

TOWN OF TAMWORTH

2024 Town Meeting Appropriation Request

In order to fully evaluate each organization's request for funding from the Town of Tamworth, the Select Board requests that you please:

1. Read the following carefully.
2. Provide all the requested information prior to **November 10, 2023**.
3. The Board will decide whether they wish to hold a meeting with your organization. If they chose to meet with you, your organization will be notified of the date and time. We request you send a knowledgeable representative to the meeting who is prepared to discuss the organization's request and answer questions about your organization's financial information. Your cooperation will assure that each organization's request is given a thorough and fair review by the Select Board to their recommendation to the Town.
4. **In addition to this request for funding, you will be required to submit a petitioned warrant article signed by a minimum of 25 residents or 2% of registered voters (whichever is less) of the Town of Tamworth. The last date for filing these petitioned articles is February 6, 2024.**

PLEASE SUBMIT AN ELECTRONIC COPY OF THIS COMPLETED FORM AND ANY ATTACHMENTS TO THE SELECT BOARD'S OFFICE BY NOVEMBER 10, 2023. PLEASE SEND TO KEATS MYER AT ADMIN@TAMWORTHNH.ORG Items that are not applicable to any organization should be left blank.

1. Organization Name: _____
2. Principal Address: _____ 3. Contact Person: _____
4. Contact Telephone Number: _____ 5. Contact Email & Website address of organization: _____
6. Amount **requested** from the Town of Tamworth for 2024? _____
7. Amount **scheduled to receive** from the Town of Tamworth for 2023? _____
8. Are you a 501c (3) non-profit organization? _____ If not, please describe your corporate status. _____
9. Attach a narrative description of the programs for which you are requesting funding. Please be sure to include information for the following questions:
 - a. What services are being provided?
 - b. Who is your target population?
 - c. How do you measure your success?
 - d. How does your program benefit the residents of Tamworth?
 - e. How many in our community will be affected by your organization?
10. Please attach your organization's financial information to include the following:
 - a. Income and Expenses – budget, actual YTD, and projected for 2023

11. Complete the following regarding service provided in **Tamworth**:

	2021	2022	2023	2024
	Actual	Actual	Projected	Projected

Total units of service: _____

Unit of service cost: _____

Total individuals served: _____

12. Define the method or formula used to determine the amount of Tamworth funds requested.

13. Do you anticipate future requests for town funds? _____

14. Do you anticipate any expanded revenue sources? _____

CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The undersigned hereby certifies that:

1. The information contained in this application and attachments are accurate and complete to the best of my knowledge.
2. The undersigned is authorized to act on behalf of the organization submitting this application.

Name & Title: _____

Signature: _____

Date: _____

Should you have any questions, please contact Keats Myer, Town Administrator at (603) 323-7525 ext.