

**United Way of Santa Cruz County
Nonprofit Effectiveness Fund**

Letter of Intent

Thank you for your interest in the Nonprofit Effectiveness Fund. The goal of the fund is to assist non-profit organizations explore, negotiate and/or plan implementation strategies for reorganizing the way in which they do business, in an effort to better serve their clients, customers and ultimately the community.

In order to evaluate an organization's eligibility and readiness to engage in the transition/restructuring process, we require completion of a Letter of Intent for consideration in the application process.

Grant Funding

Grants will be provided to nonprofits to support serious transition planning efforts, consultants, due diligence, and other expenses related to the following activities:

- Merger/acquisition/consolidation
- Service delivery joint ventures
- Back office collaborations
- Dissolution
- Bankruptcy/reorganization
- Post-merger integration of closure costs

Grant Eligibility

Nonprofit tax-exempt direct service health and human service agencies, visual or performing arts and environmental organizations serving the residents of Santa Cruz County will be eligible to apply.

Grant Amount

Grant size will range from \$10,000 to \$30,000 and will be used in the areas of exploration, negotiation, and integration planning. Grants are not intended to fully underwrite costs associated with the transition/restructuring work.

Grant Letter of Intent

Please use the attached as a template for your letter of Intent. Please use no more than two pages to articulate your plans for utilization of the Fund.

Completed Letters of Intent should be delivered or mailed to:

United Way of Santa Cruz County, Attn: Mary Lou Goeke
1220 41st Avenue, Suite C
Capitola, CA 95010

**United Way of Santa Cruz County
Nonprofit Effectiveness Fund - Letter of Intent**

Organization: _____
Contact Person: _____
Phone: _____
Email Address: _____

Please check what type of support you are seeking through the Fund:

- Merger/acquisition/consolidation
- Service delivery joint ventures
- Back office collaborations
- Dissolution
- Bankruptcy/reorganization
- Post-merger integration of closure costs
- Other: _____

Type of Organization:

- Health and Human Service
- Arts
- Environmental
- Other: _____

Please indicate the amount of funding that you would be requesting:

\$: _____

Please specify the phase of activity for which you are seeking support for your transition/
restructuring process:

- Exploration Phase
- Negotiation Phase
- Integration Phase

If you be applying with or on behalf of another organization(s), please provide the name(s):

Please provide your agency's mission and vision:

Please provide a brief explanation of the purpose/reason for applying for the Fund:

Please describe the expectations your organization has for the benefits (as well as potential risks) of pursuing the proposed transition/restructure of your work.

Please describe the niche/role that your organization serves in providing for the local (and regional, if applicable) needs of the community. (Be sure to explain how/why the community would benefit as a result of your transition activities).