



(/)



DONATE



DONATE



VOLUNTEER (/CIVICRM/CONTRIBUTORS/TRANSACTION/RESET=1&ID=1) RESET=1&ID=25)

ABOUT US (/ABOUT-US)

HOW WE HELP (/HOW-WE-HELP)

NEWS & EVENTS (/CALENDAR)

CAMPAIGN (/CAMPAIGN)

GET INVOLVED (/GET-INVOLVED)

CONTACT US (/CONTACT-US)

OPIOID GRANT (/OPIOID)

Letter of Intent | United Way Central West Virginia

View (/form/letter-of-intent-united-way-cent)

Test (/webform/letter_of_intent_united_way_cent/test)

Results (/admin/structure/webform/manage/letter_of_intent_united_way_cent/results/submissions)

Build (/admin/structure/webform/manage/letter_of_intent_united_way_cent)

Settings (/admin/structure/webform/manage/letter_of_intent_united_way_cent/settings)

References (/admin/structure/webform/manage/letter_of_intent_united_way_cent/references)

1

Start

2

Preview

3

Complete



This webform is **closed** (/admin/structure/webform/manage/letter_of_intent_united_way_cent/settings/form). Only submission administrators are allowed to access this webform and create new submissions. ✕

We are now accepting Letters of Intent (LOI)

- The LOI serves as the initial phase of the funding application process. Submitting a Letter of Intent does not guarantee an invitation to complete the grant.
- United Way funding is not guaranteed. Awards are based on available resources in the Community Investment Fund, program impact, and program need. Please plan your budgets accordingly, as not all programs will be invited to submit a full grant application, and funding requests may be reduced or denied.
- It is open to all incorporated nonprofits with 501(c)(3) tax-exempt status in our service area (Boone, Braxton, Clay, Kanawha, Logan and Putnam County)

- Files a current IRS form 990, including schedule A or 990 EZ, or can document the circumstances under which the 990 filing is waived. Agencies filing a 990-F will not move forward.
- All agencies must meet the eligibility guidelines, provide the required documents, and complete the LOI application.
- Applications will not be received or considered after the deadline.

Organizational and Contact Information

Organization Name

Organization's Mission Statement

Upload Your 501(c)(3) (Letter of Determination) from the Internal Revenue Service.

Your organization must provide the Letter of Determination demonstrating your nonprofit and tax exempt status under section of 501(c)(3) of the Internal Revenue Service code.

 Upload requirements

No file chosen

Program Name (if different from organization name)

Address

Address

City

State

Zip Code

Is your mailing address separate from your street address.

☐ Yes

☐ No

Primary Contact's Name

This is the person responsible for this application and all follow-up communication.

Primary Contact's Telephone Number**Primary's Email Address****Executive Directors Name****Executive Directors Email Address****Have you or your organization hosted or attended an ALICE presentation?**

☐ Yes ☐ No

Financial Verification**Financial verification is required for each invited application. Please review and select the option that best fits your organization.****Submission Guidelines**

1.Organizations that file Form 990-PF are not eligible for consideration. Applicants must submit their most recent Form 990, Form 990-EZ, or Form 990-N filing confirmation. Organizations exempt from filing must provide a signed explanation of the basis for their exemption and may be required to submit additional financial documentation.

Programs operating under a church or other parent organization may be required to submit the parent organization's financial statements and separate program financial information. Additionally, an explanation of why that organization is exempt from filing Form 990 signed by the Board Chair will need to be submitted.

Based on WV Tax Code, please submit the required financial documents (audit/compilation). Current Independent Assessment of Financial Records – Guidelines Pursuant to West Virginia Code §29-19-5, §7-5-17A and the Federal Single Audit Act of 1984, as amended in 1996:

Audits:

Nonprofits spending \$1 million or more in federal funds must submit a current single audit.

Nonprofits exceeding \$500,000 in annual contributions must submit an audited financial statement.

Reviews:

Nonprofits exceeding \$200,000 but not \$500,000 in annual contributions must submit a reviewed financial statement.

Nonprofits Below Audit/Review Thresholds:

A balance sheet and income statement for your most recently completed fiscal year. Examples are provided below.

- **June 30 fiscal year:** July 1, 2025 – June 30, 2026
- **September 30 fiscal year:** October 1, 2025 – September 30, 2026
- **December 31 fiscal year:** January 1, 2025 – December 31, 2025

Please select the financial verifications your agency will be able to submit.

- ☐ Audit ☐ Supplemental Document
- ☐ Review

Program Impact Areas

Select the Impact Area that best aligns with your program.

- ☐ Healthy Community ☐ Financial Security
- ☐ Youth Opportunity ☐ Community Resiliency
- ☐ Click the checkbox if your program has a Secondary Impact Area of focus.

Program Information

What county(ies) will this program serve?

- ☐ Boone ☐ Clay ☐ Logan
- ☐ Braxton ☐ Kanawha ☐ Putnam

Please note:

If your program serves counties outside United Way of Central West Virginia's service area, you must demonstrate the ability to restrict awarded funds to services provided within our six counties: Boone, Braxton, Clay, Kanawha, Logan, and Putnam.

Was this program awarded funding from United Way of Central West Virginia for the 2026–2027 grant year?

- ☐ Yes ☐ No

Community Need: What specific community needs, challenges, or service gap does this program address? Why is this need important in the community or communities you propose to serve?

200 word(s) remaining

Population Served: Who will the program serve, where do they live, and what barriers or circumstances make this service particularly important for this population?

200 word(s) remaining

Program Response: What will your program do to address the identified need? Briefly describe the primary services or activities, where they will occur, and how participants will access them.

300 word(s) remaining

Community Fit: How does this program fill a gap or complement existing community services and partnerships?

150 word(s) remaining

Program Category Alignment: Demonstrate how this program supports United Way's goal for the program category you selected? Explain how your work benefits the people you serve and the broader community.

150 word(s) remaining

Impact Areas: Youth Opportunity, Healthy Community, Financial Stability and Community Resilience

Program Categories: A program category is a specific area of work that supports United Way's goal within an Impact Area.(ex. Employment Readiness)

Tips for your response:

- Name the program category you selected.
- Explain how your work supports the goal of that category.
- Describe why that work matters to the community.

Example:

Our job training program supports the employment readiness category by helping adults build job skills, prepare for interviews, and connect with local employers. We also help participants address barriers, such as transportation, that can make keeping a job difficult. This work helps families build financial stability and helps businesses find and keep workers. Greater stability can also reduce the need for emergency financial assistance, helping limited community resources reach others in need or adapt to emerging needs.

Intended Outcomes What meaningful change do you expect participants to experience? Identify 1-3 outcomes you expect to achieve and how you will know whether progress is occurring.

200 word(s) remaining

Funding Request

Funding is sought for which of the following:

- ☐ Supplemental funding for an existing program ☐ Collaborative effort of 2 or more groups sharing in planning-programming-funding
- ☐ Expanding programming
- ☐ Create new and innovative solutions

A minimum of \$5,000 and maximum of \$50,000 can be requested. This request should be based on financial need.

Reminder: United Way funding is not guaranteed. Awards are based on available resources in the Community Investment Fund, program impact, and program need. Please plan your budgets accordingly, as funding requests may be reduced or denied.

What is your 2027-2028 funding request? \$**What is the 2027-2028 estimated program income from all income sources, excluding the United Way request amount:** \$**What is the 2026-2027 estimated total for Program Expenses?** \$**Percentage United Way funding represents in the program's total budget****Describe the specific purpose for which grant funding is requested.**

200 word(s) remaining

How many unduplicated people is the program projected to serve with 2026-2027 funding request?

Our Impact Together

Why should United Way consider investing in this program, and what broader change does your program work toward?

150 word(s) remaining

Impact is the community or system-level change because of the program's interventions. This may or may not happen but should represent the change the program hopes to make in individuals and served communities over the lifespan of the program.

EX:

Problem: In Whoville, 35% of residents experience homelessness, affecting their health, safety, and well-being and placing strain on community resources. (One resident also keeps trying to steal Christmas.)

Output: Secure affordable housing for 100 residents experiencing homelessness. (yearly plan)

Long-term Outcome: Residents maintain safe, affordable housing for more than 12 months and experience greater stability, safety, and joy (including at Christmas.)

Impact: People experiencing homelessness achieve lasting housing stability and improved well-being, contributing to healthier, stronger communities.

Certification Signature

- ☐ I understand that submission of the Letter of Intent does not guarantee an invite to complete the full application.
- ☐ I understand United Way funding is not guaranteed. Awards are based on available resources in the Community Investment Fund, program impact, and program need.
- ☐ I certify that I have read the eligibility guidelines and meet the outlined funding requirements.
- ☐ I certify the information provided in this proposal is true and accurate to the best of my knowledge and I am authorized to submit the Letter of Intent on behalf of the listed organization.

By signing this form you agree that all information is accurate.

Signature**Name****Job Title** **SAVE DRAFT** **PREVIEW****SUBMIT**



(/home)

OUR WORK

[Youth Opportunity \(/education\)](#)
[Financial Security \(/financial-stability\)](#)
[Healthy Community \(/healthy-community\)](#)
[Community Resiliency \(/safety-net\)](#)
[Sponsored Programs at UWCWV](#)
[\(/https://www.unitedwaycwv.org/sponsored-programs\)](https://www.unitedwaycwv.org/sponsored-programs)

GET INVOLVED

[Day of Caring \(/day-caring-2026\)](#)
[Equal Footing Shoe Fund](https://fundraise.givesmart.com/form/O2zfrA?preview=1&vid=1l3upt)
[\(/https://fundraise.givesmart.com/form/O2zfrA?preview=1&vid=1l3upt\)](https://fundraise.givesmart.com/form/O2zfrA?preview=1&vid=1l3upt)
[Great Rubber Duck Race](#)
[\(/https://www.duckrace.com/charleston\)](https://www.duckrace.com/charleston)
[Logout \(/user/logout\)](#)

LOCATION

One United Way Square
 Charleston, WV 25301
 304.340.3500



© 2026 *United Way of Central West Virginia*. All Rights Reserved.



(<https://www.facebook.com/unitedwayofcentralwv>)

Website by: OneEach Technologies
 (<http://www.oneeach.com/>)



(https://www.youtube.com/channel/UCUSIK_UphINYfy-w38hvWrg)



(<https://www.instagram.com/uwcwv/>)



(<https://www.linkedin.com/company/united-way-of-central-west-virginia-inc>)

