

**Hawaii Island United Way, Inc.  
Application for Funding in 2018 - 2020**

**Cover Sheet – Agency Information**

**Agency Name:**

**Contact Person:**

**Address:**

**Phone:**

**E-mail:**

**Agency Mission Statement:**

**Agency Program Reference:**

Program Name	2018-2019 Funding Request	2019-2020 Funding Request

**The Finance Committee of the Board of Directors reviewed and approved the information contained in this application on:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Executive Director

\_\_\_\_\_  
Signature, Chair, Board of Directors

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date