

**Town of Sherman, CT
Health and Welfare Grant Request**

Name of Agency: _____

Address: _____

Contact Person: _____

Last Name: _____ **First Name:** _____

Phone: _____

E-mail: _____

Total Amount Requested: _____

About your Agency: Please provide a brief summary of your organization, including your purpose, goals and mission statement and any specific proposals for next year. Please include the number of Sherman residents served annually.

Program Overview: Please let us know a little more about your successes and plans for the future. We would be interested in hearing about things such as: what is your most successful program and why? How have you seen your organization's work make a difference? What are areas of opportunity for your organization? What could you do better? What key things are you trying to accomplish in the next five years? Since our goal is to spend Sherman tax dollars as wisely as possible, can you give us an idea of how your Agency has affected the lives of Sherman residents during the current year.

Financials: Please provide your most recent financial statement or overall agency budget, including sources and uses of funds.

- • Do you file an annual 990? If so, please provide your most recent filing.
- • Please provide a copy of your IRS Non-profit determination letter
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Additional Information: Is there anything else we should know?

Applicant's signature if not sent electronically:

_____ **Date:** _____

Please return to: Town of Sherman Social Services Department

Attn: Beth Trott

PO Box 261, Sherman, CT 06784

To return electronically: shermansocserv@gmail.com