

Emerging Opportunity Fund Application Cover Sheet

All applications are subject to a pre-screening via telephone.
Please contact Helen Long in the Community Impact Department
(603) 436-5554 x 135

CIRCLE ONE: Emerging Need Capacity Building Planning Bridge Funding

Name of applicant organization			
Mailing Address			
City, State, Zip			
E-mail			
Telephone:		Fax:	
Fiscal Agent (if different from applicant)			
Amount requested (rounded to whole dollar)			

501 (c) 3?	Yes	No
Current Community Impact Partner?	Yes	No
Volunteer Center Partner?	Yes	No

Statement of Non-Discrimination:

EFFECTIVE JANUARY, 1999, A STATEMENT OF NON-DISCRIMINATION MUST BE SIGNED ANNUALLY BY ALL AGENCIES WHO ASK FOR AND/OR RECEIVE FUNDING FROM UNITED WAY OF THE GREATER SEACOAST:

We are requesting funding for programs that do not discriminate against individuals on the basis of race, color, national origin, citizenship, religion, sex, marital status, age, disability, sexual orientation or veteran status. (United Way volunteers understand that some agencies by their very nature have appropriately targeted audiences or clients---this statement refers to outright discrimination based on the items above.)

Authorized Signature

Date