

**United Way of  
Pipestone County**  
PO Box 35 – Pipestone, MN 56164  
www.unitedwaypipestonecounty.org



*2011 Allocations Application*

\_\_\_\_\_  
*Name of Organization* *Federal Tax ID Number*

\_\_\_\_\_  
*Address* *City* *State* *Zip Code*

\_\_\_\_\_  
*Contact Person* *Title* *Phone* *Email*

Tax Status:

- 501(c)3\*  Public Agency (government created)
- Unit of Government  Other (describe and attach appropriate documentation)

*\*Please attach a copy of your IRS Determination letter, indicating your organizational status.*

If you plan to use a fiscal agent please include contact information below, including their Federal Tax ID Number. Fiscal agent must sign and accept oversight of the project.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Fiscal Agent*

Purpose of Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

What is your Organization's total budget? \_\_\_\_\_

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

If yes, when & how funds were used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \_\_\_\_\_ Total Project Cost: \_\_\_\_\_

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

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Other sources of funding being sought for this project \_\_\_\_\_

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

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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.

I certify that the information contained in this application is true and correct to the best of my knowledge. I have the authority to apply for the funds requested.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

**Your request MUST be received by 5 pm on Wednesday, November 23, 2011**

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

*The intentions of the United Way of Pipestone County are that the distributions given will be used locally.*