



CONTRIBUTIONS REQUEST APPLICATION
(Please complete all the information applicable to the request)

Date _____

Legal Name of Organization

Date of Incorporation

Street Address (PO Boxes alone not accepted)

City, State, Zip Code

Website URL

FEIN

Chief Executive Officer

Phone Number

Executive Director

Phone Number

Board Chairperson/Title

Phone Number

Contact Person (If different from above)

Phone Number

Fax Number and email address of principal contact person

Principal Purpose and Service of your Organization

Geographical Area Served

Total Population Served

Number of Full Time Employees

Part-time Employees

Volunteers

Specific purpose for which funds are requested

\$ _____
Amount Requested

Period of time in which funds will be spent

\$ _____
Project Budget, If Available

(Please attach your most recent Annual Report and financial statements if available)

\$ _____
Total Contributions received from United Way (previous year)

List Top Three Measurable Results you expect to accomplish if the contribution is awarded.

Authorized Signature

Print Name/Title

Date