

## **Applicant Information**

Name of individual/organization:

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Phone:

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Email:

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Address:

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Member?  Yes  No

Organization mission:

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Please check all that apply:

- My organization directly addresses the needs of an underserved community.
- My organization directly addresses the needs of a minority community.
- My organization relies on donations to cover the cost of our operations.
- My organization receives funding from another organization.
- My organization is a member of CLOUT.
- My organization is a member of CLCM.

Budget:

- We have a budget of more than \$500.
- We have a budget of \$300-\$499.
- We have a budget of \$100-\$299.
- We have a budget up to \$100.
- We are able and willing to make a financial donation to First Unitarian Church from any proceeds.
- We are able to make an in-kind donation to First Unitarian Church.

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*Signature, Date*

Notes: