United Way of Cape May County
2007-2008 Request for Proposal
Community Impact Areas

- **Strengthening Families**
- **Investing in Children and Youth**
- **Promoting Healthy Living & Mental Wellness**
- **Providing Basic Needs and Responding to Crisis**

(circle one)

Agency Name: _____

Statement of Agency's Mission:

_____

_____

_____

_____

Main Office or Facility: Address: Phone: Hours of Operation:

_____

_____

Fiscal Year: _____ to _____
Month Month

The funds requested for 2007-2008 will be used for the following program(s):

Program:	**Amount Requested:**
_____	**$** _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	TOTAL **$** _____

All the information contained herewith reflects a true picture of our agency's status.

Signature: _____ **Date:**_____

Executive Director / CEO