



**GRANT REQUEST FOR WASHABLE MENSTRUAL PROTECTION 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 menstrual protection 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 menstrual protection 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