

**Georgia Nutrition Council
Outreach Grant**

Cover Sheet

Name _____

Agency _____

Address _____

Daytime Phone _____ Fax _____

E-mail Address _____

Dollar amount requested: \$ _____

APPLICATION DUE MAY 1, 2009

Submit complete application to:

Georgia Nutrition Council, P.O. Box 2264, Statesboro, GA 30459

Attn: Grant Selection Committee