

# 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**

# 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**