

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

Section 5: Explanation of Restricted Funds

(Source Restricted Only - Exclude Board Restricted)

A. Name of Restricted Fund: _____ Amount: \$ _____

1. Restricted by: _____

2. Source of Funds: _____

3. Purpose for which designated: _____

4. Are the investment earnings available for current unrestricted expenses?

_____ YES _____ NO If yes, what amount: \$ _____

5. Date when restriction became effective: _____

6. Date when restriction expires: _____

B. Name of Restricted Fund: _____ Amount: \$ _____

1. Restricted by: _____

2. Source of Funds: _____

3. Purpose for which designated: _____

4. Are the investment earnings available for current unrestricted expenses?

_____ YES _____ NO If yes, what amount: \$ _____

5. Date when restriction became effective: _____

6. Date when restriction expires: _____

C. Name of Restricted Fund: _____ Amount: \$ _____

1. Restricted by: _____

2. Source of Funds: _____

3. Purpose for which designated: _____

4. Are the investment earnings available for current unrestricted expenses?

_____ YES _____ NO If yes, what amount: \$ _____

5. Date when restriction became effective: _____

6. Date when restriction expires: _____