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**2020 United Way of Gloucester County
"LIVE UNITED" Mini-Grant Application**

**(complete as a “Word” document)**

**Organization Information:**

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| Name:  |
| Address:  |
| City:  | State:  | Zip code:  |
| Phone:  |
| EIN Number:  | Website:  |

**Contact Person:**

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| --- |
| Name: Title:  |
| Address (if different from above): |
| City:  | State:  | Zip code:  |
| Email:  | Phone:  |

**Program/Project Information:**

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| --- | --- |
| Name: | Requested Amount: (up to $1,500 max.) |

 **Brief Description of the Program/Project:** (500 words or less using 10 to 12 point font size) (furnish start and end date or ongoing)

**Mission Statement:**

**Describe the Impact for the Community:**  *Describe the planned use for the grant. State exactly the use of the*

*funds and how the people you serve will benefit. Estimate the number of people who will be served.*

**Budget (up to $1,500 maximum funding):**

* Provide a brief “line item” description and the corresponding amount. The total of all items should equal to the request amount. The numbers should be rounded. (Example: Curriculum Materials - $250.00)

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 **TOTAL** $\_\_\_\_\_\_\_\_\_\_\_\_\_

* Which focus area categorizes your program? (Health, Education, Financial Stability) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How will the agency recognize this funding? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE APPLICATION AND DOCUMENTATION MUST BE MAILED TO BE RECEIVED BY TUESDAY, 7/14/20, 4:00 PM**

**THE 2-PAGE APPLICATION MUST ALSO BE EMAILED TO BE RECEIVED BY TUESDAY, 7/14/20, 4:00 PM**

**Contact Information:**

**Nicole R. Morse**
Director of Community Initiatives, United Way of Gloucester County

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