

# EASTHAM HUMAN SERVICES ADVISORY COMMITTEE

## APPLICATION FOR FUNDING FOR FY'19 TO BE SUBMITTED BY OCTOBER 13, 2017

FY 2018 Award: \_\_\_\_\_

FY 2019 Request: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Executive Director: \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

1. Agency Mission and Description of Program/Services:

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2. Describe the Community's need for your services:

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3. New Services added in past Fiscal Year:

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4. Description of clients served:

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5. **Eastham residents served in past Fiscal year:**

Services to Eastham Residents: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

A.

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

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

i.e., Town - Direct reimbursement:

General Contributions (all Cape Towns):

Special Grant:

State/Federal Program:

Other:

B. In the last Fiscal year, what deficit -- if any - has been incurred to the agency for Eastham residents within each service category?

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C. For which services would the requested Eastham town funding be allocated in FY'19?

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6. Can you project trends/needs for your services over the next three (3) years? (Please note any trends specific to Eastham)

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7. Have there been any recent major organizational or staffing changes? (Please describe):

8. List Current Staff (please use separate sheet).

9. How many years has Eastham contributed funding? \_\_\_\_\_

10. How many Eastham residents serve on your Board of Directors? \_\_\_\_\_  
(Please attach list of Board members)

11. Year of last site visit and/or evaluation by another agency: \_\_\_\_\_

12. Is this a 503-c non-profit organization? Yes \_\_\_\_  
No \_\_\_\_

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

Ms. Jacqueline W. Beebe  
Town Administrator  
2500 State Highway  
Eastham, MA 0264  
Attn: Human Services FY'19