

**Application for Funding
Ripon Area United Way Campaign Drive
2009-2010**

Agency Name:		Amount of Funding Requested:
Street Address:		
Street Address:		
City/Town:	State: ___ ___	Zip-Code _ _ _ _ - _ _ _
How will the funds be used?		
Specifically, how will the funds serve Ripon clients?		
How many Ripon area Residents do you serve?	Do you have a Ripon office? ? YES ? NO	
How many staff members do you have?	How many volunteers do you have?	
What percentage of your budget does Ripon United Way Fund?		
Do you request funds from other United Way Organizations? ? YES ? NO	If yes, what amount? \$	
Do you solicit funds from other sources? ? YES ? NO	If yes, list sources:	
Are you planning any fundraisers? ? YES ? NO	If yes, when?	
List all sources of revenue:		
Are you willing to run an employee United Way Campaign? ? YES ? NO		

What is your agency's mission statement?		
Describe how you have promoted your affiliation with the Ripon Area United Way this past year:		
Signature:	Title:	Date: __/__/20__
Print Name:		Phone: (____) ____ - ____
Email Address:		