



## Town of Ossipee, New Hampshire

Office of the Selectmen  
P.O. Box 67, 55 Main Street  
Center Ossipee, NH 03814  
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[www.Ossipee.org](http://www.Ossipee.org)

### Funding Requests For Budget Year 2022

9/2/2021

To Ossipee Area Health Agencies/Outside Organizations:

This is your notification that the Town of Ossipee will now begin accepting funding requests for the 2022 budget, from public service agencies and organizations in our area. Please be advised that the failure to submit properly completed forms by the deadline may jeopardize your organization's request for funding.

The enclosed application must be completed and submitted along with any other relevant information by October 22, 2021. You must submit twelve (12) complete copies of your application packages, which are three-whole punched and stapled. A blank copy of the funding application is enclosed with this mailing, however, we have also made available a fillable PDF version on our website at [www.Ossipee.org](http://www.Ossipee.org).

Please include information/updates to the services being provided during the current pandemic. Feel free to include any financial records with your submission as well. We will be reaching out to applicants at the end of October to schedule presentations to the Board of Selectmen and/or the Budget Committee. Currently, those presentations are expected to occur in the first week or two of November, but that is subject to change and will be firmed up in late October.

All application materials and any additional questions should be directed to Matt Sawyer Jr., Town Administrator, Town of Ossipee, P.O. Box 67, Center Ossipee, NH 03814. You are also welcome to drop off hard copies in person.

Sincerely,

*Matt Sawyer Jr*

Matt Sawyer Jr.

Town Administrator

**TOWN OF OSSIPEE**  
**Outside Agency Funding Application**

This form must be filled out in its entirety. In addition, proof of non-profit status must be submitted with the completed form if applicable. Failure to provide requested information may affect consideration of your application.

Agency: \_\_\_\_\_ Federal EIN: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title/Position of Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

We are a (Check one or more): Organization/Business registered with the State of NH: \_\_\_\_\_  
Social/Civic Club \_\_\_\_\_ Charitable Trust/Foundation \_\_\_\_\_ Other: \_\_\_\_\_

If Other, explain briefly: \_\_\_\_\_

Is your agency tax exempt per the IRC (Y or N) \_\_\_\_\_

If Yes, IRC Section Number (501c3 etc): \_\_\_\_\_

Amount of Funds Requested: \$ \_\_\_\_\_

Purpose for which funds are requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are Other Funds Available for This Purpose? \_\_\_\_\_

Do other agencies perform same or similar services within area? If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

Policy Making Body: Board of Directors:\_\_\_\_\_ Advisory Committee:\_\_\_\_\_Other: \_\_\_\_\_

Board Officers, Names/Titles and Addresses:

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Organization's Purpose: \_\_\_\_\_

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Service Area: \_\_\_\_\_

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

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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	<u>\$</u> _____	<u>\$</u> _____	<u>\$</u> _____

Attach Financial Statements Income & Expense

# of Ossipee Children (or Residents)

% of Ossipee Children (or Residents)

# of participants starting / # of participants now

Requirements for eligibility:

## 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]

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: \_\_\_\_\_