

# TOWN OF WISCASSET OUTSIDE AGENCY/COMMUNITY ORGANIZATIONS FUNDING POLICY

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## I. PURPOSE:

To ensure the Town of Wiscasset is fiscally responsible and residents are well served, this policy creates a uniform procedure for the submission, review, and approval of outside agencies funding requests to deliver various services.

## II. OUTSIDE AGENCY ELIGIBILITY CRITERIA

- A. Agency services must be available to all residents in Wiscasset who meet the eligibility requirements of the agency.
- B. Services offered by the agency/program(s) must not be restrictive with regard to race, sex, age, religion, disability, or any characteristics that would be prohibited by law.
- C. Funds may not be used for any purpose prohibited by law.
- D. Agencies and their respective programs must be non-profit, incorporated in the State of Maine, and have an IRS 501(c)(3) and have been in business for a minimum of one year.
- E. Funding requests must specifically describe how the agency's program(s) meet the needs of the community.
- F. Funding requests must include performance measures showing the key indicators and outcomes that benefit Town residents.
- G. Agencies must agree to provide a mid-year and end-of-year report of activities, successes, challenges, and lessons learned through their program.
- H. Agencies must make all program(s) and financial information available and must permit onsite visits by Town staff or elected officials.
- I. Agencies may apply for funding once per fiscal year.

## III. PROCEDURES

- A. The *Outside Agency Funding Policy* and *Outside Agency Funding Request Form* will be posted on the Town of Wiscasset's Website
- B. Agencies seeking to provide services and requesting Town funding or other support must complete the *Outside Agency Funding Request Form* and provide other required documentation.
- C. The *Outside Agency Funding Request Form* must be completed using the form provided.

- D. Brochures, visual aids, and information other than what is requested is not required but recommended.
- E. Funding requests must be received by the specified due date to be considered for funding in the Town's fiscal year beginning July 1.
- F. The Town Manager will review the agency's submittal for eligibility and other requirements including: application completeness, financial statements, IRS tax forms, annual reports, and other necessary documents.
- G. Funding requests that meet eligibility criteria and are complete will be incorporated into an Outside Agency Request document, which shall be presented at budget work sessions during which the Town's operating funding requests will be discussed. Additional budget work sessions and presentations may be scheduled for agencies to make their appeal to the Board. Agencies that submit applications will be notified of Board Meetings and Work Sessions when their application may be discussed.
- H. Agencies whose requests are approved by the Board will be incorporated Community Organizations portion of the Town budget to be considered by the voters at the annual June Town Meeting.

Approved 12/06/2022

DocuSigned by:

*Sarah Whitfield* 12/7/2022 | 14:44 EST

00963E516676410  
Sarah Whitfield, Chair

# OUTSIDE AGENCY FUNDING REQUEST FORM FISCAL YEAR 2024 BUDGET

Finance Department  
51 Bath Road  
Wiscasset, ME 04578  
Email: admin@wiscasset.org

## Application Checklist

The documents below must be submitted with your application.

- |  |     |
|--|-----|
| 1 Copy of Agency current budget                        | [ ] |
| 2 Copy of prior year financial statements              | [ ] |
| 3 Report of prior year accomplishments                 | [ ] |
| 4 Copy of agencies goals and objectives                | [ ] |
| 5 Copy of IRS determination letter of 501(c)(3) status | [ ] |
| 6 Copy of most recent IRS Form 990                     | [ ] |

### Section A: Organization & Contact Information

AGENCY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

EXECUTIVE DIRECTOR/PRESIDENT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME AND TITLE OF PRINCIPAL CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Section B: Agency Personnel

	PRIOR YEAR	CURRENT YEAR	PROPOSED ‡
NUMBER OF AGENCY EMPLOYEES:			
NUMBER OF ADMINISTRATIVE EMPLOYEES:			
NUMBER OF PROGRAM EMPLOYEES:			
NUMBER OF PROGRAM VOLUNTEERS:			

‡ Only include positions that would be funded by this request

### Section C: Program Information

Program Name: \_\_\_\_\_

Total Program Cost: \_\_\_\_\_

Total Request: \_\_\_\_\_

Funding type requested:         Monetary         In-Kind

Describe your program and how it contributes to the Town of Wiscasset

Empty space for describing the program and its contribution to the town.

	PRIOR YEAR	CURRENT YEAR	PROPOSED ‡
Number of participants served through program			
Cost per participant to operate the program			

‡ Only include participants that would not be able to participate without this request

List the top three outcomes for your program and how you will measure success for each outcome.

Empty space for listing the top three outcomes and measurement methods.

**Section D: Program Funding Information**

Has your agency received funding from the Town of Wiscasset in the last 5 years?

Yes  No

If yes, indicate the dollar value of funding provided by the Town of Wiscasset in the last 5 years:

2018-2019	2019-2020	2020-2021	2021-2022	2022-2023

**Program Funding Sources:**

Enter the sources of revenue for the program you are requesting Town funding for.

	Description	Prior Year	Current Year	Budget Year with Town Funding	Budget Year w/o Town Funding
Federal					
State					
Lincoln County					
Other Counties					
Town of Wiscasset					
Other Towns					
Donations					
Fundraisers					
Fees/Dues					
Other					
<b>Total Revenues</b>					

**Program Expenditures:**

Enter the breakdown of the expenditures for the program you are requesting Town funding for.

	Description	Prior Year	Current Year	Budget Year with Town Funding	Budget Year w/o Town Funding
Personnel					
Operating					
Capital					
Other					
<b>Total Expenditures</b>					