

Town of East Montpelier FY2019 Funding Requests

Each year the Town of East Montpelier receives requests for funds from many different organizations. The Selectboard appoints a committee to review the requests and to recommend which should appear on the Town Meeting Warning for action. The committee requires certain information to make sound decisions for each request. In order for your organization to be considered for funding, it is mandatory that you complete this information form. Submit the form and supplementary information to:

Funding Request Study Committee
Town of East Montpelier
P.O. Box 157, East Montpelier, VT 05651-0157 (submit by mail)
eastmontadmin@comcast.net (submit by email)

on or before **Friday, October 27, 2017**. Incomplete forms and/or requests received after this date will be disqualified for funding. The Committee reserves the right to require any requesting organization to defend its request in person at the Committee's annual meeting normally held in early November. An organization applying for the first time or requesting a substantial increase in funding should expect an invitation to attend the annual meeting.

If your organization operates two or more programs with separate budgets or funding sources, please fill out one form for each program. All information should be given for your latest complete fiscal year (12 months). Approved requests will be acknowledged in the fiscal year 2019 (July 1, 2018 – June 30, 2019) budget for the Town of East Montpelier. Please feel free to submit any other information you feel would be helpful to the committee in making their decision.

If you have any questions please contact Bruce Johnson, Town Administrator, at (802) 223-3313 x 204 or eastmontadmin@comcast.net.

STANDARD INFORMATION

Organization Name: Central Vermont Memorial Civic Center

Address: 268 Gallison Hill Road, Montpelier, VT 05602

Fiscal Year Reported: 2016

Program Description: Youth and Adult Sports and Social Events
Public Skating, Ice Hockey, Broomball, Sled Hockey
Soccer, lacrosse, golf, field hockey

Name of Person filling out this form: Rick Hopkins - 4288 County Rd

Name of Person to contact with questions: David Butsch

Phone Number: 272-3555 E-mail: dbutsch@gmail.com

AMOUNT OF FUNDING REQUEST: \$1000.00

SERVICE INFORMATION

What is your organization's service area? State? Washington County? or Other?
Washington County

What is the total number of individuals served by your organization in your prior Fiscal Year? ~ 5,000 individuals

How many people in East Montpelier were served by your organization in the same period? ~ 500 East Montpelier residents

What type of service(s) does your organization provide to East Montpelier residents?
Youth and adult sports, recreation, and social events - public skating, men's and women's broomball and ice hockey; soccer, golf, and lacrosse in the spring; Red Cross Emergency Center with a kitchen

Approximately how many staff hours are dedicated to provide the services your organization offered East Montpelier residents during this time period? ~ 1000 hours

What services does your organization provide that are not available elsewhere?
Largest Washington County Red Cross shelter with a kitchen public venue for the circus and other events family birthday parties and celebrations which can include recreational activity

What (if any) organizations provide similar services? _____
none

If applicable, how does your organization collaborate with organizations providing similar services? _____
N/A

In what way are the services your organization provides preventative in nature?
medical studies show that physical activity and exercise improve health and well being

FINANCIAL INFORMATION

How did your organization determine the amount of the funding request? Please explain in detail your reasoning for any increase or decrease (use attached sheet if necessary).

Requested amount reflects the funds needed to
provide public services divided up by the communities
served in Washington County

If approved by the town, how will your organization use the funds?

Funds will be used to continue public skating and fund
capital expenses to include new floor mats and overhead lighting

Do any of your grant sources require local financial commitment? Explain.

Is your organization approved by the IRS as tax-exempt? _____

If yes, indicate your approval type: 501c3: _____ other: _____

INCOME SOURCES	PERCENT OF INCOME	TOTAL INCOME
Ice Rental		226,198.49
Turf Rental		42,277.94
Local Towns		3,300.00
Fundraising		24,150.00
Other Advertising, Donations		40,812.75
Other Efficiency Vermont		3,960.00
TOTAL		340,698.78

EXPENDITURES	Budgeted Percent	Budgeted Dollars	Actual Expense Percent	Actual Expense Dollars
Personnel				77,126.78
Insurance/Rent/Utilities				98,031.53
Fundraising Costs				5,144.59
Other Maintenance				82,600.15
Other Office, supplies, legal				26,599.86
Total Interest Payment				12,000.00

TOTAL: 347,802.91

Number of full-time paid staff positions (full-time equivalents or hours): 2 1/2 FTE

Number of full-time volunteer staff positions (full-time equivalents or hours): ~ 1000 hours