TOWN OF
Rumford
OFFICE OF THE TOWN MANAGER

145 Congress Street
Rumford, Maine 04276
(207) 364-4576 Ext. 212
(207) 364-5642 Fax
town@rumfordme.org

September 3, 2026

Dear Non-Profit Organization,

The Town Manager's Office has begun budget preparations for the 2027-2028 Fiscal Year. Please send your annual funding request to the Town Manager's Office, 145 Congress Street, Rumford, ME 04276 by **December 1, 2026**. 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 Budget Committee. The Budget Committee is comprised of all five elected Select Board members and two elected Budget Committee members. Each organization will only need to present their request once to the Budget Committee.

Required Attendance: March 4, 2027 or March 11, 2027 at 5:00 pm, in the Rumford Falls Auditorium.

The schedule of organizational presentations will be sent in advance.

Suggested Attendance: April 15, 2027 - Public Hearing for Budget and Warrant Articles at 5:00 p.m. in the Rumford Falls Auditorium

June 7, 2027 - Annual Town Business Meeting, 7:00 p.m. at Mountain Valley High School

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,

George O'Keefe

George O'Keefe
Town Manager

Reminder: To receive disbursement of voter approved funds prior to October 1, 2027 a separate letter requesting the funds is required. Please mail to the Town Manager's Office, 145 Congress Street, Rumford, ME 04276.

TOWN OF
Rumford

FUNDING REQUEST QUESTIONNAIRE FOR NON-PROFIT ORGANIZATIONS

FY 2027-2028

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:	
Mailing Address:	
Telephone Number:	Director/Contact:
Email Address:	
Date Non-Profit was established:	
Amount of Funding Requested:	
Explain your need to apply to the Town of Rumford for assistance:	
Mission, Purpose or Function Statement:	

Number of staff:
Number of volunteers:
Number of residents served in the Town of Rumford:
Total number of all persons served:
Do you maintain an office in Rumford?

BUDGET INFORMATON

Total budget for 2027-2028:
Current total budget compared to previous year total budget (+/- %):
Percentage ratio of administrative costs to total budget:
Percentage of appropriated funds spent for Rumford residents last year:
What amount of Federal Funding (including grants) do you receive?
What amount of State Funding do you receive?

CLIENT INFORMATION

Name of person providing this information: ______________________________

Title: ______________________________

Telephone contact information for above person: ______________________________

Email address: ______________________________

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)**

____ **Signature Petition with the threshold Requirements**

INITIATED ARTICLE REQUEST – SIGNATURE PETITION

SIGNATURE THRESHOLD REQUIREMENTS

The following minimum number of signatures is required to be provided by December 1st based on the dollar amount of the initiated article:

Amount of Article	Required Signatures
$1.00 – $29,999.00	50 signatures
$30,000.00 and above	250 signatures

ORGANIZATION - ________________________ AMOUNT - $ ____________

SIGNATURES

By signing below, I am representing that I am a qualified voter of the Town of Rumford entitled to vote in Town election and am hereby requesting that the above matter be considered as an initiated article in accordance with the applicable Town requirements.

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Total Number of Signatures Submitted: ________________

Submitted By: ____

Date Submitted: ________________

Town Clerk/Official Use:
Received By: ____

Date Received: ________________

Verified Signature Count: ________________

☐ Threshold Met ☐ Threshold Not Met