



Agency / Program Funding Request Form 2023 Allocation Year

Date of Application:				
Name of Agency:				
Name of Program:				
Contact Person:				
Mailing Address:				
City:	State:	Zip:		
Phone:				
Email:				
Amount Received in 2022 Amount requesting in 2023				
Agency's Mission Statement:				

Program Overview

1. Please give a brief description of the program including the purpose and service(s) provided as **t** relates to the needs in the community: (Attach an additional page if necessary)



Roscommon County United Way

2.	Explain why your agency needs the requested funding and how it will be used.	(Program Overview Continue
3.	Describe the expected outcome(s) for the program:	
4.	Indicate the number of Roscommon County clients served: (unduplicated co (2022) period. Explain your methodology for the count. For example: sign in Have you experienced an increase in the numbers served?	
Buc	lget	
1.	What is the total annual budget for this program?	
2.	What was the year-end fund balance?	
3.	List sources of other funding:	
If fund	led, how will your agency demonstrate your organization is a funded agency? (Check all that apply)
	Will place United Way logo on letterhead Will post logo in a visibl Will mention during agency presentations Other:	
Thou	nited Way campaign is the foundation of the community investments funding	We need your support

The United Way campaign is the foundation of the community investments funding. We need your support.

When will your agency conduct its 2023United Way campaign? ______

Roscommon County United Way

Community Resources	
clients, as well as aiding emergency services in our communities. It is important that as many registered with 211 NE MI	nation for people seeking help, professionals seeking assistance for times of crisis. The database provides the information available to organizations as possible are listed in the database. Are you organizations are possible are listed in the database. Are you organizations are registered when was your information last updated ease contact Hollie Hawkins at 211 NE MI to register your higan.org
Please review your application to en	sure that all necessary documents are included.
Signature:	Date:
Title:	
Check off list for the application:	
2023: budget for the requesting p	rogram
Latest audit or financial review	