

EASTHAM HUMAN SERVICES ADVISORY COMMITTEE

APPLICATION FOR FUNDING FOR FY 23 TO BE SUBMITTED BY OCTOBER 15, 2021

Date: _____

FY 2022 Award: _____

Name of Agency: _____

FY 2023 Request: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____

Title: _____

Email: _____

Phone: _____

1. Agency Mission and Description of Program/Services
2. Describe the Community's need for your services. Include a description of the clients served.
3. Has your agency experienced any changes in the past Fiscal Year, ie, new services added, major reorganization, staffing changes? Please explain.

4. Eastham residents served in the past Fiscal Year

Service Provided	Number of Eastham Residents Served	Hours of Service	Cost	Funding *

***Specify all funding sources used to support this service to Eastham residents**

Town – Direct reimbursement:

General Contributions (all Cape Towns):

Special Grant:

State/Federal Program:

Other:

5. For which services would the requested Eastham Town funding be allocated in FY 2023?

6. How many years has Eastham contributed funding to your organization?

7. Is this a 503-c non-profit organization?

8. Please provide a list of all Board Members, indicating Eastham Residents on your Board. (Please use a separate sheet if necessary.)

9. List current staff (please use a separate sheet if necessary.)

Please submit eight (8) copies of the completed application to:

Town of Eastham
Attn: Human Services FY 23
2500 State Highway
Eastham, MA 02642