

Le Mars United Way Contact Information



Agency Name:

Program Name:

*This is the name of the actual program, not what the grant is being requested to fund.
This should match the program name that will be listed on your application.*

Please select the goal area your program will align under:

Ensure children grow into successful adults Safety Net Services

Application Contact 1:

Email Address:

Phone Number:

Application Contact 2:

Email Address:

Phone Number:

**Tax Employer
Identification Number**

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