



PLACER COUNTY BREASTFEEDING COALITION

La Leche League (LLL) Leader Request for Funding

DIRECTIONS: Thank you for your support of breastfeeding in our community. In order to be considered for funding, please complete the mini application below. Once complete, please email this form to the coalition at placerbreastfeeding@gmail.com. We will notify you if you are awarded funding.

Contact Information:

Today's Date: _____

Name: _____

Date Funds Needed By: _____

Email: _____

Phone: (_____) _____ - _____

How often do you lead a LLL meeting?

What area of Placer County do you serve/hold LLL meetings?

How much funding is requested, and how will funding of your LLL leader dues benefit you?

\$ _____

Have you received funding from the Coalition in the past?

YES, _____ times

NO

How long have you been a LLL Leader?

How can you support/join/participate in Coalition activities over the next year?