# **Agency Request Form for Taxpayer Funding: July 1, 2022 – June 30, 2023**

### Organization Information: Request Amount: \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name of applying agency (and umbrella organization, if applicable) |  |
| Address |  |
| City, State and Zip |  |
| Phone |  |
| Website |  |
| Contact Name |  |
| Contact Phone |  |
| Contact Email |  |

### Mission Statement:

### Number of Hinesburg Residents Served:

|  |  |
| --- | --- |
| 7/1/18-6/30/19 |  |
| 7/1/19-6/30/20 |  |
| 7/1/20-6/30/21 |  |

### Services Provided to Hinesburg Residents:

|  |  |
| --- | --- |
| Has org received funding from the Town of Hinesburg in the past? |  |
| If yes, most recent year funded and amount |  |
| % of annual income used for administrative costs (salaries, fundraising, etc.)? |  |
| % of annual income used for program expenses |  |
| Does org have 501(c)3 status? |  |
| Does org receive United Way funding? |  |
| List other towns that have provided funding to org in the past 5 years |  |
| Additional info. (enclose separate sheet if necessary) |  |

**DEADLINES:**

**Electronic:** E-mail this form and any additional info. to [arrc@hinesburg.org](mailto:arrc@hinesburg.org) by 4:00pm, **Friday, Oct. 22, 2021**.

**Mailed:** Electronic submission is preferred.Any mailed materials must be postmarked by Friday, Oct. 22, 2021. Mail to: Todd Odit, 10632 VT Route 116, Hinesburg, VT 05461

**Application materials:**  
1) This form (required)  
2) Additional information (optional)

**SELECTBOARD USE ONLY:**   
Amt. awarded for current (FY22) budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_