



Agency and Contact Information

Name of Organization:		
Employer Identification Number (EIN):		
Street Address:		
City, State, Zip Code:		
Name of Executive Director:		
Name of contact person regarding this application:		
Title of contact person regarding this application:	Phone Number:	E-mail:

Alignment with Community Impact Focus Area

Please select the **one** Focus Area for which this application is requesting United Way funding.

<input type="checkbox"/>	Education
<input type="checkbox"/>	Financial Stability
<input type="checkbox"/>	Health

Proposal/Strategy Name

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Funding and Fiscal Information

Amount of funding being requested for the proposed strategy in FY2015:	\$
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List all <u>other</u> strategies requesting CIPF funding	Focus Area (using the list above)	Amount requested for FY2015

Agency Fiscal Year	Begins: ____/____	Ends: ____/____
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Certification

I certify that all statements and information contained in the Request for Funding Proposal are true and complete to the best of my knowledge.

Signature of Executive Director Date

Signature of the Chair of the Board Date