



City of Biddeford

205 Main Street
Biddeford, Maine 04005

Application for City Financial Assistance

FY 2021/2022

Please complete the following information and return a hard copy to the City of Biddeford. Applications must be received no later than July 16, 2021. Applications received after July 16, 2021 will NOT be considered. Applications that are not legible will not be accepted.

A copy of your agency's mission statement must also be included.

SECTION I. AGENCY INFORMATION

Applicant Agency Name: _____

Principal Address: _____

Executive Director: _____

Contact Person/Phone Number: _____

Est. Total Agency Budget
for 2021/2022: _____

Actual 2020/2021 Budget: _____

Amount requested from the
City of Biddeford: _____

What percent of your annual
budget does this request equal: _____

SECTION II. PROGRAM DESCRIPTION

Describe the health or human service need that your program addresses:

How is that need determined or measured?

How is your program attempting to meet that need and what is the outcome that you expect to achieve?
(Please be as specific as possible)

What process does your agency undertake annually to evaluate the effectiveness of your program (s)?

Client eligibility criteria:

Describe fee structure:

Describe services provided:

What accommodations are made to those applicants with zero income?

Are fees charged for General Assistance referrals? If yes, how much has been charged to the City of Biddeford in the previous fiscal year?

Does your organization maintain a facility in the City of Biddeford? If not, please explain how you provide services for the residents of the City:

Define a unit of service as it pertains to the program:

Does your agency collaborate with any other non-profit organizations to maximize the use of the funds you receive? If yes, please explain.

How often are your books and/or financial records audited by an accounting firm or a third party professional?

Funding sources for program:

CATEGORY	SOURCE TITLE OR ACT	BUDGETED FOR CY 2020 OR FY 2020/2021	RECEIVED FOR CY 2020 OR FY 2020/2021	BUDGETED FOR CY 2021 OR FY 2021/2022
Federal				
State				
County				
Municipal				
JTPA				
3 RD Party				
Fees/Tuition				
Private Insurance				
Endowments				
United Way				
Grants				
Other Income/Surplus				
In-kind Contributions				
Totals				

Total number of individuals served (unduplicated): _____

Total number of units provided: _____

Total number of individuals served from Biddeford: _____

Percent of total client count that are residents of the City of Biddeford: _____

What other municipalities provide financial assistance and how much does each provide?

Do you receive funding from Biddeford's CDBG program? If yes, for what services?

Per capita cost of service(s); each individual counted only once:

Unit of service cost: _____

How many members of your agency have authority to decide where/how your funds will be spent?

Of that group, how many are responsible for ensuring funds are used for the intended purpose?

Agencies REQUIRED to file yearly audits—include a copy of last audited financial statement.

Agencies NOT REQUIRED to file yearly audits—complete the budget form and include your IRS Form 990.

Has your 501C-3 status been revoked with the past 5 years for any reason? If yes, explain.

Include a copy of your 501C-3 form. Only documented non-profit agencies will be considered to receive funding from the City of Biddeford.

SECTION III. BUDGET FORM

Support Revenues and Expenses

Agency:	Last Year budget	Last year actual	This year budget	Next year proposed
PUBLIC SUPPORT AND REVENUE				
Allocation from City of Biddeford				
Contributions				
Fund Raising				
Legacies and Bequests				
Contributed by Associated Organizations				
Government: Federal				
Government: State				
Government: County				
Government: Municipalities				
Membership dues				
Program Fees				
Sales of Materials				
Investment Income				
Miscellaneous Revenue				
TOTAL SUPPORT REVENUE				
OPERATING EXPENSES				
Salaries				
Employee Benefits				
Payroll Taxes, etc.				
Professional Fees				
Supplies				
Telephone				
Postage and Shipping				
Occupancy				
Rental and Maintenance of Equipment				
Printing and Publication				
Travel				
Conferences and Meetings				
Specific Assistance to Individuals				
Membership Dues				
Awards and Grants				
Miscellaneous				
TOTAL OPERATING EXPENSES				
EXCESS (DEFICIT) OF REVENUE OVER OPERATING EXPENSES				
Payments to Affiliates				
Board Designations for Specific Future Use				
Depreciation Expenses				
TOTAL OF ALL EXPENSES				
EXCESS (DEFICIT) OF REVENUE OVER TOTAL EXPENSES				

SECTION IV. VALIDATION

I, _____, of _____
(Name) (Name of Agency)

Acknowledge the foregoing document to be true and accurate and signed the same in my capacity as

(Title)

Signature/Title

Date

*Applicants who provide incomplete or inaccurate information will not be eligible for funding.