



Waushara County

P.O. Box 686 Wautoma, WI 54982 • 920-787-6600 • 920-787-0465 fax

HEALTHY COMMUNITIES/HEALTHY YOUTH FUNDING REQUEST

Name of Organization: _____ **Today's Date:** _____

Contact Person: _____ **Phone:** _____

Address: _____

Email Address: _____

Program Title: _____ **Program Date(s):** _____

Describe program to be funded: (Include goals, target audience, date, and location, etc.)

Describe how the funds will be used (HCHY funds cannot be used for salary purposes):

Estimated # of participants: _____

Describe how participants will learn about the program:

Is the program open to the public? ___ Yes ___ No, please explain:

Is there a charge for participation? ___ No ___ Yes (please indicate fee _____)

Are scholarships available: ___ No ___ Yes ___ **Is transportation provided?** ___ No ___ Yes

Total program costs: \$ _____ **Amount of request:** \$ _____ **Date needed:** _____

List other funding sources for your program: _____

Have you previously received funding from HCHY for this program? ___ No ___ Yes (please indicate when _____)

Add additional pages as necessary.

Submit to: Waushara Prevention Council, c/o Mary LaBlanc, P.O. Box 686, Wautoma, WI 54982