

## **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: \_\_\_\_\_

Address: \_\_\_\_\_

Fiscal Year Reported: \_\_\_\_\_

Program Description: \_\_\_\_\_

\_\_\_\_\_

Name of Person filling out this form: \_\_\_\_\_

Name of Person to contact with questions: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**AMOUNT OF FUNDING REQUEST:** \_\_\_\_\_

**SERVICE INFORMATION**

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

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What is the total number of individuals served by your organization in your prior Fiscal Year? \_\_\_\_\_ individuals

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

What type of service(s) does your organization provide to East Montpelier residents?

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

What services does your organization provide that are not available elsewhere?

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What (if any) organizations provide similar services? \_\_\_\_\_

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If applicable, how does your organization collaborate with organizations providing similar services? \_\_\_\_\_

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In what way are the services your organization provides preventative in nature?

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**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).

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

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

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

If yes, indicate your approval type: 501c3: \_\_\_\_\_ other: \_\_\_\_\_

<b>INCOME SOURCES</b>	<b>PERCENT OF INCOME</b>	<b>TOTAL INCOME</b>
Federal		
State		
Local Towns		
United Way		
Fundraising		
Other		
Other		
<b>TOTAL</b>		

<b>EXPENDITURES</b>	<b>Budgeted Percent</b>	<b>Budgeted Dollars</b>	<b>Actual Expense Percent</b>	<b>Actual Expense Dollars</b>
Personnel				
Insurance/Rent/Utilities				
Fundraising Costs				
Other				
Other				
Total				

Number of full-time paid staff positions (full-time equivalents or hours): \_\_\_\_\_

Number of full-time volunteer staff positions (full-time equivalents or hours): \_\_\_\_\_