



Town of Brentwood Regional Association Funding Request Application

The Town of Brentwood, New Hampshire is pleased to review your organization's application for funding. Requests received from nonprofit organizations are funded through Brentwood tax revenue via a line item dedicated for Regional Associations in the Town of Brentwood budget. Budget priorities change from year to year and past funding is not an assurance of future funding.

Funding Criteria:

Regional Associations wishing to receive funds from the Town of Brentwood must meet ALL four of the following criteria in order to be eligible for consideration:

1. Have 501(c)3 nonprofit status
2. Provide services in the Town of Brentwood/for Brentwood residents
3. Have an established NH headquarters
4. Be registered with the NH Attorney General's Office

Required Application Materials:

In addition to meeting the above eligibility criteria, please submit the following items:

1. Completed Regional Association Funding Request Application (RAFRA)
2. IRS Form 990 from previous/most recent year
3. Most recent audited financial statement
4. Current list of Board of Directors/Trustees
5. If available, brochure/pamphlet describing organization's relevant services

Application Submission:

Submit the five required application materials listed above to:

Brentwood Town Office
1 Dalton Road
Brentwood, NH 03833
Attn: Town Administrator/Regional Associations

Submission Period and Deadline:

The application period begins on Labor Day and all requests must be received by October 30. Late and/or incomplete submissions will not be considered.

Funding Approval Notification & Release:

Funding approval notifications will be sent out via email by April 15.

NOTE: Funding is NOT released automatically. Once notified that your funding request has been approved, you will be required to send a letter to the Town requesting a release of the funding to your organization.

Questions:

Contact the Town Administrator at townadministrator@brentwoodnh.gov or (603) 642-6400, ext. 110.



Regional Association Funding Request Application (RAFRA)

Organizations seeking funding must complete ALL of the sections below. Incomplete forms will not be considered for funding. Do NOT enter "See Audit or See Attached" in any space on the form. Check your application before submitting.

Agency/Organization name:	
Mailing address:	EIN:
	Year established:
Website:	
Contact person:	Contact phone:
Title:	Email:

Mission Statement:

Who is responsible for fundraising? (Choose all that apply) Paid Staff Volunteers Board Members

Are you affiliated with a national organization? Yes No

Do you have a charity rating or a GuideStar Seal of Transparency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify:
Are services provided on a sliding fee scale?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify:

Provide your service area: Brentwood Number of Brentwood residents directly served in previous year:

<input type="checkbox"/> Rockingham County, New Hampshire				Other counties and/or towns:
<input type="checkbox"/> Atkinson	<input type="checkbox"/> Exeter	<input type="checkbox"/> New Castle	<input type="checkbox"/> Portsmouth	
<input type="checkbox"/> Auburn	<input type="checkbox"/> Fremont	<input type="checkbox"/> Newfields	<input type="checkbox"/> Raymond	
<input type="checkbox"/> Candia	<input type="checkbox"/> Greenland	<input type="checkbox"/> Newington	<input type="checkbox"/> Rye	
<input type="checkbox"/> Chester	<input type="checkbox"/> Hampstead	<input type="checkbox"/> Newmarket	<input type="checkbox"/> Salem	
<input type="checkbox"/> Danville	<input type="checkbox"/> Hampton	<input type="checkbox"/> Newton	<input type="checkbox"/> Sandown	
<input type="checkbox"/> Deerfield	<input type="checkbox"/> Hampton Falls	<input type="checkbox"/> North Hampton	<input type="checkbox"/> Seabrook	
<input type="checkbox"/> Derry	<input type="checkbox"/> Kensington	<input type="checkbox"/> Northwood	<input type="checkbox"/> South Hampton	
<input type="checkbox"/> East Kingston	<input type="checkbox"/> Kingston	<input type="checkbox"/> Nottingham	<input type="checkbox"/> Stratham	
<input type="checkbox"/> Epping	<input type="checkbox"/> Londonderry	<input type="checkbox"/> Plaistow	<input type="checkbox"/> Windham	

Regional Association Funding Amount Requested: \$	Statement of Funding Purpose (e.g. these funds will be used to/for...):
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List last fiscal year's revenue amounts and percentages from each source:		
REVENUE TYPE	AMOUNT	PERCENTAGE
Fees	\$	%
Federal	\$	%
State	\$	%
County	\$	%
Town	\$	%
Grants (Include CARES Act funds)	\$	%
ARPA Funds	\$	%
Corporate Gifts	\$	%
Special Event Revenue	\$	%
Health Insurance Reimbursements	\$	%
Individual Donations	\$	%
Municipal Warrants	\$	%
Other (Please specify):	\$	%
Total Revenue	\$	%

Percentage of revenue for services vs. overhead:	%
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What specific steps is your agency taking to increase revenue?

Total Budget	\$
Total Expenses	\$

Value of donations given by Brentwood residents:	\$
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Application Submitted by:

Signature

Date

Print Name

Title

FOR INTERNAL USE			
APPLICATION REC'D BY:	FUNDING AMOUNT GRANTED: \$	REQUEST LETTER REC'D: <input type="checkbox"/> YES <input type="checkbox"/> NO	FUNDING RELEASED: <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE:	DATE:	DATE:	DATE: