

United Way of Skagit County

**Partner Agency
Critical Needs Request Form**
**Critical Needs Grants: provide funds for Partner Agency Programs that
assist with housing/shelter, food and /or medical/dental care.**

Agency Name:

Date:

Contact Person:

Email Address:

Phone #:

Physical Address:

Mailing Address (if different):

1. Project Name/Title:
2. Dollar Amount Requested:
3. Dollar Amount of Entire Project:
4. Brief description of project need including how project assists with housing/shelter, food and or medical/dental care. Also, circumstances leading to this need and what actions could be taken to prevent a reoccurrence: