



Seed Money Request

Coalition name:

Primary contact name:

Phone:

Email:

Secondary name:

Phone:

Email:

County/ Counties/ Community served:

Indicate where funds will be targeted (check the box):

Coalition Strengthening

Breastfeeding Friendly Worksites & Childcare

Other, specify:

Amount requested (\$2,000 maximum):

Provide brief responses to the questions below.

1. Give a one- to two-sentence description of your project.

2. Describe your project goals and activities and why this project is necessary for your community. [1500 character limit]

3. What outcomes would you expect to see from this project? [750 character limit]

4. How will you know your project is successful (e.g., measurement such as number of people reached, number of businesses contacted)? [750 character limit]

