

# OUTSIDE AGENCY FUNDING REQUEST FORM FISCAL YEAR 2026 BUDGET

## 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:

2020	2021	2022	2023	2024

**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				
<b>Total Revenues</b>				

**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				
<b>Total Expenditures</b>				