

# Program Grant Application Cover Page

Consideration for Year 1  
(July 1, 2018 to June 30, 2019)

Heart of Illinois  
United Way



## Cover Page – Program Grant Application

Agency Name:							
Street Address:							
City:		State:		Zip:		Phone:	
CEO/Executive Director:				Email:			
Grant Contact:				Email:			

### PROGRAM INFORMATION

Program Name:	
Requested Amount:	

### PROGRAM COORDINATOR

Name and Title:	
Email:	

### SIGNATURES FOR APPROVAL OF APPLICATION

*(Please Print, Sign and Date)*

\_\_\_\_\_  
Board Chair/President *(print name)*

\_\_\_\_\_  
Board Chair/President Signature\*

\_\_\_\_\_  
Date

*\*Your signature confirms that you understand this application will be submitted through the HOIUW Electronic Grant & Reporting system, and further that you have reviewed, discussed and approved the content of this application.*

\_\_\_\_\_  
CEO/Executive Director *(print name)*

\_\_\_\_\_  
CEO/Executive Director Signature\*

\_\_\_\_\_  
Date

*\*Your signature confirms that you understand this application will be submitted through the HOIUW Electronic Grant & Reporting system, and further that you have reviewed, discussed and approved the content of this application.*

**PLEASE SUBMIT ONE COVER PAGE PER PROGRAM AS A SEPARATE PDF FILE**