

**Town of Effingham, New Hampshire**

**Office of the Selectmen**

**68 School Street**

**Effingham, NH 03882**

**Phone: (603) 539-7770**

**Fax: (603) 539-7799**

[**www.effinghamnh.net**](http://www.effinghamnh.net)

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 will receive a letter to inform them of the need to submit the required form for requesting funds from Effingham NH. The form is available on our website under Documents/Select Board/ Nonprofits Funding Request Form. This will provide you the fillable form.

NOTE:

The form is similar to other surrounding communities and 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.** **You must submit Ten (10) complete copies of your budget packages which must be single sided, collated, three-hole punched and stapled. 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.

Thank you for your assistance.

Sincerely,

David Strauss

Budget Committee Chair

Caitlyn Pitts

Town Administrator



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

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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: enter text.

Mailing Address: enter text.

Contact Person: enter text. Telephone: enter text.

Title: enter text.

We are a (Check one or more):: Private, Non-Profit  Charitable Foundation:

Other: enter text.

Explain briefly: enter text.

IRS Status: enter text. Federal ID #: enter text.

(IRC Section Number)

Amount of Funds Requested: $enter text.

Type of Request: Purchase of Service enter text. Outright Grant: enter text.

Purpose for which funds are requested: enter text.

Are Other Funds Available For This Purpose? enter text.

If other agencies perform same or similar services within area, why are town funds requested?

enter text.

Policy Making Body: Board of Directors: (Check one or more)::  Advisory Committee:  Other:

Board Officers, Names/Titles and Addresses:

enter text.

Organization’s Purpose: enter text.

Service Area: enter text.

State accreditation, licenses, permits, etc. required for Agency operation:

enter text.

Staffing: Number of employees by classification ( i.e., 2 clerical, 1 professional, 1 administrative, etc.)

enter text.

Cost of one unit of service? $ enter text.

(1 unit of service = 1 child care day, 1 nursing hour, 1 counseling hour, etc.)

If not computed by unit of service, list what value of service is and how it was computed:

enter text.

Fiscal year on which Agency operates is enter text. to enter text.

Period for which funds are being requested: enter text. to enter text.

Number of Ossipee Clients Served in Previous Year: enter text.

Number of Ossipee Clients Projected for Proposed Year: enter text.

Number of Total Clients Served in Previous Year: enter text.

Number of Total Clients Projected for Year: enter text.

Amount Charged to Clients (Include sliding scale schedule if applicable): enter text.

Please write or attach any additional data you feel may be of value in reviewing this application:

enter text.

**Sources of Revenue:**

General Operation Income

1. enter text. $ enter text.

2. enter text. $ enter text.

3. enter text. $ enter text.

4. enter text. $ enter text.

5. enter text. $ enter text.

6. enter text. $ enter text.

7. enter text. $ enter text.

8. enter text. $ enter text.

9. enter text. $ enter text.

10. enter text. $ enter text.

Total $ enter text.

Special program/project income (funds which must be utilized for operation and/or maintenance of

Specific programs).

Specific Project & Purpose: enter text.

Source & amount of funds **$** enter text.

Specific Project & Purpose: enter text.

Source & amount of funds:$ enter text.

Other Town Funding enter text. $ enter text.

**Operations Expenses (Provide for each: Previous/ Current & Next Fiscal Year**) **:**

Administrative Salaries enter text.

Professional full time Staff Salaries enter text.

Clerical Salaries enter text.

Consultant & part time Professionals Salaries enter text.

Miscellaneous Salaries enter text.

(Please Explain on Reverse)

Employee Health & Retirement Benefits enter text.

Payroll Taxes enter text.

Operating Supplies enter text.

Office Supplies enter text.

Building Maintenance Supplies enter text.

Audit enter text.

Postage enter text.

Telephone enter text.

Utilities (heat & electric) enter text.

Transportation Expenses-Staff enter text.

Conference Expenses enter text.

Contingency/unanticipated expenses enter text.

Professional Association Membership fees, etc. enter text.

Subscription & Publications enter text.

Capital Expenditures (specify below) enter text.

Miscellaneous Expense (specify below) enter text.

Categories unique to Your Agency (specify below) enter text.

Volunteer Transportation enter text.

Volunteer Insurance enter text.

Volunteer Recognition enter text.

**Grand Total for Previous/ Current & Next Fiscal Year**:

**Previous** $ enter text. **Current** $ enter text. **Next** $ enter text.

Attach Financial Statements Income & Expense

# of Ossipee Children (or Residents)

% of Ossipee Children (or Residents)

# of participants starting / # of participants now

Requirements for eligibility:

**SALARY DETAIL**

Salary information should be provided for each full or part time employee of your organization. Following

each position title place an "F" for full time or a "P" for part time. If you identified contract employees in

your expense statement, identify types of service they provide.

For each employee provide the Position, $ Value of Benefits and Total Compensation

enter text.

enter text.

enter text.

enter text.

enter text.

enter text.

enter text.

enter text.

enter text.

enter text.

enter text.

Grand Total of All Salary Compensation: $ enter text.

Does your organization receive a Town of Ossipee real estate tax exemption or abatement (Check one)?

Yes:  No

If yes, the dollar value of the exemption or abatement is: $ enter text.

Of the total services provided by your organization, what percentage is provided to residents of the Town

of Effingham? % enter text.

**I certify that the above information is true and accurate to the best of my knowledge and belief, and**

**that I am duly authorized by the requesting agency to represent them as their agent.**

Signature: enter text.

Print Name & Title enter text.

Date enter text.