

4) What other resources (funding, in kind support, volunteers, paid staff) do you have in place to implement the project/support the organization?

5) When are the funds needed? Provide a brief timeline of the project, if applicable.

6) Is a member of OBUUC involved in your organization? _____ If so, who? _____

Our organization _____ serves all people regardless of faith, race, or sexual orientation. We do not require that people participate in religious practices in order to receive services.

Agency Representative _____ Date _____

Please provide proof of 501 (c) 3 status or evidence of a fiscal receiver (letter).

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**Send application to:**

OBUUC Offertory Outreach  
419 Sixth Street  
Racine, WI 53403

**or** e-mail to: [mail@obuuc.org](mailto:mail@obuuc.org)

*\* NOTE: Applications received by October 1 will be considered for the upcoming year. Responses may be continued on the reverse side of the page as needed.*