TOWN OF MEREDITH

Annual Budget Request from Outside Agencies

Part A – Agency Information

Agency Name:	Date:
Address:	Email:
Telephone:	Fax:
Executive Director:	Agency Fiscal Year:

→**Section 1 – Funding Request Summary:**

Total Amount of Request: $_____
Funds for:

☐ General Operations and Overhead   Amount $ _____

☐ Existing Program, Identify: _____   Amount $ _____

☐ New Program, Identify: _____   Amount $ _____

→**Section 2 – Revenue Summary: (Detail of <u>all</u> sources – use extra space if necessary)**

Revenue Sources	Prior	Current	Requested
Federal: (list)			
State Funds: (list)			
Belknap County:			
Client Fees-Public:			
Client Fees-Private:			
USDA-CACFP:			
Municipalities: (total)			
Other:			
Other:			
Other:			
Other:			
Other:			
TOTAL:			

NOTE: Please define initials, acronyms, etc.: _____

→**Section 3 – Agency Municipal Government Revenue:**
Please list revenues received from Municipal Governments in Belknap County:

Municipality	Date of Last Application	Prior	Current	Projected/Requested
Alton				
Barnstead				
Belmont				
Center Harbor				
Gilford				
Gilmanton				
Holderness				
Laconia				
Meredith				
Moultonboro				
New Hampton				
Sanbornton				
Tilton				
TOTAL:				

→**Section 4 – Agency Budget Overview:**

	Prior Year	Current Year	Projected Year
Total Revenue			
Total Expenses			
Surplus/Deficit			

→**Section 5 – Agency Budget Breakdown for all Programs:**
Revenues by Program

Programs	Prior Budget Allocation	Current Budget Allocation	Proposed Budget Request
TOTAL			

Expenses by Program

Programs	Prior Budget Expense	Current Budget Expense	Proposed Budget Expense
TOTAL			

→**Section 6 – Audited Financial Report:** Attach one copy of your latest audited financial report.
→**Section 7 – IRS Form 990, Return of Organization Exempt From Income Tax:**   Attach one copy of your latest Form 990 as submitted to the Department of the Treasury, IRS.

Part B – Program Specific Information

Important Note: Please complete sections 8 – 14 for each program requesting Town Funding.

→**Section 8 – Program Funding Request:**

Program Name: _____

Amount of Request for this Program: $ _____
☐   Existing Program   ☐   New Program

Will funds be matched?

By ☐   Federal,   ☐   State,   ☐   Municipal,   ☐ Private.   ☐ No.

If yes, how? _____

If no, why not? _____

→**Section 9 – Program Expense Summary:**

Expense Item	Prior	Current	Proposed
Personnel Services			
Contract Services			
Travel			
Space/Rent			
Consumable Supplies			
Equipment			
Telephone			
Membership Dues			
Printing			
Food			
Insurance			
All Other			
TOTAL:			

→**Section 10 – Program Revenue Summary:**

Revenue Sources	Prior	Current	Proposed
Federal (list)			
State (list)			
United Way			
Belknap County			
Client Fees-Public			
Client Fees-Private			
USDA-CACFP			
Municipalities			
Other			
Other			
Other			
TOTAL:			

→**Section 11 – Program Personnel Summary:**

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
	TOTAL				

* Number of hours worked per year. Fulltime for a full year is 2,080 hours.

→**Section 12 – Fringe Benefits:**

Type of Benefit	Cost	Explanation
Workers Compensation		
FICA		
State Unemployment		
Health/Dental Insurance		
Other (vehicle, housing, life,etc.)		
TOTAL		

→**Section 13 – Program General Information, Update, Service Goals, and Objectives.**

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the program's mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is $ amount.
4. Please describe how this program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program's efforts re: cooperation and collaboration with other agencies.
7. Describe your program's target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.
13. Does this program use a sliding fee scale (describe)?
14. Please LIST the unit of service in terms of dollar cost per hour per individual served, and describe a unit of service for this program. Is the unit of service a full hour?
15. How many units can the program provide?
16. How many perspective recipients are on your waiting list?
17. How long will it be (in days) before your program can serve the first person on the waiting list?

→**Section 14 – Program Beneficiary Statistics**

	Prior	Current	Projected
1. Total count of clients			
2. Age Groups			
a. 0 to 5 years			
b. 6 to 17 years			
c. 18 to 61 years			
d. 62 to older			
e. not known			