

Cole's Pantry Inc.
485 So. 24th St. West
Billings, MT 59102
406-698-8986

Website: colespantryinc.com
Email: applications@colespantryinc.org

Application for Supplemental Funds
(Minimum Grant Amount \$1,250.00)

Date: _____

Agreement between Cole's Pantry Inc. and (school and or program name)

Located at (address) _____

Phone Number _____

Email Address _____

Program Advisor _____.

1. Funds will be used to purchase food and toiletries for an existing Cole's Pantry program in the above named school.
2. Recipient school will provide documentation of number of students served, frequency of food sent home, and pictures of program in action. Such documentation is due to Cole's Pantry Inc. by October 1st of each school year, recording information from the previous year and forecast needs for current academic year.
3. This is a supplemental grant for expenses and funds to augment the above named program's local fundraising efforts until such time as the program is once again self-funding through donations, grants, and local fundraisers. Fundraising support and programs are available through Cole's Pantry Inc.

We understand and agree to these terms.

Cole's Pantry Advisor

School Principal or Superintendent

Amount Requested

Cole's Pantry Benefit Representative

Date

Amount Approved

Number of Students Served