## Olympia Brown Unitarian Universalist Church

## OFFERTORY OUTREACH APPLICATION



Name	of Organization					
Area o	f Service (Check all th	nat apply) Env	ironment	Arts & Culture_	Healthcare	Youth
	Homelessness	Seniors	Community	Development	_ Education	Other
Addres	SS			City	ST	Zip
Contac	et Person				Title	
Phone:	Day		Evening		Cell	
e-Mail						
Please	attach your answers to	this form if a	dditional spa	ice is necessary.		
1)	What is the mission of	of your organiz	zation or the ]	purpose of the cause	e for which you see	ek support?
2)	Describe the populati	on that your o	rganization o	or project serves (ag	e, geographic area,	etc.).
3)	How will the money specific about how th	•			tory Outreach be us	sed? Please be
4)	Is your request for fu	nds time-sensi	tive?			
5)	Is your organization panswer is yes, please		•		onal or statewide or	ganization? If the
6)	How long has your or	rganization be	en in operatio	on in Southeast Wis	consin?	

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7) Has your organization ever received funding from the United Way of Racine County? If so, during what year(s)?
8) Is a member of OBUUC involved in your organization? If so, who?
9) Does your organization serve all people regardless of faith, race, or sexual orientation?
10) Does your organization require that people participate in religious practices in order to receive services?
11) How did you learn about our Offertory Outreach program?
Agency RepresentativeDate
Please provide proof of 501 (c) 3 status or evidence of a fiscal receiver (letter).
Send application to:  OBUUC Offertory Outreach 419 Sixth Street Racine, WI 53403 Phone: (262) 634-0659

DEADLINE TO APPLY: See date on website (obuuc.org) for next application cycle

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