**United Way of Gloucester County
"LIVE HEALTHY" Micro-Grant Application**

**(complete as a “Word” document)**

**Organization Information:**

|  |
| --- |
| Name:  |
| Address:  |
| City:  | State:  | Zip code:  |
| Phone:  |
| EIN Number:  | Website:  |

**Contact Person:**

|  |
| --- |
| Name: Title:  |
| Address (if different from above): |
| City:  | State:  | Zip code:  |
| Email:  | Phone:  |

**Requested Amount (Max: $200) ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Brief Description of Impact of Supplies:**

**Budget (up to $200 maximum funding):**

* Provide a brief “line item” description and the corresponding amount. The total of all items should equal to the request amount. The numbers should be rounded. (Example: Cleaning Supplies - $50.00)

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 **TOTAL** $\_\_\_\_\_\_\_\_\_\_\_\_\_

How will the agency recognize this funding? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit proof of purchases (receipts) to nmorse@uwgcnj.org within 30 days of receipt of funds.