



Incorporated 1757

Town of Hopkinton

Grants and Contributions Request Form

Agency Name _____

Funding Amount Requested _____

Contact Person _____ Telephone _____

Street Address _____ Email Address _____

| | Prior Year | Financial Data Approved this Year | Requested |
|------------------------------|------------|--------------------------------------|-----------|
| A. Town Municipal Funding | | | |
| B. Town of Hopkinton Funding | | | |
| C. Total Clients Served | | | |
| D. Hopkinton Clients Served | | | |
| E. % Hopkinton Total | | | |

Please provide the following required documents:

1. Most recent IRS form 990;
2. Most recent audited financial statement; and
3. Most recent detailed revenue/expense agency budget.

Eight (8) copies of this form and required documents must be forwarded to Finance Director Elizabeth Monty, c/o Thayer House, second floor, 482 Main Street, Hopkinton, Rhode Island 02833 by January 31st, 2024.

Submission of this form does not require the Town of Hopkinton to award any monetary grants or contributions to requesting agencies.