

AGENCY FINANCIAL REQUIREMENTS

Amount of Funding Requested:

Have you received funding for this program from United Way of Walworth County or any other United Way?
Yes___ No___ If so, whom? _____

Are there other sources of funding that you receive? _____

Are there other agencies in Walworth County that provide a similar service? If so, whom? _____

Do you collaborate with them? Yes___ No___ If so, how? _____

How long has the program been in existence? _____

How many Walworth County residents does your program serve? When answering, do not duplicate. For example, individuals and or families are counted only once regardless of the number of times they utilize the program. _____

What are the qualification requirements for the recipients to receive program services?

Any other program details you wish to include?

