



Town of Effingham, New Hampshire

Office of the Selectmen

68 School Street

Effingham, NH 03882

Phone: (603) 539-7770

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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 at www.effinghamnh.net under Frequent Requests/Docs, forms & applications/Select Board and is titled "Non-Profit Funding Request".

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 eight (8) 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

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

Policy Making Body: Board of Directors: _____ Advisory Committee: _____ Other: _____

Board Officers, Names/Titles and Addresses: _____

Organization's Purpose: _____

Service Area: _____

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

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 _____ \$ _____

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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:

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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.

[illegible]

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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: _____