



**Town of Mansfield  
FY 2022-23 Agency Grant Application**

**APPLICATION FOR FUNDS**

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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, 2022 - June 30, 2023. Completed applications with all supporting documentation must be received by the **Department of Human Services at 303 Maple Road, Mansfield, CT 06268** by **12:00 pm on February 11th, 2022**.

New Application       Renewal

Amount Received in FY 2021-22 \$ \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone # \_\_\_\_\_

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\_\_\_\_\_ Total Annual Agency Budget

\_\_\_\_\_ Amount Requested from the Town of Mansfield

Program or project where the funds will be expended, if not operating expenses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please summarize the following:

Program/Project Expenses	Amount

Program/Project 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).

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**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"  
PROVIDED USING THESE FUNDS. MAKE ADDITIONAL COPIES IF NECESSARY.**

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

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

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 and expenses, 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  
303 Maple Road  
Mansfield, CT 06268