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TOWN MANAGER

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TOWN OF SEABROOK, NEW HAMPSHIRE  
OFFICE of the TOWN MANAGER

**Request for Funding from Social Service Agencies  
For the Town's FY 2023 Budget**

\*\*\* All sections of this application form must be completed in their entirety, and the request must be received no later than **August 5th at noon** to be considered as part of the FY2023 proposed municipal budget – NO EXCEPTIONS! Please review your application carefully for completeness prior to submission. \*\*\*

Name of Organization Requesting Funding: \_\_\_\_\_

Organization's Fiscal Year (Example: Jan. 1 – Dec. 31): \_\_\_\_\_

Key Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone #: \_\_\_\_\_

The specific amount of funding requested from the Town of Seabrook is: \$ \_\_\_\_\_

Percentage of Seabrook request that will go to salaries?: \_\_\_\_\_

Attach a statement no longer than a single page outlining your organization's mission, the specific programs provided, and who is served. Do not attach glossy brochures, multi-page pamphlets, etc.

Attach a copy of the most recent financial statements of the organization prepared by an independent firm or individual. Audited Financial Statements are preferred, but we understand that your agency may not be required to incur the expense of a full audit.

Describe how your agency serves a core group of Seabrook residents and who this core group is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the services provided by your agency enhance the quality of life for the Seabrook community:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your organization receive funding from other municipalities? \_\_\_\_\_

If yes, list the other Towns or Cities that provide funding and the amount of funding provided for two fiscal years - attach schedule, if needed:

Name of Town or City	Current FY	Last FY _____

Please provide information on the number of Seabrook residents served relative to the total number of clients served in the table below. This information should be made available for each separate category of service or programs provided to Seabrook residents. If the size of the table below is not adequate, please provide an attachment with the same information.

Program #1 Description:	This Year's Clients Served	Last Year's Clients Served	Clients Served 2 Years Ago
Residents of Seabrook			
All Other			
<b>Total Clients Served</b>			

Program #2 Description:	This Year's Clients Served	Last Year's Clients Served	Clients Served 2 Years Ago
Residents of Seabrook			
All Other			
<b>Total Clients Served</b>			

Program #3 Description:	This Year's Clients Served	Last Year's Clients Served	Clients Served 2 Years Ago
Residents of Seabrook			
All Other			
<b>Total Clients Served</b>			

For your agency's request to be considered, **complete** applications must be **received no later than August 5th at noon.**

Preferred delivery method is e-mail to: [WManzi@seabrook.nh.org](mailto:WManzi@seabrook.nh.org)

Or you may mail or hand-deliver your request to: William Manzi  
Town Manager  
99 Lafayette Rd  
Seabrook, NH 03874