



TOWN OF CONWAY

1634 EAST MAIN ST. • CTR. CONWAY, NEW HAMPSHIRE 03813

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FOR BUDGET YEAR 2018

August 23, 2017

To All Non Profit Organizations:

As you may be aware, New Hampshire Budget Law requires that the Board of Selectmen and the Budget Committee review and make recommendations on all Special Articles presented at the annual Town Meeting. The Board and Budget Committee have agreed that a one-day combined session will best allow all parties to comply with this requirement.

This session will be scheduled for **Wednesday, January 31, 2018**, beginning at 6:30 p.m. You will be provided written confirmation of your scheduled presentation date, time and location.

The budget forms must be completed and submitted along with any other relevant information, by January 5, 2018. Further, please be advised that you must submit thirty (30) complete copies of your budget packages. Please note the budget packages must be single sided, collated, three-whole punched and stapled.

In addition, you must submit no later than **February 13, 2018**, a petition to the Selectmen to include a Warrant Article on the 2018 Town Meeting warrant. The Petition must be signed by at least 25 registered voters of the Town. Please ask petitioners to also print their names since illegible signatures may cause the Checklist Supervisors to render the petition unacceptable.

Please be advised that the failure to submit properly completed forms by the deadline may jeopardize your organization's request for funding. All application materials and any additional questions should be directed to Karen Hallowell, Town Manager's Office, Conway Town Hall, 1634 E Main Street, Center Conway, NH 03813.

We look forward to meeting with you on **January 31, 2018**.

Sincerely,

TOWN OF CONWAY

Board of Selectmen &
Budget Committee

encs.

TOWN OF CONWAY

Non-Profit Funding Request - Budget Information Form

Applicant Agency _____
Principal Address _____
Contact Person _____ Phone# _____

Amount Requested from Town of Conway: Current Year _____
Last Year _____
2 Years Ago _____

This form must be filled out in its entirety. You may attach your line item budget; however, it must include all of the information requested on this form. The policy of the Budget Committee is to request salary information for each position in your organization. Failure to do so may affect the vote of the committee members. In addition, proof of non-profit status must be submitted with the completed form.

Describe in general (50 words or less) the services of your agency. In addition, if you have added or deleted any service(s) since last year's application, describe those services in detail. Specifically indicate what the town funds will be used for _____

Multiple horizontal lines for text entry.

Does your organization receive a Town of Conway Real Estate Tax Exemption or Abatement? Yes _____ No _____.

If yes, include tax dollar value of the exemption or abatement \$ _____.

EXPENSES	2016	2016	2017	2017	2018
	Actual Budget	Actual Expenses	Actual Budget	Actual Expenses	Proposed Budget
Personnel/Salaries					
Employee Benefits					
FICA/Unemployment, etc					
Audit/Legal Expenses					
Education/Training					
Travel/Lodging					
Utilities/Electric/Heat					
Telephone					
Mortgage/Rent					
Payment in Lieu of Taxes					
Conway Property Tax					
Equipment					
Postage					
Advertising/Signs					
Volunteer Program Expenses					
Other/Misc					
TOTAL					
INCOME	2016	2016	2017	2017	2018
	Actual Budget	Actual Income	Actual Budget	Actual Income	Proposed Budget
Other Towns					
County					
State/Federal					
Donations					
Grants					
Client Fees/Contributions					
Other Fees					
Town of Conway					
TOTAL					

SALARY DETAIL

Salary information should be provided for each full or part time employee of your organization. Following each position title place an "F" for full time or a "P" for part time. If you identified contract employees in your expense statement, identify types of service they provide.

Position	\$ Value of Benefits	Total Compensation
TOTAL		

Cost of one unit of Service? \$ _____
 (1 unit of Service = 1 child care day, 1 nursing hr., 1 counseling hr., etc.) If not computed by unit of service, list what value of service is and how it was computed:

Number of clients served (Conway) % _____

Number of clients served (other) _____

Fiscal year on which agency operates is _____ to _____

I certify that the above information is true and accurate to the best of my knowledge and belief, and that I am duly authorized by the requesting agency to represent them as their agent.

Agency Name

Signature

Print Name & Title

Date