SEND TO:

WAUPACA COMMUNITY CHEST, INC. P.O. BOX 94 WAUPACA, WI 54981 REQUEST FOR FUNDING CALENDAR YEAR 2026

Date Received: WCCI Use Only

AGENCY NAME:				
ADDRESS:				
EXECUTIVE DIRECTOR:				
TELEPHONE:				
EMAIL ADDRESS:				
DATE SUBMITTED: Click here to enter a date.				
This application was considered and approved for submissi	ion by the agency's board of directors:			
Signature – Executive Director	Signature – Board President			
Board of Directors				
(Name/Officer)	(Name/Officer)			
(Name/Officer)	(Name/Officer)			
Are you a 501(C)3 Agency? If so, please submit a copy of	your form.			

As a condition of receiving funds from the Waupaca Community Chest, organizations must have a non-discrimination policy. By checking the box below, the Board of Directors of this Organization affirms it does not or shall not discriminate on the basis of race, color, religion (creed), gender, gender expression,

If the Waupaca Community Chest has questions on your application, who should we contact? Please

provide name, phone number, and/or email address.

age, national origin (ancestry), disability, marital status, sexual orientation, or military status in any of its activities or operations.

WAUPACA COMMUNITY CHEST, INC.

Please complete the following questions:
A. How long has your agency been serving the Waupaca area?
B. What Waupaca County communities do you serve?
C. What is your Mission Statement?
D. Does your agency received funding from any other funding organization?If so, please list:
E. Does your agency donate to other organizations?If so, please list:
F. What are your organization's top 3 priorities?1.2.3.
G. How will Waupaca Community Chest funds be used to meet your organization's current need
H. What is the total amount of funding you are requesting?

I. Please provide financial statements from 2025, in addition to your 2026 budget, from your Orga-

nization's Accountant or Treasurer/Secretary.

WAUPACA COMMUNITY CHEST, INC. PO BOX 94 WAUPACA, WI 54981

RECIPIENT OUTCOME REPORT

Agency/Organization

The Waupaca Community Chest is very proud of the Agencies and Organizations that provide so many valuable services and support in our local community. As a funding recipient, you had filled out an application providing some information about your Agency and activities. However, Board members feel that by being better informed on the actual use of the funds improves their ability to serve the community and your Agency/Organization. So, we are requesting your assistance by completing this outcome report. Funding year for this report: 2025.

ty and	being better informed on the actual use of the funds your Agency/Organization. So, we are requesting your Funding year for this report: 2025.	1
1.	What specific services/equipment did you provide v	with the funding?
2.	Who benefitted from your services/equipment (examumber of people served in the Waupaca area?	mple youth ages 6 to 12)? Please estimate the
3.	Please provide a testimonial as to how the Waupaca individual or how the funding has impacted an individual	• • •
Person	Completing this Report	Click here to enter a date. Date

We want to thank you for assisting our	Board in providing qual	ity community support and s	services.