This application must be received by the 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.

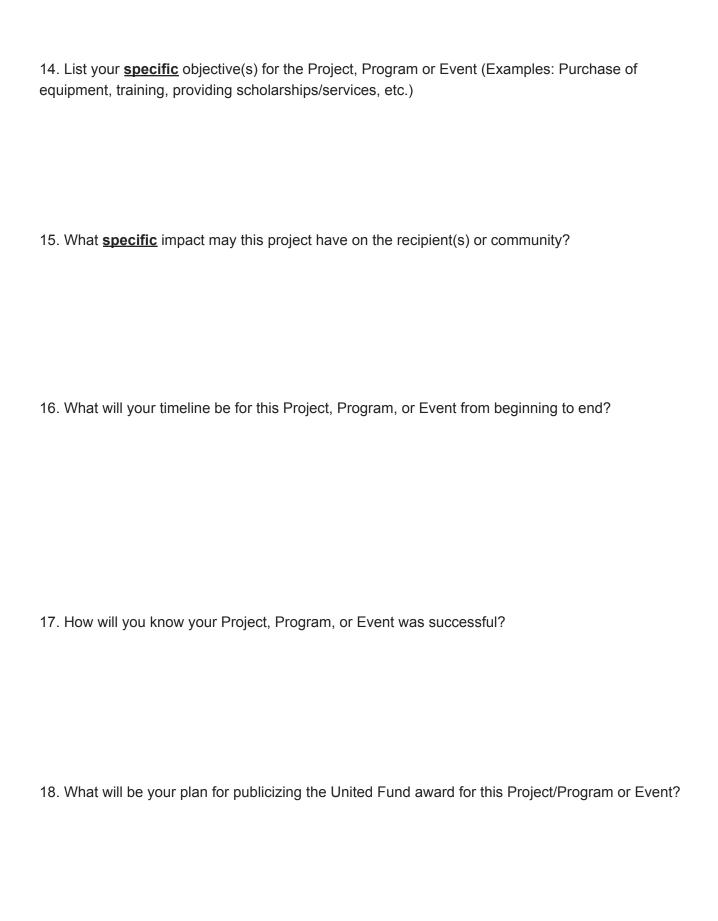
The funds you are applying for are **Restricted Funds**. They must meet our Application Guidelines and Tips and cannot be used for anything other than the purpose for which they are awarded.

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?

Revised August 2023 1 of 5

9. Classification (Check	conly <u>OINE</u>)				
☐ Community Educat	tion	Food and Shelter	☐ Special Needs		
☐ Elder Services		Health and Dental Care	☐ Youth Activities		
☐ Emergency Service	es \square	Libraries and Literacy	Other (Explain)		
Family and Commu Services	unity	Social and Cultural Services	(Ехріант)		
10. All applicants must provide proof of non-profit status by attaching one of the following:					
 □ Articles of Incorporation □ Charter □ IRS Letter of Determination – 501 (c) (3) □ Certificate of Exempt Status (CES) and Tax Exempt Number □ Other – Provide Explanation 					
11. United Fund of Iowa County does not discriminate in programs or services.					
Does your organization practice non-discrimination?YESNO (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. Be specific and complete in your answers. DO NOT LEAVE ANY SECTIONS BLANK.					
12. What is the title of your proje	ect/event?				
13a. Which group of Iowa County residents will be served? (Examples: Youth, Low-Income, Elderly, Disabled, Etc.)					
b. Approximately, how many unduplicated <i>Iowa</i> County residents will be served? What percentage of the total number served is this?					
c Which municipality(ies) will he serve	1 ?			

Revised August 2023 2 of 5



Revised August 2023 3 of 5

19. Project, Program, or Event Budget:

Ineligible expense items for UFIC funds include: Endowment or Savings Account deposits, New Construction, Personnel & Fringes, Space/Building Rental, Structural/Building Improvements.

Item	United Fund Amount Requested	Other Funds for Project	Total Project Cost
Office Supplies			
Travel			
Telephone			
Equipment *			
Contractors *			
Consultants *			
Other *			
TOTAL			
*Detail these items below			

Revised August 2023 4 of 5

20. If this application is funded, the check should:						
a. be made payable to						
b. be mailed to this address						
21. The funds, if awarded, will be restricted – to be us grant.	sed solely for the purposes described in the					
 I understand I am required to submit the Proof of Spending Form by December 15th of this year. Any unused funds as of November 30th of this year will be returned to United Fund of Iowa County by December 15th of this year. I understand that the UFIC Board's decision is final and can not be appealed. 						
					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 must be attached. The application must be signed. If any of application cannot be considered for funding this year. Pleas responses before submitting your application.	these items are missing, your					
The decision of the UFIC Board is final.						
THANK YOU !!!!						

Revised August 2023 5 of 5