**Northwoods Breastfeeding Coalition**

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| **Funding Request Form** |

# Applicant Information Date: \_\_\_\_\_\_\_\_\_\_

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| **Applicant Name:** |  |
| **Applicant Address:** |  |
|  |
| **Applicant Phone:** |  |
| **Applicant E-mail:** |  |

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| **Amount Requested:** |  |
| **Type of Request** | * Training up to $200/training/conference * Program up to $75/program * Incentives up to $75/incentives * Event up to $100/event * Sponsorships up to $200 * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Describe what the funds would be used for:** |  |
| **Describe how your funding request will benefit the coalition:** |  |

**Procedure**

1. **Email completed application to chair of the Coalition.**
2. **Review request at executive committee meeting.**
3. **Approval or denial of funding request will be made within a month.**
4. **Payment will be made upon receiving confirmation of attendance and/or receipt.**

* **Funding dependent upon current budget.**
* **Reimbursed for actual expenses.** 3/18