



## United Way of Pipestone County Allocations Application

Have you received United Way funds in the past? Y N

Name of Organization: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Type of Entity: \_\_\_\_\_ Is your organization a 501(c)3? Y N

Description of organization and its purpose: \_\_\_\_\_

Requested amount of United Way funding 2009: \_\_\_\_\_

Description of project/program for which funds are requested: \_\_\_\_\_

Description of service area (examples-Youth / Seniors) \_\_\_\_\_

Does your organization conduct an evaluation of your services? Y N

If yes, would you be willing to share your results with the United Way Board? Y N

Other funding sources applied for/available by organization \_\_\_\_\_

How do you promote that you are a United Way funded organization? \_\_\_\_\_

List any additional assistance or help that the Pipestone United Way could provide for your organization

On behalf of the above listed organization, I agree that the funding of the United Way of Pipestone County is important to our organization and the common good of our community. With this in mind, I agree to raise awareness of the United Way of Pipestone County and to provide a testimonial upon request describing the "common good" implemented because of the generosity shown to us by the community members and their generous gifts to the United Way of Pipestone County.

\_\_\_\_\_  
(Signature and date of individual completing form)

**Your request MUST be received by 5 pm on Friday, December 4, 2009**

**Please mail completed form to:**  
United Way of Pipestone County / PO Box 35 / Pipestone, MN 56164