



# TOWN OF EFFINGHAM, NH

## Non -Profit Funding Request

To All Non-Profit Organizations:

This form is NOT used for agencies requesting funds from the Town of Effingham for the FIRST time. If you are a first-time requestor a petitioned warrant article is required. Please call the Town Administrator for additional details.

Established non-profit requestors should check the Effingham Town website under More /Boards and Committees/Budget Committee for submission deadlines. The form is available on our website under More/Boards and Committees/Budget Committee: Town-supported Non-profit application.

NOTE:

The form will provide the Budget Committee/Town with consistent information from all agencies to which evaluations for funds will be used.

The budget forms must be completed and submitted along with any other relevant information by the requested date to the address above. Please be advised that the failure to submit properly completed forms by the deadline may jeopardize your organization's request for funding.

As you may be aware, New Hampshire Budget Law requires that the Board of Selectmen and the Budget Committee review and make recommendations on all budget Articles presented at the Annual Town Meeting. Final allocation will be finalized at Town Meeting, and non-profits will be notified by email after Town Meeting.

Thank you for your assistance.

Sincerely,

Scott Hilsman  
Budget Committee Chair

Steven Iannuzzi  
Town Administrator

## **Non-Profit Funding Request - Budget Information Form**

This form must be filled out in its entirety. In addition, proof of non-profit status must be submitted with the completed form. Failure to provide requested information may affect consideration of your application.

Agency Name:

Mailing Address:

Contact Person:

Telephone:

Email Address:

Title:

Would you like to present before the Budget Committee? (Y) (N)

Revenue received from the County? (provide total)

Revenue received from other sources? (provide total)

Organizations Purpose:

Service Area:

## **Non-Profit Funding Request - Budget Information Form**

- 1) Funding Request: \$
- 2) Total Operating Revenue: \$
- 3) Effingham Residents Served:
- 4) Other Agencies Providing the Same Service:  
(list agencies)

- 5) Clients Charged – Yes    No    Scaled  
If scaled, please explain:

- 6) Total Salary / Wages paid:

- 7) Agency Location:

Please attach a current profit / loss statement.