Addresses	Financial stability, basic needs	
Program Partner(s) (if applicable)		
Purpose of the Funding Brief description of how the funds will be used (100 words or less):		

Goals and Outcomes

Discuss how your proposed goals and outcomes take into account Diversity, Equity, and Inclusion principles (100 words or less):