

# HEALTHY YANKTON GRANT APPLICATION

Group Name: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

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

Daytime Phone Number: \_\_\_\_\_

Age Range of Group Members: \_\_\_\_\_

Brief Description of Activity or Equipment this money will be used for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_