



# The Massachusetts Child Grant Request Form

ph: 617.878.8265 or 800.392.6175

## Requestor Information

Local Association: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Reimbursement checks are made out to local associations and will be mailed to:**

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Request Information

Date of Grant Request: \_\_\_\_\_ Reimbursement Amount: \$ \_\_\_\_\_

*Locals with 500 or fewer members qualify for \$1,000 in reimbursements.  
Locals with more than 500 members receive \$2 per member for qualifying purchases.*

**Please summarize your expenditures** and attach original receipts or photocopies of both sides of cancelled checks. Receipts must show only purchases related to Mass Child. **Purchases must be for specific children; Mass Child cannot reimburse locals for bulk purchases.**

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Association President Signature: **REQUIRED**

Reimbursement checks will be sent after the Mass Child Board meets to review and approve qualifying requests. 2018-2019 Board meetings are scheduled for: Sept. 20, Nov. 15, Jan. 17, March 14, April 25, and June 13. Requests received after June 11 will be considered for the next fiscal year.

For clarification on qualifying expenses, please visit: [massteacher.org/masschild](http://massteacher.org/masschild)  
or contact MTA Consultant Scott McLennan at: [smclennan@massteacher.org](mailto:smclennan@massteacher.org)  
or contact Mass Child President Jackie Lawrence at: [jlawrence@somervilleteachers.com](mailto:jlawrence@somervilleteachers.com)

Mail completed form to: The Massachusetts Child | MTA Division of Communications  
2 Heritage Drive, 8th Floor | Quincy, MA 02171-2119