



Le Sueur Area United Way, Inc.

P.O. Box 82, Le Sueur, MN 56058-0082
Phone: 507-665-2501 Fax: 507-665-4372

FUNDING REQUEST FORM – YEAR 2010

Organization Name: _____ Date: _____

Address: _____

Contact Person: _____ Phone: _____ Email: _____

A. PROGRAM INFORMATION

1. What is your organization's mission?

2. What programs or services did your organization provide in 2009?

3. What is your target population (age, sex, special interest, etc.)?

4. How many people have you served in the Le Sueur United Way area? (count individuals only once)

Three years ago _____ Two years ago _____ This year _____

5. What geographic area does your organization serve?

6. How are your organization's programs or services evaluated for effectiveness?

7. What are the objectives of your organization's programs or services?

PROGRAM INFORMATION (cont.)

8. What new or different programs or services does your organization plan to provide?

9. How will these new or different programs or services be funded?

B. FINANCIAL INFORMATION

1. What is your Internal Revenue Tax Exempt Number? _____

(Section 501(c)(3) of the Internal Revenue Code of 1954, as amended)

2. List the fund raising activities your organization has conducted the past 12 months.

Activity	Month/Year Conducted	Geographic Area Covered	Net Revenue
			\$
			\$
			\$
			\$

3. Complete the following financial summary. *Also attach a copy of your current budget.*

	2008	2009	Projected 2010
Total Revenue (all sources)	\$	\$	\$
Total Expenses	\$	\$	\$
Percentage of budgeted expenses for salaries and employee benefits	%	%	\$
Allocation requested from Le Sueur Area United Way	\$	\$	\$

