

Town of Effingham 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: _____

Mailing
Address: _____

Contact Person: _____ Telephone: _____

Title: _____

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

Other: _____ Explain briefly: _____

IRS Status: _____ Federal ID #: _____
(IRC Section Number)

Amount of Funds Requested: \$ _____

Type of Request: Purchase of Service _____ Outright Grant: _____

Purpose for which funds are requested: _____

Are Other Funds Available For This Purpose? _____

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

Town of Effingham Non-Profit Funding Request

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

Cost of one unit of service? \$ _____

(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:

Fiscal year on which Agency operates is: _____ to _____

Period for which funds are being requested: _____ to _____

Number of Effingham Clients Served in Previous Year: _____

Number of Effingham Clients Projected for Proposed Year: _____

Number of Total Clients Served in Previous Year: _____

Number of Total Clients Projected for Year: _____

Amount Charged to Clients (Include sliding scale schedule if applicable): _____

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

Town of Effingham Non-Profit Funding Request

Sources of Revenue:

General Operation Income

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____
5. _____ \$ _____
6. _____ \$ _____
7. _____ \$ _____
8. _____ \$ _____
9. _____ \$ _____
10. _____ \$ _____

Total \$ _____

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

Specific Project & Purpose: _____

Source & amount of funds: _____ \$ _____

Specific Project & Purpose: _____

Source & amount of funds: _____ \$ _____

Other Town Funding _____ \$ _____

Town of Effingham Non-Profit Funding Request

Operations Expenses:

	Previous Fiscal Year	Current Fiscal Year	Next Fiscal Year
Administrative Salaries	_____	_____	_____
Professional full time Staff Salaries	_____	_____	_____
Clerical Salaries	_____	_____	_____
Consultant & part time Professionals Salaries	_____	_____	_____
Miscellaneous Salaries (Please Explain on Reverse)	_____	_____	_____
Employee Health & Retirement Benefits	_____	_____	_____
Payroll Taxes	_____	_____	_____
Operating Supplies	_____	_____	_____
Office Supplies	_____	_____	_____
Building Maintenance Supplies	_____	_____	_____
Audit	_____	_____	_____
Postage	_____	_____	_____
Telephone	_____	_____	_____
Utilities (heat & electric)	_____	_____	_____
Transportation Expenses-Staff	_____	_____	_____
Conference Expenses	_____	_____	_____
Contingency/unanticipated expenses	_____	_____	_____
Professional Assoc. Membership fees, etc.	_____	_____	_____
Subscription & Publications	_____	_____	_____
Capital Expenditures (specify below)	_____	_____	_____
Miscellaneous Expense (specify below)	_____	_____	_____
Categories unique to Your Agency (specify below)	_____	_____	_____
Volunteer Transportation	_____	_____	_____
Volunteer Insurance	_____	_____	_____
Volunteer Recognition	_____	_____	_____
Total \$	_____	_____	_____

Attach Financial Statements Income & Expense

of Effingham Children (or Residents) and % of Effingham Children (or Residents)

of participants starting / # of participants now

Requirements for eligibility:

Town of Effingham Non-Profit Funding Request

Does your organization receive a Town of Effingham real estate tax exemption or abatement?

Yes: _____ No: _____

If yes, the dollar value of the exemption or abatement is: \$

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

What percentage of every dollar spent last year spent is overhead (administrative costs and fundraising costs)? _____

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: _____

Print Name & Title: _____

Date: _____