

APPROPRIATION REQUEST POLICY FORM

Each year the Town of Bradford receives requests for funds from many different charitable organizations. The Selectboard will review the requests and decide which should appear in the town budget for consideration at the annual town meeting. If you request that your organization be considered **for funding of \$1500 or lower in the proposed town budget, it is mandatory that you complete this form.** This form must be submitted to the Selectboard Administrator (Danielle Kingsbury), PO Box 339, Bradford, VT 05033 or emailed to administrator@bradford-vt.us, **on or before 3:00 p.m. on Monday, November 1, 2021. Incomplete forms and/or requests received after this date & time will NOT be considered, sorry there is no exceptions.**

If your organization operates two or more programs with separate budgets or funding sources, please fill out one form for each program. All information should be given for your organizations latest complete fiscal year (12 months).

Please also feel free to submit any other information you feel would be helpful to the committee in making their decision.

If you have any questions please contact Danielle Kingsbury at 802-222-4727 ext: 204 or administrator@bradford-vt.us

STANDARD INFORMATION

Organization Name: _____

Address: _____

Fiscal Year - if other than calendar year: _____

Program Description: _____

Name of Person filling out this form: _____

Name of Person to contact with questions: _____

Phone Number: _____

AMOUNT OF APPROPRIATION REQUEST: _____

SERVICE INFORMATION

What is your organization planning to do with the requested appropriations? _____

What is your organization's service area?

- Bradford Bradford and surrounding communities
 Orange County Other: _____

What was the total number of individuals served by your organization in your organization's last fiscal year?

_____ individuals.

How many people in Bradford were served by your organization in your organization's last fiscal year?

_____ people.

What type (s) of service (s) does your organization provide to Bradford residents?

Approximately how many staff hours were dedicated to provide the services your organization offered Bradford residents during your organization in your organization's last fiscal year? _____ staff hours.

What services does your organization provide that are not available from other Bradford area organizations?

What (if any) organizations provide similar services? _____

If applicable, how does your organization collaborate with organizations providing similar services? _____

In what way are the services your organization provides preventative in nature?

FINANCIAL INFORMATION

How did your organization determine the amount of the appropriation request?

If approved by the town, how would your organization use the funds?

Do any of your grant sources require local financial commitment? Explain.

Has your organization been determined by the IRS to be tax-exempt?

If yes, indicate your approval type: 501c3 _____ Other _____

| INCOME SOURCES | PERCENT OF INCOME | TOTAL INCOME |
|----------------|-------------------|--------------|
| Federal | | |
| State | | |
| Local Towns | | |
| United Way | | |
| Fundraising | | |
| Other: _____ | | |
| Other: _____ | | |
| Other: _____ | | |
| | | |

| | | |
|--------------------------|-----------------|------------------------|
| TOTAL | | |
| | | |
| EXPENDITURES | BUDGETED | ACTUAL EXPENSES |
| Personnel | | |
| Insurance/Rent/Utilities | | |
| Fundraising Costs | | |
| Other:_____ | | |
| Other:_____ | | |
| Other:_____ | | |
| TOTAL | | |

Number of full time paid staff positions (or full time equivalents or hours): _____

Number of full time volunteer staff positions (or full time equivalents or hours): _____