

United Way Milk Program Application Form

Name of Agency:	
Mailing Address:	
Site Address: (if different from Mailing Address)	
Contact Person:	
Telephone Number:	
Fax Number:	
E-Mail Address:	
(if applicable) Web Site:	
Canada Revenue Agency Charitable Registration Number:	
Incorporation Date:	
Incorporation Number:	

Feel free to attach information.

1. If you are **not** presently being funded by the United Way please provide a general description of your agency (e.g. mission, mandate, vision, values). If you **are** presently receiving funds and there have been changes please share that information.

2. Please describe the programs and services that are offered to children and youth by your organization. Share with us how the milk products will be distributed, how often and how funds will benefit the organization.

Identify the program/service offered to Children & Youth	Current United Way funding (if applicable)	Funding Request

3. Does your organization presently receive financial support for this type of program (food, refreshments) from another source?

4. Please provide any other information that will ensure your application is successful in receiving funds. (ie: budget information-revenue, expenses, number of children/youth involved, etc).

Application must be signed by individual with signing authority of the organization.

Signature of Authorized Representative

Name (please print)

Title

Date

Applications must be received by 4:00 pm Monday, September 20, October 18, November 22, December 13, 2010.

Submit completed applications to:
 United Way of Lethbrige & South Western AB
 Attention: Shawn Hamilton
 1277 3rd Avenue South
 Lethbridge, AB T1J 0K3

Grant: Milk Program

Reimbursement Form

Organization's Name _____

Contact Name and Phone Number _____

Date	Product	\$ Amount		Total Requesting

Please attach copies of receipts. Total Amount Requesting _____

Signature of Authorized Representative

Name (please print)

Title

Date