United Way of Cowlitz and Wahkiakum Counties



Application for Partner Agency Admission Consideration

| Agency Name: | |
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| Agency Contact Name: | |
| Agency Contact Phone Number: | |
| Agency Contact E-mail: | |
| Is Agency a 501(c)(3)? If yes, please provide documentation proof. | |
| Does agency reside in Cowlitz or Wahkiakum Counties (physically?) If yes, please indicate physical and mailing address if different. | |
| Does your agency have a website? If yes, please indicate. | |
| Does your agency have a local governing board? Please provide board roster if yes. | |
| Does your board/agency have Bylaws? If so, please provide. | |
| Is your agency human service focused? | |
| Does your agency align with health, education or financial stability? If so, which one(s). | |
| Please provide brief description of your agencies services. | |
| If accepted as a partner agency, which type of support are you interested in? (i.e. grants, training opportunities, volunteer access etc.) | |

*Note: The Board of United Way of Cowlitz & Wahkiakum Counties reserves the right to deny partner agency admission to any agency. If selected to become a partner agency, funding is not guaranteed when a grant application is submitted. It is not required for a partner agency to apply for a grant to be a United Way partner.