



Organization Information for Program Grants

Name of Organization _____

Address _____ City/State/Zip _____

Office Phone _____ Fax _____

501(c)(3)-Qualified? _____ EIN# _____

High Country United Way partner agency? _____

Organization Representative _____ Title _____

Representative Phone/Ext. _____ Email _____

Organization Executive Director (if different from above) _____

Brief summary of your program's mission _____

Populations served by your program _____

Impact areas that are or will be addressed by your program: (check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Needs |
| <input type="checkbox"/> Children's needs | (healthcare, work related, etc) |
| <input type="checkbox"/> Education | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Housing | |

Is this program _____ New _____ Continued

Funding amount requested _____

Percentage of total organization's budget this amount represents _____

