

# EASTHAM HUMAN SERVICES ADVISORY COMMITTEE

## APPLICATION FOR FUNDING FOR FY24 TO BE SUBMITTED BY OCTOBER 14, 2022

Date: \_\_\_\_\_

FY 2023 Award: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

FY 2024 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

<b>Service Provided</b>	<b>Number of Eastham Residents Served</b>	<b>Hours of Service</b>	<b>Cost</b>	<b>Funding *</b>

**\*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 FY24?
  
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 FY24  
2500 State Highway  
Eastham, MA 02642