

Town of Brentwood
Budget Year _____ Regional Association Funding Request Form

Funding requests received from nonprofit organizations are funded through Brentwood tax revenue via a line item dedicated for Regional Associations in the Town of Brentwood budget.

Regional Associations wishing to receive funds from the Town of Brentwood must meet all four of the following criteria in order to be eligible for funding consideration:

1. have 501c3 nonprofit status
2. provide services in the town of Brentwood/for Brentwood residents
3. have an established NH headquarters
4. are registered with the NH Attorney General's Office

In addition to meeting the above eligibility criteria, organizations seeking funding must complete all sections of the below Regional Associations Funding Request Form (RAFRF). Incomplete forms will not be considered for funding. Do NOT enter "See Audit or See Attached" in any space on the form. Check your application before submitting.

Budget priorities change from year to year and past funding is not an assurance of future funding.

Required Application Materials:

1. Completed Regional Association Funding Request Form (RAFRF)
2. IRS 990 Form from previous/most recent year
3. Most recent audited financial statement
4. Current list of Board of Directors/Trustees
5. Brochure/pamphlet describing organization's relevant services

RAFRF Submission Deadline: Annually by October 30

Submit the five required application materials listed above to:
Brentwood Town Office
1 Dalton Road
Brentwood, NH 03833
Attn: Karen Clement/Regional Associations

Funding Approval Notifications:

Funding approval notifications will be sent out via email by April 15th in the budget year you are requesting funds from.

Once notified that your funding request has been approved, you will be required to send a letter to the Town requesting a release of the funding to you. Funding is NOT released automatically.

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If your agency meets all four of the required criteria stated above, proceed with the completing this application form.

Agency/organization name: _____

EIN _____ Year established: _____

Mailing address: _____

Website address: _____

Contact person: _____ Title _____

Contact phone: _____ Email: _____

Mission Statement:

Amount Requested: \$ _____

Statement of Funding Purpose (e.g. these funds will be used to/for...):

Are you affiliated with a national organization? Yes No

Do you have a charity rating or a Guidestar Seal of Transparency? Yes No
If yes, please specify: _____

List your service area (please specify counties and/or towns served):

Number of BRENTWOOD residents directly served in previous year _____

Are services provided on a sliding fee scale? Yes No
If yes, please specify: _____

List last fiscal year's revenue amounts and percentages from each source:

	Amount	Percentage
Fees		
Federal		
State		
County		
Town		
Grants (Include CARES Act funds)		
ARPA Funds		
Corporate Gifts		
Special Event Revenue		
Health Insurance Reimbursements		
Individual Donations		
Municipal Warrants		
Other (Please specify)		
Total Revenue		

Total Budget: _____ Total Expenses: _____

Percentage of revenue for services vs. overhead: _____

Value of donations given by Brentwood residents: \$ _____

Who is responsible for fundraising? Paid Staff Volunteers Board Members
(Choose all that apply)

What specific steps is your agency taking to increase revenue?

Signature _____

Date: _____

Print your name: _____

Title: _____