CARROLL COUNTY APPLICATION FOR FINANCIAL ASSISTANCE

AGENCY CONTACT INFORMATION										
Applicant Agency:										
Contact Person										
Phone: Fax:		Fax:		E-mail:						
Agency Address	5:									
City:				State:			ZIP Code:			
Agency's Total	Operating Bu	ıdget:								
Prior Year: 2019 -			Current Year: 2020 -			Proposed Year: 2021 -				
Amount of Fund	ding Request	ed from C	Carroll County for							
DESCRIPTION OF FEE STRUCTURE, IF APPLICABLE:										
			FUNDING	SOURC	FS					
Category	Source, Tit	tle. Act	Actual Prior FY:			rrent FY:202	20 <u>Request FY: 2021</u>			
Fees	<u>bource</u> , m	<u>lic/ Acc</u>	Actuarritorrit		<u>Buuqee ou</u>					
Federal										
State										
County										
Municipal										
Fund Raising										
Grants										
Other										
AGENCY OPERATING BUDGET										
		<u>Actual</u>	Prior FY: 2019	<u>Bu</u>	dget Curren	t FY:_2020	<u>Request FY: 2021</u>			
Personnel Fringe Benefits										
Consultants &										
Subcontracts										
<u>Utilities</u> : Electric, Phone, Heat, etc.										
Rent										
Office Supplies, Printing, Advertising, etc.										
Education & Training (please attach detail on										
separate page) Travel, Lodging										
Other										
TOTALS:										

DEFINE UNIT OF SERVICE FOR T	HIS	PROGRAM:								
	•	ctual Prior FY: 2019	Budget Curr	EV: 2020	<u>Request FY: 2021</u>					
Total number of units of		Actual Prior FT: 2019 Budget Curr		<u>request r1. 2021</u>						
service in Carroll County										
Unit of Service Cost Total number of individuals										
served in Carroll County (count each person only once)										
Explain Method of Formula used	to d	etermine amount of C	arroll County fu	unding reque	ested:					
SERVICE AND FINANCIAL DATA										
Service and Cost Distribution (es	stim	ated) for:								
Municipality		<u>Individuals S</u>	<u>erved</u>	<u>U</u>	nits of Service					
Albany										
Bartlett										
Brookfield										
Chatham										
Conway										
Eaton										
Effingham										
Freedom										
Hale's Location										
Hart's Location										
Jackson										
Madison										
Moultonborough										
Ossipee										
Sandwich										
Tamworth										
Tuftonboro										
Wakefield										
Wolfeboro										
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Board of Directors: On a separate page, please provide the name of each member of your agency's board of directors and a detail of what, if any, compensation each Director receives.

Provide a brief narrative description of the program(s) for which you are requesting funding.
Within the narrative:
 a. Describe the problem which the program will address. b. Describe the services to be provided and/or the activities to be engaged in. c. Describe the target population as succinctly as possible, including the geographical coverage, age group and/or other special characteristics.
CERTIFICATION BY AUTHORIZED REPRESENTATIVES
The undersigned hereby certifies and represents that:
1. The information contained in this application and attached appendices is, to the best of my
knowledge, accurate and complete; 2. The undersigned is authorized to act on behalf of the organization in submitting this application.
SIGNATURES
Executive Director/CEO/Administrator Printed Name Preparer's Printed Name & Title
Signature Signature
Date Date