

UCC MISSION REQUEST FORM

Date of application	<input type="text"/>
Name of Organization	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>
Web Page	<input type="text"/>
Organization Leader	<input type="text"/>
Contact Person	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
Speaks English	<input type="checkbox"/> YES <input type="checkbox"/> NO

Overview/Description of Organization

Area Served	<input type="text"/>
Approximate number of People served	<input type="text"/>
Do you receive other outside funding or support? Explain.	<input type="text"/>
<input type="text"/>	

Explanation of Request

- Financial			
Amount requested	<input type="text"/> Total	<input type="text"/> Per Month	<input type="text"/> Per Year
- Manpower			
Number of People needed	<input type="text"/>	Hour(s) <input type="text"/>	Day(s) <input type="text"/>
- Use of Facility	<input type="text"/>		
- Collection of items			

Detailed description of needs	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Is this request for ongoing support or for a single event?	<input type="text"/>
(All ongoing support will be reviewed annually)	

This form need to be completed in full and returned to:
UCC Office - Attn. Mission Committee
Santa Fe 839, Acassuso
Phone: 4792-1375
uccoffice@yahoo.com