



WISE CHOICES MINI-GRANT APPLICATION

Program/Organization Lead _____

Address _____

City _____ State / Zip _____

Phone _____ E-Mail _____

ORGANIZATION INFORMATION:

Non-Profit Organization _____

501(c)(3) Certification Letter is attached

Attach W-9 Form

Address of Wise Choices Training _____

City _____ State / Zip _____

Contact Person of Non-Profit _____

Phone _____ E-Mail _____

Total number of trainees expected _____

Wise Choices Training Workshops Description _____

Wise Choices Training Date _____ Time _____ A.M. to _____ P.M.

Requested Amount _____

By signing below, if this project is approved, I agree to ensure it is carried out as described herein and to immediately notify Valley of the Sun United Way of any change.

Signature _____ Date _____

Approved by Organization _____ Date _____

E-mail completed application to lreid@vsuw.org