

Seek inspiration and understanding, Embrace all on their individual spiritual journeys, Serve our local and world communities.

Cascade Unitarian Universalist Fellowship

1550 Sunset Highway N., East Wenatchee, WA 98802 | 509-886-4023 | www.cascadeuu.org

APPLICATION F	OR SOCIAL JUSTICE P	ROJECT
Use this form to propose your congregation can; add pages if needed. A member of the discuss or clarify your proposal so we can questions or need assistance, do not hesita member: Nancy Warner, Diane Groody, Reference of the congregation of the c	e Community Care Coord accurately present it to that ate to contact a Commun	dinating Team will contact you to ne congregation. If you have nity Care Coordinating Team
Name of Project:		
What issue(s) will the project address?		
Who is the CUUF Member that will lead	the project?	
Member Name:		
Member Phone and Email:		
Who else supports your proposal?		
List 4 CUUF members who have co	mmitted to work on the p	roject:
Name	Phone	Email
At which level will your proposed action	n project address injust	ice?
	Regional/national legis Global legislation/opin	
When will the project start and end? What is the estimated life of the project?		
Single Event Annual Event Ongoing/Ind		4-6 months 6-12 months

1.		
2.		
3.		
o.		
How does your project address injustic	e?	
Artistry/performance Advocacy/lobbying Coalition building Fundraising/charity Education Solidarity/relationship buil Witnessing Other (Explain): What actions will the project group take		•
Action	Target Group	When/Dates
What results will demonstrate the proje	ct's goals are being successfully	y met?
What results will demonstrate the proje	ct's goals are being successfully Results	y met? Due Date

How will these targeted segments be involved?

What other organizations will collaborate with CUUF and bring resources to the project? Please provide organization name(s), contact names, phone and email.

Organization	How will they collaborate?	Contact Information

Will you need financial support from CUUF to make your project successful? If yes, estimate how much money you will need, how the money will be used and when the money is needed.

Amount	Purpose/Use	Date(s) Needed

Total Amount Requested: \$

Identify the CUUF Member who will approve and account for expenditures.

Member Name:

Member Phone and email:

Will you need help and support from CUUF staff to make your project successful?

Describe Involvement(s)	When Needed

How will you make your project's activities and results known to the target community?

Means of Communication	Target	Due Date

Project Completion/Termination

How will you know when your project is completed?

How will the target community/participants know when your project is completed/terminated?

How will the Congregation learn the successes and challenges of your project?
How will you acknowledge participation, celebrate accomplishments, and publicize achievements?
Will you need a plan to transition leadership/membership on your project? YesNo