

Requirements for Funding Package

Agency: _____

Contact Person: _____

Address: _____

Telephone: _____ Email: _____

Amount Request: _____

Please note: *All agencies/programs must complete the following forms annually.*

1. Please provide a brief description of your organization.

2. What primary community activity/problem/need does your organization address?

3. What other activities/problems/needs does your organization address less directly?

4. Is your agency/program an incorporated non-profit organization fully exempt under federal and state income tax laws?

Yes ___ No ___ Certificate Number: _____

5. Please list your organization's other funding sources.

6. How many Prosser participants utilize your organizations?

7. How are funds used to benefit individuals or families of Prosser? Please be specific.

8. Have you completed and submitted your current year's actual and your next year's budgeted income/expense statement? (See attached UGN form)

Yes _____ No _____

9. Have you read and signed the Agency Fundraising Policy and Guidelines form?

Yes _____ No _____