

Program Grant Application Cover Page

Consideration for Year 1
(July 1, 2024 to June 30, 2025)

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