

# UNITED WAY OF GREATER LAFAYETTE REQUEST FOR INFORMATION

LIVE UNITED®

Contact Full Name:

Title:

Email:

Contact Phone: (    )    -   

Organization Name \_\_\_\_\_ Website \_\_\_\_\_

Organization Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Executive Director: \_\_\_\_\_ ED Email: \_\_\_\_\_ ED Phone(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

# Of Board Members: \_\_\_\_\_ Frequency of meetings:  weekly  monthly  bi-monthly  quarterly  other \_\_\_\_\_

# Administrative Staff \_\_\_\_\_ #Program Staff \_\_\_\_\_ Total staff \_\_\_\_\_ Is your organization incorporated in the State of Indiana as a non-profit corporation and designated by the IRS as 501(c)(3) organization?  Yes  No (If no, do you have a fiscal agent that meets this requirement? \_\_\_\_\_)

Organization's EIN Number: \_\_\_\_\_ Organization's Annual Budget \$ \_\_\_\_\_

Does your organization receive an Annual Audit:  Yes  No If no, please explain \_\_\_\_\_

Organizational Description: (100 words or less)

Proposed Program or Project Name: \_\_\_\_\_

Is this proposal for a new program or project?  Yes  No (If yes, please attach a sustainability model for funding)

Evidence Based Model?  Yes  No Program Budget \$ \_\_\_\_\_ UW Funding Request \$ \_\_\_\_\_

Provide a brief description of the program or project for which you are requesting funding and include any outcomes that are currently being measured or that you intend to measure: (150 words or less):

Select the Strategic Priority that your program aligns with:

Mental Health  Substance Abuse  Middle School Perseverance  High School/Older Youth Development