



## **Agency / Program Funding Request Form** 2024 **Allocation Year**

Date of Application:			
Name of Agency:			
Name of Program:			
Contact Person:			
Mailing Address:			
City:	State:	Zip:	
Phone:			
Email:			
Amount Received in 2023	Amount requesting	g in 2024	
Agency's Mission Statement:			

## **Program Overview**

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



(Program Overview Continued)

## **Roscommon County United Way**

2. Explain why your agency needs the requested funding and how it will be used

	and how it will be used.		
3.	Describe the expected outcome(s) for the program:		
4.	Indicate the number of Roscommon County clients served: (unduplicated count) during a one-year		
٦,	(2023) period. Explain your methodology for the count. For example: sign in sheets, applications, etc.  Have you experienced an increase in the numbers served?		
	have you experienced an increase in the name of serveur		
Bud	get		
1.	What is your agency's total annual budget?		
2.	What was the year-end fund balance?		
3.	What percent of your annual budget does the requested amount represent?		
4	List sources of other funding:		
If funde	ed, how will your agency demonstrate your organization is a funded agency? (Check all that apply)		
	Will place United Way logo on letterhead  Will mention during agency presentations  Will mention during agency presentations  Other:		
The United Way campaign is the foundation of the community investments funding. We need your support.			
When w	vill your agency conduct its 2024 United Way campaign?		

## **Roscommon County United Way**

Community Resources	
clients, as well as aiding emergency services in time our communities. It is important that as many orga	n for people seeking help, professionals seeking assistance for es of crisis. The database provides the information available t anizations as possible are listed in the database. Are you ou are registered when was your information last updated
Please review your application to ensure Signature:	that all necessary documents are included.
Title:	
Check off list for the application:	
2024: budget for the requesting progra	ım
Latest audit or financial review	