

# TOWN OF PLAINFIELD FUNDING REQUEST APPLICATION

**Please mail or email your application to be received by our office by October 25, 2024.**

**We also have a drop box.**

Each year the Town of Plainfield receives requests for funds from many different organizations. The requests are voted on at the Town Meeting every March. Because these requests began to take up a large part of the Town Meeting every year, the Plainfield voters requested the Selectboard appoint a committee to review them and make recommendations prior to Town Meeting. Thus, the Social Concerns Committee now reviews these funding requests and recommends to the Selectboard how much funding each organization should receive. The Selectboard then makes the final decision as to how the recommendations will appear before the Town voters on Town Meeting day.

To fulfill its charge and make sound decisions, the Committee is asking for specific information. If you expect your organization to be considered for funding by the Committee, please complete this information form. It is recommended that your organization follow this process to both assist Plainfield voters to more efficiently facilitate their Town Meeting and to receive the Committee's endorsement for any funding.

This form, with attachment A, must be submitted to the **Town of Plainfield, PO Box 217, Plainfield, VT 05667, Attention: Social Concerns Committee**, or e-mailed to **plainfieldtownaa@gmail.com on or before October 25, 2024**. Incomplete forms and/or requests may be disqualified for funding. All funding requests received after the due date will not be considered for funding. If this is the case, you will still have ample time to petition the town for funding.

If your organization operates two or more programs with separate budgets or funding sources, please fill out one form for each program. **All information should be given for your latest complete fiscal year (12 months).**

The Committee uses the following criteria in reviewing all funding requests. It recommends you complete this application keeping the following criteria in mind:

- 1) Nature of services provided (whether services are unique to the organization and essential to Plainfield residents)
- 2) Number of residents served and number of hours provided, including:
  - A. Whether numbers were used more than once for various services
  - B. Comparison of Plainfield residents served to total population served by organization
  - C. Provide amount of funding requested from Plainfield compared to other towns funding your organization
  - D. Comparison of other town's population and contribution to Plainfield
- 3) Percentage of total budget used for administrative expenses
- 4) Did the organization apply to other available funding sources?

Please feel free to submit any other information you think would be helpful to the Committee in making its decision.

If you need assistance, please contact Kristin Brosky, Plainfield Town Administrative Assistant:  
plainfieldtownaa@gmail.com



Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

Fiscal Year Reported: \_\_\_\_\_

Program Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Person Completing This Form: \_\_\_\_\_

Name of Contact Person for Questions: \_\_\_\_\_

Telephone Number or E-mail: \_\_\_\_\_

Amount of Funding Request:  
\_\_\_\_\_

If this is an increase from the amount of funding received last year, please explain the reason for the increased requested:

\_\_\_\_\_

\_\_\_\_\_

**SERVICE INFORMATION (Please be as specific as possible)**

Your organization's service area: \_\_\_\_\_

\_\_\_\_\_

Total number of individuals served by your organization in your latest FY: \_\_\_\_\_ (persons)



What were the services provided to Plainfield residents? Break down the number of Plainfield residents served and the specific services each received.

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How many staff hours were dedicated to providing Plainfield resident's services during FY \_\_\_\_\_? \_\_\_\_\_ (staff hours)

**FINANCIAL INFORMATION**

What factors did your organization use to determine the amount of funding requested?

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Please furnish information below regarding other towns from which you're requesting funding:

Town	FY 2025 request	FY 2024 funding	# residents served

**ATTACHMENT A**

<b>INCOME SOURCES</b>			<b>PERCENT OF INCOME</b>		<b>TOTAL INCOME</b>
Federal					
State					
Local Towns					
United Way					
Fundraising					
Other					
Other					
Other					
<b>TOTAL</b>					
<b>EXPENDITURES</b>			<b>BUDGET</b>		<b>ACTUAL EXPENSES</b>
		%	\$	%	\$
Personnel					
Break down by position:					
Insurance/rent/Utilities					
Fundraising Costs					
Other, explain					
Other, explain					
Other, explain					
<b>TOTAL</b>					

Number of full-time paid staff positions (or full-time equivalents): \_\_\_\_\_

Number of full-time volunteer staff position (or full-time equivalents): \_\_\_\_\_

Would you like the committee to schedule a meeting with you to personally present information in support of your finding request?

\_\_\_\_\_

Would you be willing to participate in a Plainfield fundraising event that would benefit nonprofits? \_\_\_\_\_