



**GRANT REQUEST FOR WASHABLE FEMININE HYGIENE PRODUCTS
(maximum \$100)**

Applicant's name: _____

Address: _____

Telephone: _____ E-mail: _____

Is this a transition to washable products? Yes No

I agree to use the sustainable feminine hygiene products purchased.

Signature: _____ Date: _____

Items for which the grant is being requested

If similar items appear on two or three different receipts, please provide all the details of each receipt.

	Item	Number	Receipt number	Amount (specify currency)
<input type="checkbox"/>	Menstrual cup			
<input type="checkbox"/>	Washable liners			
<input type="checkbox"/>	Washable sanitary napkins			
<input type="checkbox"/>	Menstrual underwear and other undergarments			
<input type="checkbox"/>	Reusable tampon applicators			
<input type="checkbox"/>	Waterproof transport bag			
<input type="checkbox"/>	Fabric to make feminine hygiene products			

Proof provided (to be completed by the City's multiservice counter)

- MULTI Card
 Other proof of residence
 Receipt(s) and proof(s) of payment