Habersham County United Way One Time Grant Request			
Agency		•	Telephone
CEO/Exec. Dir.			Telephone
Board Chair			Telephone
Email contact	Website		
Agency Address	l		
City	Sta	ate	Zip
EIN#			
Funding Requested:			
Attachments required: 501c3 designation, Ga. Sec'y of State Registration, Audit (if applicable) Please provide an overview of your organization including its purpose, programs and program goals, a list of your governing board, and a list of your staff. Please describe your proposed project with a full justification for requested funding, including need, intended impact, how impact will be measured, budget and other sources of funding, and sustainability beyond the grant where applicable.			
Required Signatures:			
Executive Director			
Board Chairperson			
Date Submitted			
For United Way Office Use Only			
Reviewed by Allocation Committee date:			Reviewed by Board Date:
Decision made:	Amount:		Agency notified date: