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**BOARD OF SUPERVISORS**

County Administration Building  
105 East Anapamu Street  
Santa Barbara, CA 93101  
Telephone: (805) 568-2190  
[www.countyofsb.org](http://www.countyofsb.org)

**COUNTY OF SANTA BARBARA**

## **Funding Application for 2024-25 Fiscal Year**

1. Name and address of Organization: Northern Santa Barbara County United Way
2. Total Request (\$5000):
3. Agency is a 501(c) 3? Yes
4. Regular business of the agency: social services including homeless services and educational services
5. Executive Director: Edward Taylor  
Phone #: 805-717-1833  
Email: [eddie@unitedwaylife.org](mailto:eddie@unitedwaylife.org)  
Website: [www.unitedwaylife.org](http://www.unitedwaylife.org)
6. Program manager: Lyiam Galo  
Phone#: 805-922-0329  
Email: [lyiam@unitedwaylife.org](mailto:lyiam@unitedwaylife.org)
7. Years Agency has been in operation: 86
8. Other funding secured for this activity: yes
9. Identify which target population will ultimately benefit from your strengthened organization: (i.e., elderly, disabled, HIV/AIDS, homeless, children, youth, low income): homeless, low income, seniors and youth
10. Please state the name of the program for which funding is being requested and describe overall goals that you are proposing. Be specific, achievable and measurable: AmeriCorps Home for Good

We certify that the information in this application is true and accurate to the best of our knowledge and is submitted with our Governing Body's full knowledge and endorsement. We also certify that we will use the requested funds as set forth and for the purposes identified in this application if the Board of Supervisors approves this application.

Signed by:

*Jacob Grossman*

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Board President:

Executive Director:

*Edward H. Taylor*