

OUTSIDE AGENCY FUNDING REQUEST FORM FISCAL YEAR 2025 BUDGET

Finance Department
51 Bath Road

Wiscasset, ME 04578
Email: admin@wiscasset.org

Application Checklist

The documents below must be submitted with your application.

- | | |
|--|-----|
| 1 Copy of Agency current budget | [] |
| 2 Copy of prior year financial statements | [] |
| 3 Report of prior year accomplishments | [] |
| 4 Copy of agencies goals and objectives | [] |
| 5 Copy of IRS determination letter of 501(c)(3) status | [] |
| 6 Copy of most recent IRS Form 990 | [] |

Section A: Organization & Contact Information

AGENCY NAME:			
ADDRESS:			
PHONE:			
WEBSITE:			
EXECUTIVE DIRECTOR/PRESIDENT:			
PHONE:		EMAIL:	
NAME AND TITLE OF PRINCIPAL CONTACT:			
PHONE:		EMAIL:	

Section B: Agency Personnel

	PRIOR YEAR	CURRENT YEAR	PROPOSED †
NUMBER OF AGENCY EMPLOYEES:			
NUMBER OF ADMINISTRATIVE EMPLOYEES:			
NUMBER OF PROGRAM EMPLOYEES:			
NUMBER OF PROGRAM VOLUNTEERS:			

† Only include positions that would be funded by this request

Section C: Program Information

Program Name:

Total Program Cost:

Total Request:

Funding type requested:

Monetary

In-Kind

Describe your program and how it contributes to the Town of Wiscasset

	PRIOR YEAR	CURRENT YEAR	PROPOSED †
Number of participants served through program	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cost per participant to operate the program	<input type="text"/>	<input type="text"/>	<input type="text"/>

† Only include participants that would not be able to participate without this request

List the top three outcomes for your program and how you will measure success for each outcome.

Section D: Program Funding Information

Has your agency received funding from the Town of Wiscasset in the last 5 years?

Yes No

If yes, indicate the dollar value of funding provided by the Town of Wiscasset in the last 5 years:

2019	2020	2021	2022	2023

Program Funding Sources:

Enter the sources of revenue for the program you are requesting Town funding for.

Description	Prior Year	Current Year	Budget Year	Budget Year
			with Town Funding	w/o Town Funding
Federal				
State				
Lincoln County				
Other Counties				
Town of Wiscasset				
Other Towns				
Donations				
Fundraisers				
Fees/Dues				
Other				
Total Revenues				

Program Expenditures:

Enter the breakdown of the expenditures for the program you are requesting Town funding for.

Description	Prior Year	Current Year	Budget Year	Budget Year
			with Town Funding	w/o Town Funding
Personnel				
Operating				
Capital				
Other				
Total Expenditures				