

**United Way of the Mark Twain Area**  
**“To increase the capacity for people to care for one another”**  
**2018 Funding Request Application**

**Section 1: Contact Information and Board Approval**

**Agency:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City, St, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**EIN#:** \_\_\_\_\_

**Agency Director:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Director’s Assistant:** \_\_\_\_\_

**Assistant’s E-mail:** \_\_\_\_\_

**Application Contact:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Local Contact:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

This funding request application was considered and approved for submission by the agency’s board of directors on \_\_\_\_\_ (date).

\_\_\_\_\_  
**Agency Director**

\_\_\_\_\_  
**Board President**

*Both Signatures are required.*