

WILLIAM M. MANZI III
TOWN MANAGER

wmanzi@seabrooknh.org
www.seabrooknh.info



TOWN HALL
99 LAFAYETTE RD
SEABROOK, NH 03874

TEL: (603) 474-3311
FAX: (603) 474-8007

TOWN OF SEABROOK, NEW HAMPSHIRE
OFFICE of the TOWN MANAGER

**Request for Funding from Social Service Agencies
For the Town's FY 2025 Budget**

*** All sections of this application form must be completed in their entirety, and the request must be received no later than **August 23rd at noon** to be considered as part of the FY2025 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 _____ |
|----------------------|------------|---------------|
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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 | | | |
| Total Clients Served | | | |

| Program #2 Description: | This Year's Clients Served | Last Year's Clients Served | Clients Served 2 Years Ago |
|-----------------------------|----------------------------|----------------------------|----------------------------|
| Residents of Seabrook | | | |
| All Other | | | |
| Total Clients Served | | | |

| Program #3 Description: | This Year's Clients Served | Last Year's Clients Served | Clients Served 2 Years Ago |
|-----------------------------|----------------------------|----------------------------|----------------------------|
| Residents of Seabrook | | | |
| All Other | | | |
| Total Clients Served | | | |

For your agency's request to be considered, **complete** applications must be **received no later than August 23rd at noon.**

Preferred delivery method is e-mail to: WManzi@seabrook.nh.org

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