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**Common Good Voucher Program
2021 Application**

Agency Name: _____

Contact Name: _____

Contact Email: _____

Mission Statement: _____

Agency 2021 Budget _____

Demographics of those individuals or families commonly served by your agency:

Race	Number
White/Caucasian	
Black/African American	
Asian	
Multi-Race	
Other	
Ethnicity	Number
Hispanic	
Non-Hispanic	
Not Known	

		Income Less Than by Family Size					
Income Level	Number	1	2	3	4	5	6
0% to 30% Area Median Income		\$ 18,150	\$ 20,750	\$ 23,350	\$ 26,200	\$ 30,680	\$ 35,160
31% to 50% Area Median Income		\$ 30,250	\$ 34,550	\$ 38,850	\$ 43,150	\$ 46,650	\$ 50,100
51% to 80% Area Median Income		\$ 48,350	\$ 55,250	\$ 62,150	\$ 69,050	\$ 74,600	\$ 80,100

Age	Number
55 Years Old or Older	
54 Years Old or Younger	

Projected Need:

of people served: _____

of \$25 Vouchers requested (limit 20 / agency, can be renewed) _____