



United Way of
Portage County

2016 Contingency Fund Grant Request for Currently Funded United Way Member Program

SECTION 1: AGENCY INFORMATION

1. Total Amount Request: \$ _____
2. Program Name _____
3. Agency (full legal name) _____
4. Address _____
5. Phone Number _____
6. Chief Professional Officer _____
7. Chief Volunteer Officer _____
8. Local Contact Person (if different from above) _____
9. Address _____
10. Phone Number _____

*I certify that, to the best of my knowledge, the information I provide
in this Grant Application is true and accurate.*

Date Approved by
Board of Directors

Authorized Signature

Please submit this request form to Mae Nachman, Director of Community Impact, United Way of Portage County, 1100 CenterPoint Drive, Suite 302, Stevens Point, WI 54481. Electronic Submission is allowed. Grants will be considered at the next regularly scheduled United Way Vision Council Meeting.

3. How will you modify this program for 2016 if you don't receive the full contingency fund request from United Way of Portage County?

4. Number of paid FTEs required to operate the program:

2015 Actual # Program FTE	2016 Budget # Program FTE	2016 Current # Program FTE

SECTION 3: BUDGET PAGE

Please complete the budget form below. You may include additional budget information such as proposed budgets from the years listed or previous years if you believe this information will assist in a determination of funding need. Additionally, you may be asked to provide additional information after initial review of the information provided. **The revised budget should include income and expenses related to this request.

THIS BUDGET REPRESENTS PROGRAM DELIVERY IN PORTAGE COUNTY ONLY

		2015	2015	2016
INCOME		ACTUAL	BUDGET	**Revised BUDGET
1	UNITED WAY ALLOCATION			
2	CONTRIBUTIONS			
3	SPECIAL EVENTS			
4	OTHER PUBLIC SUPPORT			
5	GOVERNMENT SUPPORT			
6	FOUNDATIONS AND PRIVATE GRANTS			
7	DUES/FEES			
8	SALES TO PUBLIC			
9	INVESTMENT INCOME			
10	MISCELLANEOUS 1 (explain)			
11	MISCELLANEOUS 2 (explain)			
12	TOTAL INCOME	-		-
EXPENSES				
13	SALARIES			
14	EMPLOYEE BENEFITS & PAYROLL TAXES			
15	PROFESSIONAL FEES			
16	SUPPLIES/PRINTING/DUPLICATING			
17	COMMUNICATION-PHONE/FAX/POSTAGE			
18	OCCUPANCY			
19	RENTAL/MAINT. OF EQUIPMENT			
20	TRAVEL			
21	CONFERENCE/CONVENTIONS/MTGS			
22	SCHOLARSHIPS/GRANTS/ASST. TO INDIV.			
23	DUES TO STATE/NATIONAL ORG.			
24	INSURANCE			
25	MISCELLANEOUS (explain)			
26	TOTAL EXPENSES	\$ -		\$ -
27	EXCESS/(DEFICIT)	\$ -		\$ -