



City of Biddeford  
205 Main Street  
Biddeford, Maine 04005

## Application for City Financial Assistance

FY 2022/2023

Please complete the following information and return a hard copy to the City of Biddeford. Applications must be received no later than July 22, 2022. Applications received after July 22, 2022 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.**

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### SECTION I. AGENCY INFORMATION

Applicant Agency Name: \_\_\_\_\_

Principal Address: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Contact Person/Phone Number: \_\_\_\_\_

Est. Total Agency Budget  
for 2022/2023: \_\_\_\_\_

Actual 2021/2022 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 2021 OR FY 2021/2022	RECEIVED FOR CY 2021 OR FY 2021/2022	BUDGETED FOR CY 2022 OR FY 2022/2023
Federal				
State				
County				
Municipal				
JTPA				
3 <sup>RD</sup> Party				
Fees/Tuition				
Private Insurance				
Endowments				
United Way				
Grants				
Other Income/Surplus				
In-kind Contributions				
<b>Totals</b>				

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
<b>PUBLIC SUPPORT AND REVENUE</b>				
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				
<b>TOTAL SUPPORT REVENUE</b>				
<b>OPERATING EXPENSES</b>				
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				
<b>TOTAL OPERATING EXPENSES</b>				
<b>EXCESS (DEFICIT) OF REVENUE OVER OPERATING EXPENSES</b>				
Payments to Affiliates				
Board Designations for Specific Future Use				
Depreciation Expenses				
<b>TOTAL OF ALL EXPENSES</b>				
<b>EXCESS (DEFICIT) OF REVENUE OVER TOTAL EXPENSES</b>				

**Salaries (per person—NOT totals)**

Position Title*	Number of people in this position	Full-time equivalents for this position**	Actual CY 2021 or FY 21/22	Budgeted CY 2021 or FY 21/22	Proposed CY 2022 or FY 22/23
TOTAL NUMBER OF EMPLOYEES/FTE'S					

\*denotes position vacant

\*\* full-time staff will be noted as 1.00; half-time staff as 0.50; quarter-time staff as 0.25; and so on.  
All financial information rounded to the nearest dollar

## AGENCY INDEPENDENT FUND RAISING SURVEY

Please complete the following regarding all independent fund raising activities contemplated during the next year.

Mark with an \* any activities that are new this year.

Description/Purpose	Target Audience (please be as specific as possible)	Anticipated Costs	Anticipated Net Revenues	Begin—End Dates

Does your agency plan any Capital Fund Drives during the next 3-5 years? If yes, please complete the following:

Description/Purpose	Primary Sources	Anticipated Costs	Anticipated Net Revenues	Begin—End Dates



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.