

# Livingston County United Way 2026 Letter of Inquiry

Livingston County United Way provides funding for nonprofit health and human service organizations located in Livingston County, MI. This is a multi-step process that begins with a Letter of Inquiry (LOI). The Letter of Inquiry provides a very broad but concise description of the program requesting funding consideration and the anticipated program outcomes.

Preference will be given to those programs with demonstrated outcomes in the following impact areas:

- Healthy Community – improving health and wellbeing for all
- Youth Opportunity – helping young people realize their full potential
- Financial Security – creating a stronger financial future for every generation
- Community Resiliency – addressing urgent needs today for a better tomorrow

This submission is due to the Livingston County United way by 2/06/2026. Applicants can anticipate notification regarding the disposition of their Letter of Inquiry application by 2/13/2026.

Please refer to Notice of Funding Opportunity for guidelines and timing for each phase of the grant seeking process.

If you have questions, please contact the Community Impact Coordinator, Amber Schroeder at [aschroeder@lcunitedway.org](mailto:aschroeder@lcunitedway.org) or (810) 494-3000.

The name, email, and photo associated with your Google account will be recorded when you

Pre-fill responses, then click "Get link"

\* Indicates required question

Email \*

Record my email address with my response

### Agency General Information

Applicant Agency Name: List the name of the organization as it appears on your 501(c) 3 or as you are known by the general public. \*

Your answer

Nonprofit Tax ID Number: \*

Your answer

Address: City, State and Zip code of the physical location where services are rendered or where agency administrative functions take place. \*

Your answer

Contact Person: Name of the person to contact with questions about the program/Letter of Inquiry. This may be the agency's Executive Director or Program Manager. \*

Your answer

Pre-fill responses, then click "Get link"

Title: Job title of the individual identified as "Contact Person". \*

Your answer

Telephone: Telephone number of the individual identified as "Contact Person". \*

Your answer

Email: Email address of the individual identified as "Contact Person". \*

Your answer

Agency Mission: Full mission statement of the agency applying for funding. \*

Your answer

Number of years the agency has been in existence: \*

Your answer

### Program Information

Name of Proposed Program: \*

Your answer

Pre-fill responses, then click "Get link"

Number of years proposed program has been in existence: Indicate in years how long the program requesting funding has been in operation. \*

Your answer

Program Purpose: \*

Your answer

Please identify the specific need the program addresses: \*

Your answer

Is any other group in the community providing similar services to those you are proposing? \*

- Yes
- No
- I am unsure

If there is any other group in the community providing similar services, how is your proposed program significantly different? Demonstrate your familiarity with other organizations in the community doing similar work. Tell if other organizations serve a different target population. LCUW values collaboration and funds organizations within coalitions and community groups to prevent gaps and overlaps in services.

Pre-fill responses, then click "Get link"

Please project the number of persons to be served by this program: Indicate how many unique individuals will be served by this program during the year for which you are requesting funding. \*

Your answer

Total proposed budget for this program for funding year July 2026-June 2027: What is your projected income to make this program work? \*

Your answer

Amount requested from LCUW for the 2026-2027 grant year: \*

Your answer

Please list your top 3 additional sources of income for the program. For each funding source, indicate the amount you are projecting from the source, and if the funds are secured or projected: \*

Your answer

Briefly describe the program or services you intend to provide. Please outline how the requested funding will be utilized to achieve the outcomes selected. The first sentence should provide a one-sentence description of the program. The following two or three simple, descriptive sentences should help reviewers understand the program, but the first sentence should be able to stand on its own. \*

Pre-fill responses, then click "Get link"

Briefly describe of the population impacted by the program or service. Define the population you are serving as precisely as possible related to age, geography, finances, disabilities, race, ethnicity, etc. Try to limit to three to five key words. \*

Your answer

Please indicate which LCUW funding priorities will be addressed in your program design: \*

- Support for ALICE: Working Families
- Prevention Efforts: Interventions to prevent a problem from occurring
- Collaboration and Community Problem Solving
- All of the Above

### Program Impact

Describe the desired program outcomes and how they will be measured. Outcomes are benefits to or changes in the participants, as a result of program activities; the result (i.e., new knowledge, increased skills, changed attitudes or values, improved conditions). Describe the program's method of measuring changes in clients (outcomes) and if possible, the tool that will be used to measure that change. \*

Your answer

Please indicate the total number of clients that will be impacted by this program during the grant period. (Clients served) \*

Your answer

Pre-fill responses, then click "Get link"

## Agency Information

Please upload a copy of your 501(c) 3 or tax exempt certificate. \*

 Add file

Please upload a copy of your current Board of Directors roster. \*

 Add file

Please upload a copy of your most recent financial audit. \*

 Add file

Thank You!

Thank You for your time completing this Letter of Inquiry.

Anticipate a response to your completed submission by February 13, 2026.

Get link

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