



**OFFERTORY OUTREACH APPLICATION**

Name of Organization \_\_\_\_\_

Area of Service (Check all that apply) Environment \_\_\_\_\_ Arts & Culture \_\_\_\_\_ Healthcare \_\_\_\_\_ Youth \_\_\_\_\_

Homelessness \_\_\_\_\_ Elders \_\_\_\_\_ Community Development \_\_\_\_\_ Education \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

1) What is the mission of your organization or the purpose of the cause for which you seek support?

2) Describe the population that your organization or project serves (age, geographic area, etc.)

3) How will the money donated to your cause from the OBUUC Offertory Outreach be used?

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, sexual orientation. We do not require that people participate in religious practice in order to receive services.

Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

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

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

*\* NOTE: Applications received by April 1 will be considered for July-December participation. Applications received by October 1 will be considered for January-June.*