

## **Certification and Approval for 2018 Community Impact Fund**

The undersigned certify that this proposal was considered and approved for submission by the requesting agency's Board of Directors and that all information contained is complete and accurate.

### **Agency Board President**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Agency Executive Director**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**United Way of  
Southwest New Mexico**

