



## Town of Ossipee, New Hampshire

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

### FOR BUDGET YEAR 2020

August 16, 2019

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 review process 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 no later than Monday, October 14, 2019.** You must submit fifteen (15) complete copies of your budget packages which shall be double-sided, collated, three-whole 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](http://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:

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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	\$ _____	\$ _____	\$ _____

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.

Position	\$ Value of Benefits	Total Compensation
	TOTAL	

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: \_\_\_\_\_