



COVER SHEET - APPLICATION FOR PROGRAM FUNDING BATAVIA UNITED WAY

OCTOBER 1, 2011 -SEPT. 30, 2011

Information

Agency Name: _____

United Way Worldwide is focusing on these three areas: Education, Income and Health. Circle one each program.

Program Title: _____

Education, Income, Health

Amount Requested \$ _____

Program Title: _____

Education, Income, Health

Amount Requested \$ _____

Program Title: _____

Education, Income, Health

Amount Requested \$ _____

TOTAL REQUESTED \$ _____

Contact Information:

Contact Person: _____

Mailing Address _____
City/ State/Zip _____
Telephone _____

Please provide us with E-mails of all completing these forms: _____

Personnel/Volunteers:

Total paid employees: _____ (Full Time _____ Part Time _____)

Total Volunteers: _____

Budget Information for year in which you seek support:

Fiscal year begins _____

Program budget _____

I understand that all requests for funding from Batavia United Way must be complete upon submission. By my signature on this application, I acknowledge that all required components of the application are included

Executive Director, Print Name: _____

Program Director, Print Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

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