

Roscommon County United Way



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 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)

Roscommon County United Way

Community Resources

Statewide 211 is an essential source of information for people seeking help, professionals seeking assistance for clients, as well as aiding emergency services in times of crisis. The database provides the information available to our communities. It is important that as many organizations as possible are listed in the database. Are you registered with 211 NE MI _____? If you are registered when was your information last updated _____?

Please review your application to ensure that all necessary documents are included.

Signature: _____ Date: _____

Title: _____

Check off list for the application:

____ 2024: budget for the requesting program

____ Latest audit or financial review