

FOR BUDGET YEAR 2009

September 8, 2008

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 have agreed that a one-day combined session will best allow all parties to comply with this requirement.

This session will be scheduled for **February 7, 2009**, beginning at 9:00 a.m. You will be provided written confirmation of your scheduled presentation date and time.

The budget forms must be completed and submitted along with any other relevant information, by January 16, 2009. Further, please be advised that you must submit thirty (30) complete copies of your budget packages. Please note the budget packages must be single sided, collated, three-whole punched and stapled.

In addition, you must submit, no later than **February 10, 2009**, a petition to the Selectmen to include a Warrant Article on the 2009 Town Meeting warrant. The Petition must be signed by at least 25 registered voters of the Town. Please ask petitioners to also print their names since illegible signatures may cause the Checklist Supervisors to render the petition unacceptable.

Please be advised that the failure to submit properly completed forms by the deadline may jeopardize your organization's request for funding. All application materials and any additional questions should be directed to Karen Hallowell, Town Manager's Office, Conway Town Hall, (447-3811, Ext 10).

I look forward to meeting with you on **February 7, 2009**.

Sincerely,

TOWN OF CONWAY

/s/ Melissa Stacey

Melissa Stacey, Chair
Budget Committee

encs.

TOWN OF CONWAY
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 funds are available for purpose of requested funds, why are town funds needed?

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 hr., 1 counseling hr. 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 Conway Clients Served in Previous Year _____

Number of Conway 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 Operating 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: _____ \$ _____

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 Professional Salaries	_____	_____	_____
Misc. Salaries (please explain on reverse side)	_____	_____	_____
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.	_____	_____	_____
Subscriptions & Publications	_____	_____	_____
Capital Expenditures (specify below)	_____	_____	_____
Misc. Expense (specify below)	_____	_____	_____
Categories Unique to Your Agency: (specify below)	_____	_____	_____
Volunteer Transportation	_____	_____	_____
Volunteer Insurance	_____	_____	_____
Volunteer Recognition	_____	_____	_____
TOTAL:	\$=====	\$=====	\$=====

Does your organization receive a Town of Conway 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 Conway? _____

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