



**Please return application to:** Lisa Nixon, Community Partners Coordinator  
 Children's Nutrition Network, c/o Investing in Children 205 Oxford St. E. Suite 206  
 London, ON N6A 5G6 or fax to 519-433-6698 or [lnixon@investinginchildren.on.ca](mailto:lnixon@investinginchildren.on.ca)

## Application for Funds

**Organization/School:** \_\_\_\_\_

\*cheque will be made payable to organization/school unless otherwise indicated.

**Address:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### 1. Tell us about your program.

Program Description	# days week that program runs	# of students served day	# of food groups	# weeks that program runs

### 2. How is your program supported in dollars and food?

Source of Funding/Food	Amount	Year

**3. Amount Requested:** \_\_\_\_\_

### 4. Tell us how this money will be used.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_