



City of Biddeford
205 Main Street
Biddeford, Maine 04005

Application for City Financial Assistance

FY 2019/2020

Please complete the following information and return a hard copy to the City of Biddeford. Applications must be received no later than June 28, 2019. Applications received after June 28, 2019 will NOT be considered. Applications that are not legible will not be accepted.

A copy of your agency's mission statement must also be included.

SECTION I. AGENCY INFORMATION

Applicant Agency Name: _____

Principal Address: _____

Executive Director: _____

Contact Person/Phone Number: _____

Est. Total Agency Budget
for 2019/2020: _____

Actual 2018/2019 Budget: _____

Amount requested from the
City of Biddeford: _____

What percent of your annual
budget does this request equal: _____

SECTION II. PROGRAM DESCRIPTION

Describe the health or human service need that your program addresses:

How is that need determined or measured?

How is your program attempting to meet that need and what is the outcome that you expect to achieve?
(Please be as specific as possible)

What process does your agency undertake annually to evaluate the effectiveness of your program (s)?

Client eligibility criteria:

Describe fee structure:

Describe services provided:

What accommodations are made to those applicants with zero income?

Are fees charged for General Assistance referrals? If yes, how much has been charged to the City of Biddeford in the previous fiscal year?

Does your organization maintain a facility in the City of Biddeford? If not, please explain how you provide services for the residents of the City:

Define a unit of service as it pertains to the program:

Does your agency collaborate with any other non-profit organizations to maximize the use of the funds you receive? If yes, please explain.

How often are your books and/or financial records audited by an accounting firm or a third party professional?

Funding sources for program:

| CATEGORY | SOURCE TITLE OR ACT | BUDGETED FOR CY 2018 OR FY 2018/2019 | RECEIVED FOR CY 2018 OR FY 2018/2019 | BUDGETED FOR CY 2019 OR FY 2019/2020 |
|-----------------------|---------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Federal | | | | |
| State | | | | |
| County | | | | |
| Municipal | | | | |
| JTPA | | | | |
| 3 RD Party | | | | |
| Fees/Tuition | | | | |
| Private Insurance | | | | |
| Endowments | | | | |
| United Way | | | | |
| Grants | | | | |
| Other Income/Surplus | | | | |
| In-kind Contributions | | | | |
| Totals | | | | |

Total number of individuals served (unduplicated): _____

Total number of units provided: _____

Total number of individuals served from Biddeford: _____

Percent of total client count that are residents of the City of Biddeford: _____

What other municipalities provide financial assistance and how much does each provide?

Do you receive funding from Biddeford's CDBG program? If yes, for what services?

Per capita cost of service(s); each individual counted only once:

Unit of service cost: _____

How many members of your agency have authority to decide where/how your funds will be spent?

Of that group, how many are responsible for ensuring funds are used for the intended purpose?

Agencies REQUIRED to file yearly audits—include a copy of last audited financial statement.

Agencies NOT REQUIRED to file yearly audits—complete the budget form and include your IRS Form 990.

Has your 501C-3 status been revoked with the past 5 years for any reason? If yes, explain.

Include a copy of your 501C-3 form. Only documented non-profit agencies will be considered to receive funding from the City of Biddeford.

SECTION III. BUDGET FORM

Support Revenues and Expenses

| Agency: | Last Year budget | Last year actual | This year budget | Next year proposed |
|--|------------------|------------------|------------------|--------------------|
| PUBLIC SUPPORT AND REVENUE | | | | |
| Allocation from City of Biddeford | | | | |
| Contributions | | | | |
| Fund Raising | | | | |
| Legacies and Bequests | | | | |
| Contributed by Associated Organizations | | | | |
| Government: Federal | | | | |
| Government: State | | | | |
| Government: County | | | | |
| Government: Municipalities | | | | |
| Membership dues | | | | |
| Program Fees | | | | |
| Sales of Materials | | | | |
| Investment Income | | | | |
| Miscellaneous Revenue | | | | |
| TOTAL SUPPORT REVENUE | | | | |
| OPERATING EXPENSES | | | | |
| Salaries | | | | |
| Employee Benefits | | | | |
| Payroll Taxes, etc. | | | | |
| Professional Fees | | | | |
| Supplies | | | | |
| Telephone | | | | |
| Postage and Shipping | | | | |
| Occupancy | | | | |
| Rental and Maintenance of Equipment | | | | |
| Printing and Publication | | | | |
| Travel | | | | |
| Conferences and Meetings | | | | |
| Specific Assistance to Individuals | | | | |
| Membership Dues | | | | |
| Awards and Grants | | | | |
| Miscellaneous | | | | |
| TOTAL OPERATING EXPENSES | | | | |
| EXCESS (DEFICIT) OF REVENUE OVER OPERATING EXPENSES | | | | |
| Payments to Affiliates | | | | |
| Board Designations for Specific Future Use | | | | |
| Depreciation Expenses | | | | |
| TOTAL OF ALL EXPENSES | | | | |
| EXCESS (DEFICIT) OF REVENUE OVER TOTAL EXPENSES | | | | |

SECTION IV. VALIDATION

I, _____, of _____
(Name) (Name of Agency)

Acknowledge the foregoing document to be true and accurate and signed the same in my capacity as

(Title)

Signature/Title

Date

*Applicants who provide incomplete or inaccurate information will not be eligible for funding.