The Massachusetts Child
Grant Request Form

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: ______________

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. 2019-2020 Board meetings are scheduled for: Sept. 19, Nov. 21, Jan. 16, March 19, April 16, and June 11. Requests received after June 8 will be considered for the next fiscal year.

For clarification on qualifying expenses, please visit: massteacher.org/masschild
or contact MTA Consultant Scott McLennan at: smclennan@massteacher.org
or contact Mass Child President Nicole Prevost at: suzyjojo@aol.com

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