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**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: Grants Chairperson  
Manatee Aging Network P.O. Box 11352 Bradenton, FL 34282-1352**

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