



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.**

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](https://www.massteacher.org/masschild)
or contact MTA Consultant Scott McLennan at: smclennan@massteacher.org
or contact Mass Child President Nicole Prevost at: suzzyjojo@aol.com

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