

REQUEST FOR ASSISTANCE

Nonprofit Development Program

Date: ___/___/20__

SECTION 1 (Community Partner Information)

Agency Name: _____

Staff Contact: _____
Last First Title

Board President: _____
Last First

Board President Email: _____ Board President Phone: _____

Mailing Address: _____

Telephone Numbers: (____) _____-_____
Daytime Street City, State Zip Code
 (____) _____-_____
Evening Fax

Staff Contact Email Address: _____ Website: _____

Would you like us to add you to our email list? **Staff Contact** Yes No **Board President** Yes No

SECTION 2 (Organization Demographics)

Legal Status (Check all that apply)

- 501(c)3
- Fiscal Agent Relationship
If so, Fiscal Agent Name: _____
- Incorporated Agency
- Start-up, no legal status established

Service Area (Check all that apply)

- Kenosha County
- City of Kenosha
- Racine County
- City of Racine
- Walworth County
- SE Wisconsin
- Other: _____

Organizational Purpose (Check all that apply)

- Arts
- Human Services
- Health Care
- Education/Youth Programming
- Environment
- Economic Development
- Other: _____

Populations Served (Check all that apply)

- Persons who are homeless
- Elders in need
- Youth at risk
- Families in transition from welfare to work
- Those in need of intensive services such as persons with addictions or those who are incarcerated
- Persons re-entering the community after incarceration and their children
- Individuals or couples seeking marriage education and/or preparation services
- General Public
- Other: _____

Budget Size

- \$0
- \$1- \$50,000
- \$50,001- \$300,000
- \$300,001-\$600,000
- \$600,001-\$750,000
- >\$750,000

Federal Funding

Has your agency received direct federal funding in the last 3 years?
 Yes No

SECTION 3 (Description of need for technical assistance)

Immediate- need solution by _____ This is an on-going need

Description: _____
