

SEND TO:

WAUPACA COMMUNITY CHEST, INC.
P.O. BOX 94
WAUPACA, WI 54981
REQUEST FOR FUNDING
CALENDAR YEAR 2024

Date Received:
WCCI Use Only

AGENCY NAME:

ADDRESS:

EXECUTIVE DIRECTOR:

TELEPHONE:

EMAIL ADDRESS:

DATE SUBMITTED: [Click here to enter a date.](#)

This application was considered and approved for submission by the agency’s board of directors:

Signature – Executive Director

Signature – Board President

Board of Directors

(Name/Officer)

(Name/Officer)

(Name/Officer)

(Name/Officer)

Are you a 501(C)3 Agency? If so, please submit a copy of your form.

If the Waupaca Community Chest has questions on your application, who should we contact? Please provide name, phone number, and/or email address.

As a condition of receiving funds from the Waupaca Community Chest, organizations must have a non-discrimination policy. By checking the box below, the Board of Directors of this Organization affirms it does not or shall not discriminate on the basis of race, color, religion (creed), gender, gender expression,

age, national origin (ancestry), disability, marital status, sexual orientation, or military status in any of its activities or operations.

WAUPACA COMMUNITY CHEST, INC.

Please complete the following questions:

- A. How long has your agency been serving the Waupaca area?

- B. What Waupaca County communities do you serve?

- C. What is your Mission Statement?

- D. Does your agency received funding from any other funding organization?
If so, please list:

- E. Does your agency donate to other organizations?
If so, please list:

- F. What are your organization's top 3 priorities?
 - 1.
 - 2.
 - 3.

- G. How will Waupaca Community Chest funds be used to meet your organization's current needs?

- H. What is the total amount of funding you are requesting?

- I. Please provide financial statements from 2023, in addition to your 2024 budget, from your Organization's Accountant or Treasurer/Secretary.

**WAUPACA COMMUNITY CHEST, INC.
PO BOX 94
WAUPACA, WI 54981**

RECIPIENT OUTCOME REPORT

Agency/Organization

The Waupaca Community Chest is very proud of the Agencies and Organizations that provide so many valuable services and support in our local community. As a funding recipient, you had filled out an application providing some information about your Agency and activities. However, Board members feel that by being better informed on the actual use of the funds improves their ability to serve the community and your Agency/Organization. So, we are requesting your assistance by completing this outcome report. Funding year for this report: 2023.

1. What specific services/equipment did you provide with the funding?

2. Who benefitted from your services/equipment (example youth ages 6 to 12)? Please estimate the number of people served in the Waupaca area?

3. Please provide a testimonial as to how the Waupaca Community Chest funding has helped an individual or how the funding has impacted an individual's life.

Person Completing this Report

Click here to enter a date.
Date

We want to thank you for assisting our Board in providing quality community support and services.