



United Way  
of Palm Beach County



## 2024 REQUEST FOR INFORMATION GRANT APPLICATION

### CONTACT INFORMATION

Agency:	Contact:
Title:	Phone:
E-Mail:	Address:
City:	State: Zip:
IRS EIN Number:	Number of Veterans Served Annually:

### REQUEST FOR INFORMATION

Which category of assistance are you requesting? (Check all that apply)

☐ Capacity Building      ☐ Financial Support      ☐ Other \_\_\_\_\_

### REQUEST FOR INFORMATION APPLICATION REQUIREMENTS

**REMINDER!** Applications must be complete and include all requested information to be considered.

- Application Cover Sheet (Please see **MISSION United Application Guidelines for additional instructions**)
- IRS 501(c)(3) Determination Letter
- Proof of 211 Palm Beach/Treasure Coast partnership
- Latest Copy of IRS 990 (If applicable)
- Latest Copy of Financial Statements
- Explanation of request including targeted outcome, funding amount, and eligibility criteria

### SUBMISSION INSTRUCTIONS

Applications and supporting documents must be submitted in a single PDF document.

Email completed application no later than Thursday, April 2, 2024, to:  
[missionunited@unitedwaypbc.org](mailto:missionunited@unitedwaypbc.org)

### AUTHORIZED SIGNATURE

Your signature below indicates your commitment to adhere to the grant requirements outlined in the grant guidelines if your agency is selected.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_