

\$100 Mini-Grants for Childcare Classrooms

Application

Name of Child Care Program: _____

Address: _____

City, Zip: _____

Contact Name: _____

Phone Number: _____

E-mail Address: _____

Best Days or Times to Contact: _____

Number of Childcare Classrooms: _____

Child Care Program Hours: _____

Age Range of Children: _____

Describe how you will use the funds to implement healthy eating and physical activity policies. (See "Healthy Eating and Physical Activity: A Policy for Children Care" at <http://www.ourcommunityourkids.org/media/59950/ymca%20policy%20new.pdf>)

Submit this information to Jamie Moody at JamieSMoody@gmail.com

or by fax at 619-594-2998

