



TOWN OF CAMPTON

Annual Budget Request from Outside Agencies

Part A – Agency Information

Agency Name:	_____	Date:	_____
Address:	_____	Email:	_____
Telephone:	_____	Fax:	_____
Executive Director:	_____	Agency Fiscal Year:	_____

→Section 1 – Funding Request Summary:

Total Amount of Request: \$ _____
 Funds for:

<input type="checkbox"/>	General Operations and Overhead	Amount \$ _____
<input type="checkbox"/>	Existing Program, Identify: _____	Amount \$ _____
<input type="checkbox"/>	New Program, Identify: _____	Amount \$ _____

→Section 2 – Revenue Summary: (Detail of all sources – use extra space if necessary)

Revenue Sources	Prior	Current	Requested
Federal: (list)			
State Funds: (list)			
Grafton County:			
Client Fees-Public:			
Client Fees-Private:			
USDA-CACFP:			
Municipalities: (total)			
Other:			
Other:			
Other:			
Other:			
Other:			
TOTAL:			

NOTE: Please define initials, acronyms, etc.: _____

→Section 3 – Agency Municipal Government Revenue:

Please list revenues received from Neighboring Communities:

Municipality	Date of Last Application	Prior	Current	Projected/Requested
Ashland				
Plymouth				
Rumney				
Thornton				
Lincoln				
Waterville Valley				
Holderness				
Bristol				
TOTAL:				

→Section 4 – Agency Budget Overview:

	Prior Year	Current Year	Projected Year
Total Revenue			
Total Expenses			
Surplus/Deficit			

→Section 5 – Audited Financial Report: Attach one copy of your latest audited financial report.

→Section 6 – IRS Form 990, Return of Organization Exempt From Income Tax: Attach one copy of your latest Form 990 as submitted to the Department of the Treasury, IRS.

→Section 7 – Personnel

# FTE's	Position / Title	# of hours *	Prior Salary	Current Salary	Proposed Salary
	TOTAL				

→Section 8 – Agency/Program General Information, Update, Service Goals, and Objectives.

Please attach a document that separately answers the following questions (reference each question by number).

1. Please LIST the agency/program’s mission, goals, and objectives.
2. Describe the program and/or general operations for which you request this money.
3. Break-down the monies as to which area they will be used is \$ amount.
4. Please describe how this agency/program evaluates and measures effectiveness.
5. Describe how and how many (in hours) volunteers this program uses.
6. Describe your program’s efforts re: cooperation and collaboration with other agencies.
7. Describe your program’s target population.
8. Please LIST any major changes in service since your last review. Were changes due to funding cuts, reduction in program, increased efficiencies?
9. Please LIST the number of new positions next year.
10. Please LIST the number of positions eliminated next year.
11. LIST and describe any major purchases the program plans for next year.
12. LIST past year fund raising events and detail amounts received (gross/net), are these events to be held again this year.

→Section 8 – Agency/Program Beneficiary Statistics

	Prior	Current	Projected
1. Total count of clients			
2. Age Groups			
a. 0 to 5 years			
b. 6 to 17 years			
c. 18 to 61 years			
d. 62 to older			
e. not known			