



ORGANIZATION COVER SHEET

NOTE: Please leave all font properties as they are set

Organization Information

Organization Name

Federal Tax ID

Mailing Address

City, State & Zip

Telephone

Website

Email

Organization Mission:

Describe the geographical area served by this organization:

Total funding received from UWWCE (all programs) in 2022:

\$

Donor designations received in 2022 through UWWCE:

\$

Chief Executive or Volunteer Officer Information

Chief Executive or Volunteer Officer Name

Email

Telephone

Organization Financial Information

Provide the following information for your organization as a whole. If the organization is a chapter, council or unit of a national organization, provide the information for the unit serving Washington County.

FINANCIALS Dates of Fiscal Year:	TOTAL INCOME	TOTAL EXPENSE	EXCESS OR DEFICIT
CURRENT YEAR (Budget): 2023	\$	\$	\$
LAST YEAR (Actual): 2022 (unaudited)	\$	\$	\$
YEAR PRIOR (Actual): 2021	\$	\$	\$

What percentage of your total organizational budget was spent on **Administration?**

% Fundraising?

%

(Calculate from most recent 990 as follows: Functional Expenses (administration/fundraising) divided by Total Expenses)

Community Investment Allocation Request Information

Focus Areas	Program Name(s)	Amount Requested
Youth		
Basic Needs		
Health		
Self-Sufficiency		
<i>Total amount requested</i>		

Comments:

Statement

I affirm that 1) to the best of my knowledge, the information contained in this application is true, correct and complete 2) UWWCE funds will be used specifically for the program described in the following program application 3) the agency will abide by the terms of the UWWCE agency agreement if funds are allocated, and 4) allocated fund amounts (payments 1 and 2) are guaranteed, payments 3 and 4 will be based on a percentage of UWWCE July - December Campaign results.

Print President/CEO/Executive Director Name: **Title:**

Signature of President/CEO/Executive Director: _____ **Date:** _____