

DATE RECEIVED _____
United Way of West Central Minnesota
PO Box 895
Willmar, Minnesota 56201
Phone: 320-235-1050 Fax: 320-235-2774
Website: www.liveunitedwcm.org
Email: unitedway@liveunitedwcm.org

Amount Requested: \$

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 _____

CONCISE DESCRIPTION OF PROJECT OR NEED:

Identify what the request is for

Identify why you need funds

Mission Statement of organization

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.

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

- Nurturing Children & Youth _____
- Strengthening Families _____
- Independence for the elderly
disabled, and chronically ill _____
- Basic needs
(Responding to those in crisis) _____

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).

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

