

FUNDING REQUEST

Date: _____

Please supply the following information regarding your agency and funding request.

Agency: _____

Contact Person: _____

Title: _____

Address: _____

Street/PO Box

_____, MA _____

Town

ZIP

Telephone: _____

Email address: _____

Website/URL: _____

Financial Contact: _____

Title: _____

Address: _____

Street/PO Box

_____, MA _____

Town

ZIP

Telephone: _____

Email address: _____

Check Payable To: _____

Tax-Exempt Number: _____

Please provide a summary of the services provided to Stow in the following format. If actual numbers are not available, please provide an estimate as best you can.

	Current Fiscal Year	Next Fiscal Year
Total Yearly Budget	_____	_____
Total People Served	_____	_____
Total Stow Residents Served	_____	_____

Stow Community Chest Funding Request- Continued

Financial Information

1. Please attach a copy of your current budget for the proposed program, ensuring it includes the information below. If you do not have something already prepared please complete the form below.

Income	Current Fiscal Year	Next Fiscal Year (est.)
	From: To:	From: To:
Fees for Services		
Community Chests and United Way Funds		
Town, State, Federal Grants		
Private Grants		
Fundraising		
Other Funding Sources		
TOTAL INCOME		
EXPENSES		
Salaries and Benefits		
Building Expenses		
Advertising & Other Fundraising		
Office Supplies		
Equipment		
Other Expenses		
TOTAL EXPENSES		
NET INCOME		

2. Are you currently registered with the Attorney General and IRS? YES NO

3. What is the date of your last annual report?

4. Please describe the other funds that support the project for which you are requesting funds.

Agency Funding Request- Continued

Prior SCC Funding Report	
Prior years' Proposal Title:	Dates of last year of funding:
Funding Received:	Funding Spent:
Please describe results and specific outcomes of the project(s) from the last year you received funds from the Stow Community Chest. Feel free to attach documents demonstrating evidence of your outcomes.	
Please describe what you learned from the program last year and any changes that were made or plan to be made as a result of this knowledge/experience.	

Agency Funding Request- Continued

Please describe the short and long term outcomes of this program and how you plan to evaluate the effectiveness of this program.

Please describe what happens to the program if you do not receive these funds:

Additional Information:

Thank you!