UN 215 South Wa 330-263- GROUP OR N	turn Application to: ITED WAY WHIRE Inut Street, Wooster OH 6363, FAX # 330-264-560 www.wcccca.org ION-PROFIT ORGANIZA EST FOR ASSISTANCE	44691 7
Name of group or organization:		
Contact Person:	Address:	
Phone Number:	City:	Zip Code:
Email:		
Is this group a non-profit 501(c)(3)?YesYYS	No ATION ABOUT REQUE	<u>ST</u>
What help do you need from the Committee?		
Who will be helped by this project or activity?		
When is the financial assistance needed?		
What is the total amount of financial assistance need	led?	
Has this group ever applied to WCCCCA before?	YesNo Da	te of last request:
I, the representative of the above named organizatio Crippled Children and Adults, authorize that it is tru or their agency, WHIRE, to investigate the above in programs that may have a concern or be of some ass may be asked to provide pictures for use on the c with their request.	e to the best of my knowle formation and discuss it an istance. I understand tha	dge, and give permission for the committee nong themselves and/or other agencies or t if the committee grants our request, we
Signature:	Date	

It is the policy of the Wayne County Committee for Crippled Children and Adults, Inc., that no person shall be denied services on the basis of race, ethnicity, age, color, national origin, sexual orientation, physical or mental handicap, or developmental disability according to Title VI of the Civil Rights Act of 1964; or any person with "HIV" or Aids-related complex; or in any manner prohibited by the laws of the State of Ohio and the United States.

Approved 1/14/2020