



MANATEE AGING NETWORK Application for MAN Grant GRANT REQUEST INFORMATION

Name of Organization: _____

Address: _____

Phone Number: _____

Contact person/Position: _____

Brief description of program/project: _____

Approximate number of SENIORS* to be served: _____ Requested amount: _____

Purpose for which funds will be used: (descriptive paragraph): _____

Please attach a copy of your organization's mission statement

*Note: to be considered for a grant, organizations must provide programs, activities, projects or services
to seniors of Manatee County.*

Please return completed application to: Janice Kenny P.O. Box 11352 Bradenton, FL 34282-1352