



AGENCY NAME \_\_\_\_\_ DATE \_\_\_\_\_
ADDRESS \_\_\_\_\_ P.O. BOX \_\_\_\_\_
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
PRIMARY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_
IRS STATUS \_\_\_\_\_ TIN \_\_\_\_\_

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS

REQUESTED INFORMATION:

- A) AMOUNT \_\_\_\_\_
B) JUSTIFICATION \_\_\_\_\_

UNITED WAY FUNDS WILL BE USED IN THE FOLLOWING MANNER:

- A) CLIENT SERVICES \_\_\_\_\_
B) GENERAL OPERATING \_\_\_\_\_
C) CAPITAL IMPROVEMENTS \_\_\_\_\_
D) OTHER (SPECIFY) \_\_\_\_\_

SERVICE TO THE SAUK PRAIRIE (SP) AREAS (HOW MANY WILL THIS REQUEST BENEFIT & HOW?)

- A) # OF FAMILIES IN SP AREA \_\_\_\_\_
B) # OF PEOPLE IN SP AREA \_\_\_\_\_
C) HOW DO YOU IDENTIFY WHO NEEDS THESE SERVICES \_\_\_\_\_

OTHER FUNDING SOURCES \_\_\_\_\_

PLEASE ATTACH TO THIS APPLICATION A COPY OF YOUR BUDGET WHICH CLEARLY SHOWS ALLOCATIONS OF FUNDS AND AN ANNUAL REPORT OR MOST RECENT TAX FILING.