

January 25, 2020

Dear Non-Profit Organization:

The Town Manager’s Office has begun budget preparations for the 2021-2022 Fiscal Year. Please send your annual funding request to the Town Manager’s Office, 145 Congress Street, Rumford, ME 04276 by February 8, 2021. Enclosed you will find a questionnaire that must be completed and submitted with the information requested at the bottom of the page.

The following schedule lists the meeting dates with the Finance Committee. The Finance Committee is now comprised of all five elected Select Board members and five elected Finance Committee members. Each organization will only need to present their request once to the combined committee.

All meetings will take place in the Municipal Building’s Rumford Falls Auditorium at 6:00 p.m. unless noted otherwise (please use 150 River Street back entrance near Police Department).

Required Attendance: March 3 or 10, 2021 Requests to Finance Committee

Suggested Attendance: April 15, 2021 Public Hearing for Budget and Warrant Articles, 5:30 p.m.

June 7, 2021 Annual Town Business Meeting, 7:00 p.m. at Mtn. Valley HS

Please note that requests will be heard in the order that your questionnaire and required information is received at the Town Manager’s Office. If you have further questions, please do not hesitate to call 364-4576 x212.

Sincerely,

Stacy Carter

Town Manager

SC/lcb

Enclosures: Funding Request Questionnaire for Non-Profit Organizations

W-9 Request for Taxpayer Identification Number and Certification

**TOWN OF RUMFORD**

**FUNDING REQUEST QUESTIONNAIRE FOR NON-PROFIT ORGANIZATIONS**

**FY 2020-2021**

Please complete the following questionnaire when making your request for funding to the Town of Rumford. Please type (or print legibly) all information requested.

**NON-PROFIT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Name of Non-Profit: Click here to enter text. | | |
| Mailing Address: Click here to enter text. | | |
| Telephone Number: Click here to enter text. | Director/Contact: Click here to enter text. | |
| Date Non-Profit was established: Click here to enter text. | | |
| **Amount of Funding Requested:** Click here to enter text. | | |
| Explain your need to apply to the Town of Rumford for assistance:  Click here to enter text. | | |
| Mission, Purpose or Function Statement:  Click here to enter text. | | |
| Number of staff: Click here to enter text. | |
| Number of volunteers: Click here to enter text. | |
| Number of residents served in the Town of Rumford: Click here to enter text. | |
| Total number of all persons served: Click here to enter text. | |
| Percentage ratio of all persons served to Rumford residents: Click here to enter text. | |
| Do you maintain an office in Rumford? Click here to enter text. | |
| Number of Rumford residents employed: Click here to enter text. | |

**BUDGET INFORMATON**

|  |
| --- |
| Total budget for 2019-2020: Click here to enter text. |
| Current total budget compared to previous year total budget (+/- %): Click here to enter text. |
| Percentage ratio of administrative costs to total budget: Click here to enter text. |
| Percentage of appropriated funds spent for Rumford residents last year: Click here to enter text. |
| What amount of Federal Funding (including grants) do you receive? Click here to enter text. |
| What amount of State Funding do you receive? Click here to enter text. |

List the percentage of all funding sources:

Source of Funding Percentage of Funding

Click here to enter text. Click here to enter text.

**CLIENT INFORMATION**

What eligibility criteria must be met for clients to receive assistance?

Click here to enter text.

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Name of person providing this information Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone contact information for above person

**Please indicate which meeting of the Finance Committee that you plan to attend:**

**March 3  March 10**

**A COPY OF THE FOLLOWING MUST BE SUBMITTED WITH YOUR REQUEST**

**\_\_\_\_ Most Recent FY Ending Balance Sheet and Income Statement**

**\_\_\_\_ Completed W-9 Request for Taxpayer Identification Number and Certification (Enclosed)**