# Form 1: Letter of Interest for the ALICE Fund

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For the sake of your time and ours, please try to keep answers as brief as possible. For ease of use, we have allowed the system’s maximum character limits for each field. All character limits include spaces, please keep this in mind if copying and pasting information. For narrative questions, we recommend not exceeding one to two paragraphs per questions.

**Questions with an \* are required.**

## Organization Information

1. Organization Name: \*
2. EIN: \*
3. Organization Website: \*

## Organization Contacts

1. Primary Contact for LOI: \* *(Limit up to 150 characters)*
2. Primary Contact Title: \* *(Limit up to 150 characters)*
3. Phone Number for Primary Contact: \* *(Numbers only)*
4. Email for Primary Contact: \*
5. Is the primary contact completing this LOI **different** than the organization’s Executive Director or Chief Executive Officer? \* *(Select one)* Yes No

**8a. If you select ‘Yes’**, Executive Director or CEO Name: \* *(Limit up to 150 characters)*

## ALICE Fund Implementation Contact



The Implementation Contact will be the individual who receives weekly updates on the ALICE Fund, should be able to attend the referral partner training and evaluation session, and be the main contact at your organization for the ALICE Fund in general.

1. Is the Primary Contact for the LOI going to be the Implementation Contact of the ALICE Fund? \* *(Select one)* Yes No

**9a. If you select ‘No’**, the following four questions will appear:

Who will be the Implementation Contact? \* *(Limit up to 150 characters)*

Implementation Contact Title: \* *(Limit up to 150 characters)*

Phone Number for Implementation Contact: \* *(Numbers only)*

Email for Implementation Contact: \*

## ALICE Fund Narratives

1. Select the United Way region(s) where your clients primarily reside. \* *(Select all that apply)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Greater Bridgeport Region *(serves Bridgeport, Easton, Fairfield, Monroe, Stratford, and Trumbull)* | Greater Norwalk Region *(serves Darien, New Canaan, Norwalk, Weston, Westport, and Wilton)* | Northern Fairfield County (Greater Danbury) Region *(serves Bethel, Brookfield, Danbury, New Fairfield, Newtown, Redding, and Ridgefield)* | Southern Litchfield County Region *(serves Bridgewater, Kent, New Milford, Roxbury, Sherman, Warren, and Washington)* | City of Stamford |

1. What types of emergency assistance does your organization currently provide (if any)? \* *(Limit up to 4,000 characters)*
2. How many households does your organization typically assist with emergency needs each year? \* *(Numbers only)*
3. Are there any barriers that might prevent your organization from effectively participating as a referral partner? \* *(Limit up to 4,000 characters)*
4. Is there any additional information you would like UWCWC to know about your organization’s capacity, approach, or interest in serving as a referral partner for the ALICE Fund? *(Limit up to 4,000 characters)*

## Certifications

By completing this LOI, your organization acknowledges and agrees to the following:

|  |
| --- |
| ***Participation in Required Trainings and Evaluations*** |
| Our organization certifies that a representative will attend at least one referral training session in April 2025. \* *(Select one)* | Certify | Do Not Certify |
| Our organization certifies that a representative will participate in the end-of-year evaluation session in January 2026. \* *(Select one)* | Certify | Do Not Certify |
| ***Eligibility and Documentation*** |
| Our organization certifies that all households referred to the ALICE fund will meet the ALICE eligibility criteria as defined by UWCWC and demonstrate financial need. \* *(Select one)* | Certify | Do Not Certify |
| Our organization certifies that it will gather, review, and store all supporting documentation for income verification and the specific assistance request following your organization’s confidentiality policies. \* *(Select one)* | Certify | Do Not Certify |
| Our organization certifies that it will complete all required referral documentation accurately, thoroughly, and in a timely manner for each applicant referred to the ALICE Fund. We will ensure that all required forms, supporting documents, and client information are submitted in accordance with UWCWC’s guidelines. \* *(Select one)* | Certify | Do Not Certify |
| ***Program Integrity*** |
| Our organization acknowledges that UWCWC staff may conduct periodic spot audits of stored documentation and/or specific ALICE Fund referral requests. \* *(Select one)* | Certify | Do Not Certify |
| Our organization certifies that it will contact UWCWC for pre-approval if a referral falls under the ‘Miscellaneous’ category. \* *(Select one)* | Certify | Do Not Certify |
| ***Prioritization of Existing Emergency Funds*** |
| Our organization certifies that it will make every effort to use existing emergency assistance funds (including state, local, and private resources) before referring households to the ALICE Fund. The ALICE Fund will be treated as a resource of last resort to ensure that it supports the most urgent and unmet needs.\* *(Select one)* | Certify | Do Not Certify |
| ***Fund Availability***  |
| Our organization acknowledges that ALICE Fund resources are distributed on a first-come, first-served basis and that once all funds are allocated, the program will close to new referrals. \* *(Check the box to acknowledge)* |  |

# Form 2: Attachments

* **Copy of your Organizations Confidentiality Policy** – *Or please answer the following question in no more than one page and attach here:* Explain how your organization will securely collect, verify, and store supporting documentation (e.g. income verification, proof of need) for ALICE Fund referrals. Highlight any existing systems or tools used to manage client data.