Application Region

Select Your Application Region

Walla Walla & Columbia Counties

Umatilla & Morrow Counties

Baker, Union & Wallowa Counties

Agency Information

Agency's Legal Name

EIN Number

Primary Contact/Title

Mailing Address

Physical Address

City, State, Zip

Email Address
Phone Number
Website Address
Facebook Address

Funding Request

Program Name

Funding Request Amount ($2,500 max)

If you received a Live United Mini Grant in the last year, please tell us how those dollars impacted your program.

What is the purpose of your organization?

How many Individuals are served by your agency in 1 year?

How many individuals will be served with this funding?

How will the funds be used? (250 words or less)

How does this program benefit families and the developmental needs of children?

What form of recognition will United Way receive for providing this grant?

Anything else you would like us to know?

File Uploads

Program Budget

If you are having trouble uploading your Financials PDF, please send the document to info@uwbluemt.org

Policies and Conditions

If you are having trouble uploading the Policies and Conditions PDF, please email the document to info@uwbluemt.org.