

**Town of Mansfield
FY 2017-18 Agency Grant Application**

APPLICATION FOR FUNDS

The Town of Mansfield has developed a standard application for completion by non-profit, social services agencies requesting funds from the Town. This application is for funding for fiscal year during the period July 1, 2017 - June 30, 2018. Completed applications with all supporting documentation must be received by the Department of Human Services by **4:00 pm on January 5, 2017**.

New Application Renewal

Amount Received in FY 2016-17 \$ _____

Agency: _____

Address: _____

Prepared by: _____ Title: _____

e-mail: _____ Telephone # _____

_____ Amount Requested from the Town of Mansfield

Specify how the monies requested will be expended:

If the amount being requested represents an increase from current FY funding, list justification for additional monies:

Total Annual Agency Budget: _____

Income Source	Amount

Contributions from other Towns and dollar amounts you received last FY:

Town	Funding Requested	Funding Received

Provide a brief description of your agency, the services it provides, and the characteristics of the recipients of your program(s).

Target Population (please check categories):

- | | |
|------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Children (0-12) | <input type="checkbox"/> Single Adult (18 – 60) |
| <input type="checkbox"/> Youth (12-18) | <input type="checkbox"/> Seniors (60+) |
| <input type="checkbox"/> Families (2+ per household) | <input type="checkbox"/> Disabled (any age) |

PLEASE COMPLETE THE FOLLOWING TABLES FOR EACH “SERVICE TYPE” THAT WILL BE PROVIDED USING THESE FUNDS. MAKE ADDITIONAL COPIES IF NECESSARY.

SERVICE/PROGRAM	Last Fiscal Year	Current Fiscal Year	Projected Next Fiscal Year
Total # of Clients Served			
# of Mansfield Clients			
Total # of Mansfield Contacts			
Average Time spent per Client			
Cost per Client/ Unit of Service			

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Are any of these services funded through client fees, donations, other agency contracts (DSS, DCF, DMHAS), grant funds or private insurance? Yes No

If so, what is the justification for requesting Town funds? _____

Tax status: Agency is a non-profit 501(c)(3) other _____

Other Required documentation that must be attached:

1. List of Board of Directors
2. Most recent annual report
3. Most recent financial audit
4. Agency Mission Statement
5. Current organizational Budget Summary identifying revenues, highlighting all municipal funding.
6. Copy of the IRS 501(c)(3) ruling letter

Required Signatures:

Board Chair: _____

Date: _____

Executive Director: _____

Date: _____

Submit to: Town of Mansfield
 Department of Human Services
 4 South Eagleville Road
 Mansfield, CT 06268-2599