

DATE RECEIVED \_\_\_\_\_  
United Way of West Central Minnesota  
PO Box 895  
Willmar, Minnesota 56201  
Phone: 320-235-1050  
Website: [www.liveunitedwcm.org](http://www.liveunitedwcm.org)  
Email: [julie@liveunitedwcm.org](mailto:julie@liveunitedwcm.org)

<b>Amount Requested:</b>  \$
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**SPECIAL COMMUNITY PROJECTS FUND - APPLICATION FORM**

NAME OF AGENCY: \_\_\_\_\_ Name of Program: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EXT \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ WEB SITE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING QUESTIONS IN A COMPLETE & CONCISE MANNER: TYPED ANSWERS PREFERRED**

Is your organization an IRS 501(c)3 not-for-profit?  Yes (provide copy)  No  
If NO, is your organization a public agency/unit of government/faith organization?  Yes (provide IRS documentation)  No  
If NO, check with United Way for details on using fiscal agents, and list name, address, phone of fiscal agent:

Mission Statement of organization:

Which United Way of West Central Minnesota Impact Area does your project meet?  
(Check all that apply)

Education  Income  Health  Basic needs

Identify what the request is for:

Identify why you need funds:

Target population served by your program: (age, gender, special interest, etc.)

**State your program's goals and objectives:**

**Describe how this funding will help you achieve your goals and objectives:**

**How do you plan to measure the success and results of your program?**

**Please describe your long term plans. How will you continue to implement and fund this program for the next 2 to 3 years?**

**Describe any program or agencies that currently exist which provide similar services to the residents of West Central Minnesota:**

**List collaborative efforts with other community organizations (public, private, non-profits):**

**Is the Executive Director of the applying agency employed, involved in any other capacity, or serves on the board of directors for any other non-profits?**

**If yes, please list them:**

**How many serve on your board of directors?**

**How often does your board meet? (include day and time)**

**Describe how your organization manages your accounting system:  
(example: software, budget overview, tracking system...)**

**PLEASE ATTACH THE FOLLOWING:**

- Total Budget for Project (with total administrative cost included)
- Latest Financial Statement
- 501(C) 3 or Government Organization Certificate
- List of Board of Directors
- Copy of By-laws
- If you have not applied for United Way funding in the past, provide minutes of your 4 most recent board meetings.

**\*Must submit to United Way by last Friday of the Month**

**\*Maximum Application of \$5,000**

