

**Town of Mansfield  
Non-Profit Gift Fund  
Grant Application and Data Sheet**

Please give complete answers within the spaces provided. If you wish (or are instructed) attach additional information. If any item is not applicable, write "NA" in the space provided.

1. Date: \_\_\_\_\_

2. Name and address of organization: \_\_\_\_\_

3. Name of contact person: \_\_\_\_\_

4 Telephone number: \_\_\_\_\_ E-mail \_\_\_\_\_

Title: \_\_\_\_\_ E-mail \_\_\_\_\_  
(If different from above.)

5. Attach evidence of your 501(c)(3) status.

6. Employer tax identification number: \_\_\_\_\_

7. Have you previously applied to us for gift funds? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you a United Way affiliate? YES \_\_\_\_\_ NO \_\_\_\_\_

9. Amount of grant requested: \$ \_\_\_\_\_

10. Purpose of project: (Please provide attachment if space is insufficient) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Be advised that the Committee requests specifics on the purchase of equipment, brochures, etc. **A bid from a specific company/business is required.** We do not call or return requests if information is incomplete.

11. Requested grant period: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

12. Is this for a matching grant? YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, give details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Have you applied to anyone else to fund this project? YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. If this grant is not approved, what action will you take? NONE \_\_\_\_\_  
Otherwise, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Attach list of Officers and Directors.

16. Complete the attached Data Sheet.

17. Attach any other information you may want us to know about.

**By signing this application you agree that if approved you will, upon completion of the project, furnish a report detailing actual expenditures and the result achieved, and return any unexpended funds.**

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Please return to the Town Clerk's office, 2<sup>nd</sup> floor, Town Hall, Six Park Row to be date and timer stamped for acceptance.**

### Data Sheet

Name of Organization: \_\_\_\_\_

For the (most recent) year ended: \_\_\_\_\_

	<u>Total</u>	<u>In Mansfield</u>
Total assets:	\$ _____	\$ _____
Net assets:    Restricted	\$ _____	\$ _____
Unrestricted	\$ _____	\$ _____
Total income:	\$ _____	\$ _____
Total expenses:	\$ _____	\$ _____

Number of employees: \_\_\_\_\_

Details of proposed expenditures: (Please provide attachment if space is insufficient.)

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