Organization's Name:	Year Founded:
Address:	
Executive Director/ Board Chair:	
Applicant Contact:	Email:
Address:	Phone:
Organization's Mission Statement and Statement of Gr	ant Purpose (e.g. This grant will be used):
Brief Detailed description of how the money will be spo	ecifically utilized for Exeter residents:
% of overall services that goes to Exeter residents: # of Exeter residents served:	
List all geographic area(s) served by organization:	
Total Municipal Contributions in 2024:_	
List each town that contributes and the amount received	i:_
Organization's total projected budget for FY 2025: \$	
Amount Requested: \$	

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. FY24 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 FY25, 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 reflective need and estimates of planned/delivered services. The proposal was consubmission by the agency Board of Directors on(date).	•
By signing this application, the undersigned offers and agrees, if the proposal is services that is quoted. This agreement is subject to final negotiation and acceptathe Budget Review Committee and subsequent contract award.	•
Director's (or Designee) Signature:	Date:

Submit no later than July 31, 2024:

TownofExeter
Town
Manager 10
Front Street
Exeter, NH 03833