

COVID 19 FUNDING APPLICATION

WOOD SUPPLEMENT

WOOD SUPPLIER: _____
COMMUNITY: _____
DATE: _____
WOOD PROVIDED TO: _____
AUTHORIZATION: _____

SUPPORT FOR WOOD:	Subtotal:
\$ _____ /Cord	
**Wood provided under this funding supplement must be delivered dry, cut (not chopped) and ready for use	

TOTAL: _____

ADDITONAL NOTES: _____

CLAIMANTS
SIGNATURE: _____

DATE: _____