

2020 FUNDING PROPOSAL INSTRUCTIONS

Introduction

Please submit your application and we will notify you at the beginning of December 2019 if changes are warranted. Should you have any questions regarding the application process call or email Karen Noyes, Finance/Human Services Director at 603-444-3996 Ext.11 or email knoyes@townoflittleton.org.

General Information

All forms (budget, program, and all other requested materials) must be in the Finance/Human Service Office **no later than 12:00 pm., October 1, 2019.**

1. Please submit **two (2) complete sets** of all Town of Littleton Application Forms and requested documentation. If budget information is complete and clear in a format other than the Town forms, that other format may be submitted in lieu of the Town forms.
2. All financial data should be for the entire agency, except where individual program information is requested. **Budget Form 1** is to include the total agency budget for the application year, as well as budgets of programs for which allocations are being requested. ***Please note the Application Budget Form Spreadsheet has two (2) tabs to complete.***
3. Proposed budgets may be for the calendar year 2019 or for FY 2020 (the 12-month fiscal year ending in 2020.) Please note if the fiscal year differs from calendar year indicate the beginning and ending dates of that fiscal year.

Support Material Check List (the following must be included)

- Names and addresses of all governing board members, officers, and committee Chairperson (s).
- Organizational chart of agency.
- Agency mission statement.
- A list of sites where services are provided, if there are sites beyond the administrative address on the face sheet.
- A copy of your most recent financial audit or internal financial statement if the audit is not complete.
- Last year's actual income and expenses, and fund balance if audit not yet available.
- Detailed budget profile for the current year showing total budget for the year, income and expenses to date, fund balance, and accounts receivable and payable.
- Fee schedules for any applicant programs.
- Eligibility requirements for agency/applicant programs.
- A copy of board-approved non-discrimination policy.
- A copy of your tax exempt status letter.
- All NEW programs** must include letters of support for the same.

TOWN OF LITTLETON FUNDING REQUEST
FACE SHEET

Date:

Agency Name:

Web site:

Agency Address:

Contact Person for Application:

Title:

Phone:

Email:

Contact Person for Quarterly Reports (if application is funded):

Title:

Phone:

Email:

Total Agency Budget (application year): \$

Agency Fiscal Year:

Please list all programs for which you are requested funding and indicate the amount of money you are requesting from the Town of Littleton for each program. Please also indicate if a program is new for this year, or has not previously been funded by the Town.

	<u>Program</u>	<u>Request</u>
a.		\$
b.		\$
c.		\$
d.		\$
e.		\$
f.		\$
	TOTAL	\$

What % of total agency revenue does this request represent? _____

This application was approved for submission:

Budget Committee Chairman (*Signature*)

Budget Committee Member (*Signature*)

TOWN OF LITTLETON FUNDING REQUEST

Agency:

AGENCY PROGRAM PROFILE

*Please provide the following two pages of information on **each** of the programs for which you are requesting funding.*

Program:

Program Director/Coordinator:

Phone:

Email:

1. Program Description: Briefly describe the services provided by the program and the target population. What is the desired impact on the people served? How are their lives changed by this program?

2. Statement of Need: Outline the needs and opportunities and how these were determined. Documentation may include in-house data and/or any community needs assessment from other sources. Regional and national data may be included. What is the evidence that programs such as this are effective?

3. Program Evaluation: What internal evaluation methods are employed? How do you know if the desired impact upon clients is achieved?

4. Unit Cost: As practically as is possible, please define a “unit of service” (i.e., one night of safe shelter, an hour of counseling, an emergency food box) for this program, and indicate: (a) your cost of that unit of service; (b) the grand total of all units of service delivered to all clients (to Town of Littleton clients and all others) last year; and (c) how you think that volume will change this year and for the application year.

TOWN OF LITTLETON FUNDING REQUEST

5. Client Demographics: List the number of unduplicated (if possible) clients served in the past year by this program in the communities listed below. Is a client an individual or a family? _____

_____ Alexandria	_____ Ashland	_____ Bath	_____ Benton
_____ Bethlehem	_____ Bridgewater	_____ Bristol	_____ Campton
_____ Canaan	_____ Dorchester	_____ Easton	_____ Ellsworth
_____ Enfield	_____ Franconia	_____ Grafton	_____ Groton
_____ Hanover	_____ Haverhill	_____ Hebron	_____ Holderness
_____ Landaff	_____ Lebanon	_____ Lincoln	_____ Lisbon
_____ Littleton	_____ Lyman	_____ Lyme	_____ Monroe
_____ Orange	_____ Orford	_____ Piermont	_____ Plymouth
_____ Rumney	_____ Sugar Hill	_____ Thornton	_____ Warren
_____ Waterville	_____ Wentworth	_____ Woodstock	
_____ TOTAL TOWN OF LITTLETON		_____ Total Other Communities	
_____ GRAND TOTAL			

6. Program Updates: Are there any program changes or improvements that you plan for the coming year? If yes, please explain.

7. Collaboration: Identify any other agencies who provide the same or similar services within your service area, and indicate a) the necessity for your program, and b) in what ways you coordinate with the other agencies.