Mayor's Program for Manchester Children

Application for Grant Request

Mayors' Program for Manchester Children

Name of Organization Requesting Grant:_____

Contact Name: _____

Contact E-Mail & Phone Number: _____

Amount Requested: *(Please be specific.)*_____

Approximately how many children are intended to be served by the grant supported program : _____

Description of Donation Request: (*Please provide additional documentation to support your request, if needed, and information regarding the timeline of your request.)*

_____

State the age range of the children served: _____

Mayor's Program for Manchester Children

What percentage of the children served by the grant reside in the Town of Manchester? _____

Can you verify the percentage of children from Manchester? _____

Is there any additional information that you would like us to know while considering your request? If so, please provide below or attach additional information:

_____

Grant applications will only be considered complete if we have all necessary paperwork. Completed grant paperwork should include: Completed application, cover letter on your letterhead and verification of your non-profit status (if applicable.) Please send all completed applications to:

Mayors' Program for Manchester Children
P.O. Box 1373
Manchester, CT 06045

The Mayors' Committee intends to receive, review and award grants semi-annually. Therefore, unless the committee agrees to process a grant request individually on some other timeline, the granting process schedule will be:

Committee review, and in person interview if deemed necessary, in the months of March and September.

Grants are intended to be awarded during the months of April and October.