

APPLICATION FOR INCENTIVE FUNDS

NEW RENEW Grant # _____ Date Received by DCYF _____ Date _____

Name of Applicant Organization _____

Address _____

Telephone _____ FAX Number _____ E-Mail _____

Type of Organization Public Individual Incorporated Non-Profit Government Subdivision
 Private Partnership Not Incorporated For Profit

Fiscal Agent (*if different from above*) _____

Telephone _____ E-Mail _____

Contact Person for Proposal _____

Telephone _____ E-Mail _____

Funds Requested \$ _____ For _____ # Children Age Range _____ to _____ Years _____ # Families To Be Served

To Support: (*Briefly describe the proposed project or activities.*)

PROJECT DESCRIPTION

Purpose

Need

Goals and Objectives

Geographical Area with the cities and towns to be served _____

Names and Titles of Direct Service Providers # of Paid Staff _____ Full Time _____ Part Time # of Volunteer Staff _____

EVALUATION AND QUALITY ASSURANCE METHODS

Research Data Applied

Anticipated Outcomes

FINANCIAL AND BUDGET INFORMATION

Fiscal Year _____ to _____

	Organization	Program	In-Kind
	\$	\$	\$
1. Government Grants \$ Contracts	_____	_____	_____
2. United Way Foundation Grants	_____	_____	_____
3. Foundation Grants	_____	_____	_____
4. Third Party Payments	_____	_____	_____
DCYF Payments	_____	_____	_____
5. Fees Paid Other Than Clients	_____	_____	_____
6. Business Contributions	_____	_____	_____
Contributions from Individuals	_____	_____	_____
Contributions from Foundations	_____	_____	_____
7. Other _____	_____	_____	_____
8. Interest Income	_____	_____	_____
9. Other Earned Income	_____	_____	_____
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10. Salaries	\$	\$.	\$
11. Employee Benefits	_____	_____	_____
12. Payroll Taxes	_____	_____	_____
13. Professional Taxes	_____	_____	_____
14. Supplies	_____	_____	_____
15. Telephone	_____	_____	_____
16. Postage	_____	_____	_____
17. Occupancy	_____	_____	_____
18. Equipment	_____	_____	_____
19. Printing	_____	_____	_____
20. Travel	_____	_____	_____
21. Training/Staff Development	_____	_____	_____
22. Insurance	_____	_____	_____
23. Other _____	_____	_____	_____
TOTAL REVENUES (Add 1 - 9)	\$		\$
	_____		_____
		TOTAL EXPENSES (Add 10-22)	\$

Please enclose the following:

- List of Board of Directors
- Organizational Charts
- Verification of Non-Profit/501-C:3 Status
- Proof of Incorporation
- Organization's Mission Statement
- List of Personnel with Education Experience & Licenses
- Nine Copies of the Proposal

Date _____ Signature of Authorized Representative _____ Title _____

Return this form and attachments to: DCYF-Bureau of Community and Family Support
 129 Pleasant Street
 Concord NH 03301

Selection Committee Use Only

Requested \$ _____ Awarded \$ _____ Funded \$ _____ Grant Cycle ___/___/___ 1st 2nd 3rd Year

Denied \$ _____ Reason _____