Form C3ii. (for current United Way Partner Providers)

REQUEST FOR ADDITIONAL PROGRAM IN UNITED WAY FUNDING PROCESS

Name of Partner Provider_____

Proposed Program Name _____

Contact Person _____ Phone _____ Email _____

Executive Director (signature; date) _____ Date_____

Board President (signature; date) _____ Date_____

Your mission and its relationship to United Way of Racine County Community Priorities

- Please describe this program in relation to your organizational mission:

- Which specific United Way of Racine County priority outcomes will your program address? (see www.unitedwayracine.org for priority area logic models)

- How do you measure client/participant progress toward your program's desired outcomes?

- How does this program differ from your other program(s) currently funded by United Way?