



United Fund of Iowa County Inc.

P.O. Box 63, Dodgeville WI 53533

Serving all of Iowa County

Arena Avoca Barneveld Cobb Dodgeville Highland
Hollandale Linden Montfort Mineral Point Rewey Ridgeway

This application must be received by United Fund of Iowa County no later than the 2nd Monday in January

The United Fund of Iowa County, Inc. is a not-for-profit 501(c) (3) organization that operates with a volunteer Board of Directors and citizen volunteers. There is no paid staff. Our primary mission is to solicit, obtain, and disburse funds to support the charitable needs of the Iowa County area.

The funds you are applying for are Restricted Funds. They must meet our guidelines and cannot be used for anything other than the purpose they are awarded for.

Section A

REQUEST FOR FUNDING

1a. Name of Organization	1b. Amount Requested:
2. Address (Street, City, State and Zip Code):	
3. Name and Title of Person Completing this Request:	
4. Telephone and Email of Person Completing this Request:	
5. Website (if applicable):	
6. Name and Email of Chief Executive Officer/President (if applicable):	
7. Federal Identification Number (if applicable):	
8. What is the overall mission of your Organization?	

9. Classification (Check ONLY one):

- Community Education Food and Shelter Special Needs
 Elder Services Health and Dental Care Youth Activities
 Emergency Services Libraries and Literacy Other _____
 Family and Community Services Social and Cultural Resources



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Did your Project/Organization receive funds from United Fund of Iowa County during the past/prior award year? If so, please answer Questions 10 & 11.

10. How many IOWA COUNTY residents does your organization serve annually? _____

11. Describe the way(s) and date you publicized your United Fund award (Brochure, Fliers, Newsletters, Posters, Newspaper or Other method) Attach copies.

12. Provide proof of non-profit status by attaching one of the following:

_____ Articles of Incorporation

_____ Charter

_____ IRS Letter of Determination – 501 (c) (3)

_____ Other – Provide Explanation _____

13. United Fund of Iowa County does not discriminate in programs or services. Does your organization practice non-discrimination? _____ YES _____ NO
(Civil Rights Act does not allow United Fund to distribute funds to non-compliant applicants)

Section B:

Describe your Program, Project or Event in the spaces below. Complete each section below. Be specific and complete in your answers. DO NOT LEAVE SECTIONS BLANK.

14. What is the title of your project/event? _____

15 a. What group of Iowa County residents will be served? (Examples: Youth, Low-Income, Elderly, Disabled, Etc.) _____

b. Approximately, how many Iowa County residents will be served? _____

c. What municipality (ies) will be served? _____



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16. List your objective (s) for the Project, Program or Event (Examples: Purchase of equipment, training, providing scholarships/services, etc.)

17. What impact may this project have on the recipient(s) or community?

18. What will your timeline be for this Project, Program or Event from beginning to end?

19. How will you know your Project, Program or Event was successful?

20. What will be your plan for publicizing the United Fund award for this Project/Program or Event?



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21. Project, Program or Event Budget:

Item	United Fund Amount Requested	Other Funds for Project	Total Project Cost
Personnel & Fringe	Ineligible Expense		
Space/Rental Building	Ineligible Expense		
Deposit in Endowment or Savings Account	Ineligible Expense		
Office Supplies			
Travel			
Telephone			
Equipment *			
Contractors *			
Consultants *			
Other *			
TOTAL			
*Detail these items below			

22. The organization listed above requests funding from the United Fund of Iowa County, Inc.

The funds, if awarded, will be restricted – to be used solely for the purposes described in the grant.

I understand I am required to submit the Proof of Spending Form by December 15th of this year.

Any un-used funds as of November 30th of this year will be returned to United Fund of Iowa County by December 15th of this year.

I acknowledge this application is complete and accurate to the best of my ability.

Signature of Authorizing Official/Officer Date

NOTE TO APPLICANT: All of the fields MUST be completed and all required attachments must be attached. Application must be signed. If any of these items are missing, your application cannot be considered for funding this year. PLEASE DOUBLE-CHECK BEFORE SUBMITTING. THANK YOU !!!!