**CHARTERED BY**

**NEW HAMPSHIRE**

**AUGUST 20, 1761**

Town of Weathersfield

**Post Office Box 550**

**Ascutney, Vermont 05030-0550**

Telephone: [802] 674-2626 E-mail: townmanager@weathersfield.org

Facsimile: [802] 674-2117 Website: weathersfieldvt.org

**CHARTERED BY**

**NEW YORK**

**APRIL 8, 1772**

*Office of the Town Manager*

**Date:** August 29, 2022

**To:** Social Service Agencies

**From:** Brandon Gulnick, Town Manager

**Subject:** Annual Social Service Agency Requirements

Fiscal Year 2022 ended on June 30th, 2022.

We are no longer requesting Annual Reports from social service agencies. Instead, we require that “succinct descriptions” of agency programs be emailed to us for publication in the Town Report.

Social service agencies requesting appropriations under this policy are each year required to submit a succinct description (via an attachment to an email) of the agency’s programs for inclusion in the Town Report by the date specified by the Town Manager. Descriptions must be limited to one or two sentences totaling 60 words or less and should describe the program or services provided to Town of Weathersfield residents. If the agency has a web site, the description should include the address of the web site. **Failure to submit a description by the date specified will disqualify the agency from being included in the Select Board’s budget proposal.**

All “succinct descriptions” must be received no later than noon on October 14th, 2022.

Also due by October 14th are your requests for continued funding. Please see the requirements for requesting continued funding in the enclosed *Social Services Policy* (Last Adopted September 5, 2017).

All “succinct reports” and requests for continued funding must be submitted in **electronic format** to Susanne Terrill at weathersfield@weathersfield.org.

Please do not hesitate to call Susanne Terrill at 802-674-2626 should you have any questions about our submission requirements or to confirm that she has received your email (if you do not get an email response from her stating she has received your email).

Please contact me should you have any questions about our *Social Services Policy*.

TOWN OF WEATHERSFIELD

NONPROFIT REQUEST FORM

**Organization Information**

Organization Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Information**

Funding amount requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scope of services to be provided to Weathersfield Community members:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Total Clients Served Annually:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Weathersfield Residents Served Annually: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach ONE copy of the following information:**

1. 501(c)(3) IRS Determination Letter

2. Most recently completed IRS 990 or 990EZ

3. Most recently reconciled fiscal year Profit/Loss and Balance Sheet Statements

4. Current fiscal year operating budget

5. Current listing of Board/Trustee members

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town Personnel Accepting: Date Received in Town Office

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