

**TOWN OF TRURO  
HUMAN SERVICES COMMITTEE  
PROVIDER WORKSHEET  
FISCAL YEAR 2018**

**AGENCY NAME:** \_\_\_\_\_ **CONTACT PERSON:** \_\_\_\_\_

**AGENCY PHONE #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**TOTAL BUDGET FOR YOUR CURRENT FISCAL YEAR:** \_\_\_\_\_ **% OF BUDGET DIRECTED TO CLIENT SERVICES:** \_\_\_\_\_

**AMOUNT OF FISCAL YEAR 2018 REQUEST:** \_\_\_\_\_

<b>Program/Service</b>	<b># of Truro Clients</b>	<b># of Units of Service</b>	<b>\$Value of Service Fee Savings</b>	<b>Notes</b>

**SIGNATURE:** \_\_\_\_\_ **DATE SIGNED:** \_\_\_\_\_

**NAME/TITLE OF PERSON SIGNING:** \_\_\_\_\_

**To ensure consideration of your proposal, please complete this section in full. Questions may be directed to Marty Thomas, Chair; Truro Human Services Committee; marty52@comcast.net.**