



Indiana Perinatal Network 2010 Breastfeeding Coalition Support Request

To help achieve the goals set forth in “[Born to be Breastfed: A Call to Action to Promote Breastfeeding in Indiana](#)”, funds have been made available to local coalitions to develop and carry out community-based breastfeeding activities. Applications for these funds will be reviewed by the **Indiana Perinatal Network**. Successful proposals will be selected based on their relevancy to one or more of the goals established by the “Call to Action”.

For consideration, this application must be **completed, signed and submitted by the deadline**.

Mail submissions to: **Tina Cardarelli**
Indiana Perinatal Network
1991 E. 56th St.
Indianapolis, IN 46220

Email Submissions to: ipn@indianaperinatal.org

Postmark deadline: **August 6, 2010**

Funds distributed: **September 3, 2010**

CONTACT INFORMATION

Submitted by

Printed Name

Title, Organization

Signature

Date

Phone

Email

PROJECT OUTLINE

Which of the “A Call to Action to Promote Breastfeeding in Indiana” four goals will be addressed by this project?

What activities are proposed to meet selected goals?

Evaluation: Outline your plan for evaluating the success of this project.

FISCAL AGENT AGREEMENT

A representative of the fiscal agent must complete and sign this form.

Please identify an organization with a 501(c)3 designation OR a government agency to act as the fiscal agent of the coalition. Examples of fiscal agents include La Leche League, WIC, churches, etc.

_____ (fiscal agent) agrees to act as the fiscal agent of
_____ (coalition), and receive funds and pay expenses on behalf of the coalition.

This agreement is between the fiscal agent and the coalition. The Indiana Perinatal Network (IPN) will supply all funds to the fiscal agent on behalf of the coalition.

Fiscal Agent Representative Name

Signature

Date

Name of Fiscal Agent

Tax ID #

Fiscal Agent Representative Contact Information

Name

Address

City

State

Zip

Phone

Email