

**Town of Vernon Grant Application-**  
**Fiscal Year July 1, 2021 - June 30, 2022**



**ATTACHMENT A**

**Agency Overview**

- I. Name of Agency: \_\_\_\_\_
  
- II. Grant Request Amount: \_\_\_\_\_
  
- III. Name of grant contact person: \_\_\_\_\_
  - Title: \_\_\_\_\_
  - Email: \_\_\_\_\_
  - Phone #: \_\_\_\_\_
  
- IV. Name of fiscal contact person: \_\_\_\_\_
  - Title: \_\_\_\_\_
  - Email: \_\_\_\_\_
  - Phone #: \_\_\_\_\_

**Program Description**

- I. What program are you seeking funds for?

**Town of Vernon Grant Application-**  
**Fiscal Year July 1, 2021 - June 30, 2022**  
**ATTACHMENT A**



II. What services will be provided to Vernon residents?

III. What identified need does your program address for Vernon residents?

IV. How do Vernon residents access services? Please describe if there is a limit to how often residents can access your services.

V. How will the Town of Vernon funds be used to the benefit of Vernon residents?

**Town of Vernon Grant Application-**  
**Fiscal Year July 1, 2021 - June 30, 2022**



**ATTACHMENT A**

VI. Please provide the projected unduplicated number of Vernon residents to be served during FY '20/21:

	Families	Single Adults	Youth/Children
FY' 21/22			

VII. Please provide the actual unduplicated number of Vernon residents served in the past three (3) fiscal years:

	Families	Single Adults	Youth/Children
FY' 17/18			
FY' 18/19			
FY' 19/20			

VIII. Do you anticipate an increase in utilization of your services by Vernon residents? Please explain.

IX. How has the Covid-19 Pandemic affected your agency and its operations?