**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](mailto:nmorse@uwgcnj.org) within 30 days of receipt of funds.