

MEMORANDUM

DATE: August 12, 2019
TO: Social Service Agencies
FROM: Falmouth Human Services Committee
RE: 2019-2020 Fiscal Year Funding Requests

In order to receive any financial contribution from the Town of Falmouth for the fiscal year 2019-2020, please complete the enclosed application and submit it to the Town Hall no later than **September 6, 2019.**

In order for your request to be considered, it must be completed on our application.

Your application request will be reviewed by the Human Services Committee, and you will subsequently be notified in writing if funding is approved.

Should you have any questions, please feel free to contact t
Ellen Planer, Town Clerk at 699-5305 eplaner@falmouthme.org
Linda Case, Deputy Town Clerk at 699-5308 lcase@falmouthme.org

The Human Services Committee appreciates your assistance in completing this application. It will make our review and decision-making process faster and more equitable.

**TOWN OF FALMOUTH
FISCAL YEAR 2018-2019
SOCIAL SERVICE AGENCIES FUNDING REQUEST APPLICATION**

PART A: AGENCY DESCRIPTION:

1. Name of Agency: _____
2. Name of Contact Person: _____
3. Address: _____

- Telephone: _____
- e-mail: _____
4. Types of Services: Child Care ___ Counseling ___ Elderly ___ Emergency ___
Health ___ Transportation ___ Welfare ___ Youth Service ___ Other _____ (describe below)

5. Geographic Area Served: _____ Age Groups Served: _____ Service Fees: _____
Staff Size: Full-time: _____ Part-time: _____ Volunteers: _____
6. Referral Method: _____

PART B: FINANCIAL STATEMENT:

1. What is your current budget year? _____
2. Complete the section below, indicating the amount of money you received from each of the following sources in your last budget year and how much you anticipate receiving in the current budget year.

Funding Source	Amount Received Last Year	Requested/Anticipated Amount Current Year
Federal:		
State:		
County:		
United Way:		
Private Gifts:		
Self-Generated:		
Interest:		
Other (List individually):		
Total		

3. Briefly explain your agency's decision-making/review process for use of your financial resources: _____

4. Percentage of your current budget that goes to overhead: _____
5. What amount of your budget (if any) is seed money necessary to obtain matching funds from other sources, and what are those sources?

PART C: FUNDING INFORMATION (DIRECT SERVICE TO FALMOUTH CLIENTS):

1. Number of Falmouth Residents to whom actual services were provided last year: _____
2. Number of Non-Falmouth Residents served: _____
3. Types of services provided to Falmouth residents: _____

4. Total cost of these services for Falmouth residents last year: _____
5. Amount of your current funding request from the Town of Falmouth: _____
6. Please explain/justify the amount of this request: _____

7. List or attach any other information that you believe will be useful in evaluating your request:

Thank you very much.

