



Town of Ossipee, New Hampshire

Office of the Selectmen
P.O. Box 67, 55 Main Street
Center Ossipee, NH 03814
Phone: (603) 539-4181
Fax: (603) 539-4183
www.Ossipee.org

FOR BUDGET YEAR 2019

August 17, 2018

To All Non-Profit Organizations:

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 Special Articles presented at the annual Town Meeting. The Board and Budget Committee will continue with the same type of schedule that has been used in the past; you will be provided a schedule informing you of the date and time when you are to meet with the Board of Selectmen, and a later date and time to meet with the Budget Committee.

The budget forms must be completed and submitted along with any other relevant information by October 31, 2018. You must submit fifteen (15) 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. A blank copy of the budget form is enclosed with this mailing. For your convenience, we have also made available a fill-in PDF budget form on our website at www.Ossipee.org.

All application materials and any additional questions should be directed to Ellen White, Town Administrator, Town of Ossipee, P.O. Box 67, Center Ossipee, NH 03814 (603-539-4181).

Sincerely,

Ellen N. White

Ellen N. White
Town Administrator

TOWN OF OSSIPEE

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?

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:

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 Ossipee Clients Served in Previous Year: _____

Number of Ossipee 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:

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 _____ \$ _____

Operations Expenses:

| | <u>Previous Fiscal Year</u> | <u>Current Fiscal Year</u> | <u>Next Fiscal Year</u> |
|---|---------------------------------|--------------------------------|-----------------------------|
| 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 Association 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 Ossipee Children (or Residents)

% of Ossipee Children (or Residents)

of participants starting / # of participants now

Requirements for eligibility:

Does your organization receive a Town of Ossipee 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 Ossipee? _____

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: _____