



United Way
of Washington County, MD

Fiscal Year 2019 Community Impact Grant CERTIFICATIONS

Name of Organization: _____

Name of Program: _____

Address: _____

Contact Person: _____

Phone: _____ Email: _____

Is your organization located in Washington County? Yes No

Will the program for which you are applying serve Washington County Residents only? Yes No

Have you attached an IRS Determination Letter showing your 501 (c) (3) status? Yes No

Have you included a Letter of Support from your Board of Directors? Yes No

I certify that the information contained in this application is accurate and correct. I understand that the omission of information required by this application is grounds for disqualification.

Signature of Authorized Certifying Representative _____ Date _____

Printed Name and Title _____