

TOWN OF EXETER, NEW HAMPSHIRE HUMAN SERVICES FY 2024

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Organization's Name:	Year Founded:
Address:	
Executive Director/ Board Chair:	Tax ID Number:
Applicant Contact:	Email:
Address:	Phone:

Organization's Mission Statement and Statement of Grant Purpose (e.g. This grant will be used...):

Brief Detailed description of how the money will be specifically utilized for Exeter residents:

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% of overall services that goes to Exeter residents:	
# of Exeter residents served:	

List all geographic area(s) served by organization: \_\_\_\_\_\_

Total Municipal Contributions in 2023:

List each town that contributes and the amount received:

Organization's total projected budget for FY 2024: <u>\$</u>

Amount	Req	ueste	ed:	\$

## Additional Information Required:

Please supply the following items for a complete application to be considered:

- 1. Provide a narrative, not to exceed two pages in size 12 font
  - a) Organization's overview
  - b) Program changes and/ or highlights from the past year
- 2. FY23 funded organizations must submit a brief summary of how those funds were used to support Exeter residents
  - a) If your organization is requesting an increase in funding for FY24, submit justification of increased need
- 3. Complete financial statements
  - a) Operating budget
  - b) Balance sheet

I certify to the best of my knowledge that the information in this proposal reflects accurate data concerning need and estimates of planned/delivered services. The proposal was considered and approved for submission by the agency Board of Directors on \_\_\_\_\_\_ (date).

By signing this application, the undersigned offers and agrees, if the proposal is accepted, to furnish items or services that is quoted. This agreement is subject to final negotiation and acceptance by the Select Board and the Budget Review Committee and subsequent contract award.

Director's (or Designee) Signature: Date: Date:	
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Submit no later than July 31, 2023:

Town of Exeter Town Manager 10 Front Street Exeter, NH 03833