

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

Section 6: Explanation of Board Designated Reserves

A. Name of Board Designated Reserve: _____ Amount: \$ _____

1. Date of board meeting at which designation was made: _____

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 board designation became effective: _____

B. Name of Board Designated Reserve: _____ Amount: \$ _____

1. Date of board meeting at which designation was made: _____

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 board designation became effective: _____

C. Name of Board Designated Reserve: _____ Amount: \$ _____

1. Date of board meeting at which designation was made: _____

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 board designation became effective: _____