

**Sullivan County**  
**Grant Application Instructions**

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**A. General Information**

1. Completed applications are due to the Board of Commissioners' Office no later than **12:00 PM Noon on Friday, March 12, 2021.**
2. Similar forms may be used to substitute for Form 2 (statistics), Form 3 (goals/objective), and Form 4 (budget). If other forms are used, they must contain all requested information in a clear and understandable format.

**B. Support Material:**

One copy of the following material must be attached to the grant application:

1. Organizational chart and list of names and contact information for all current board members.
2. Salary schedule for all staff positions for the current and proposed fiscal year.
3. Detailed budget showing actual income and expenses for the past completed fiscal year.
4. Detailed budget for the current fiscal year showing total budget for the year, actual income and expenses to date, accounts receivable and payable, and fund balance.
5. Narrative statement explaining significant differences (if any) between current and proposed budgets.
6. Copy of most recent financial audit.
7. Copy of your tax-exempt status letter from the Department of Treasury (if not already on file at the County Office).
8. Copy of Organizational mission statement.
9. Narrative explaining the specific use(s) of the County grant funds (see criteria listed in County Grant Policy).

**SULLIVAN COUNTY  
14 MAIN STREET  
NEWPORT NH 03773**

**PROPOSAL FORM 1**

**1. Organization:  
Address:**

**Primary Contact:  
Email Address:**

**Phone:**

**2. Fiscal Year:**

**3. Date Organization Was Formed:                      IRS Tax Exempt Number:**

**4. Are Finances Audited?                      YES                      NO  
If yes, Last Fiscal Year Audited:                      Name of Auditor:**

**5. Previous 3 Years' Requests & Appropriations from Sullivan County:**

YEAR	AMOUNT REQUESTED	AMOUNT RECEIVED

**6. List all programs operated by your agency. Be consistent and maintain the same letter for the same program throughout this proposal. For each program, indicate any funds received this year and requested next year from Sullivan County.**

	PROGRAM	CURRENT RECEIVING	REQUESTING
A.			
B.			
C.			
D.			
E.			
F.			
TOTAL			

**SULLIVAN COUNTY  
PROPOSAL FORM 2**

**1. Organization:**

**2. Indicate all towns (inside and beyond Sullivan County) where your programs are available, and the number of people served -- by town and program -- in the past year:**

Municipality	Number of People Served (by Program)					
	A	B	C	D	E	F
Acworth						
Charlestown						
Claremont						
Cornish						
Croydon						
Goshen						
Grantham						
Langdon						
Lempster						
Newport						
Plainfield						
Springfield						
Sunapee						
Unity						
Washington						
Other						

**3. Does your organization serve the entire county?      YES              NO**

**4. What other organizations provide similar programs in the county?**

**SULLIVAN COUNTY**

**PROPOSAL FORM 3**  
**Instructions for Goals and Objectives Chart**

Please complete a Goals and Objectives chart for each program for which County funds are requested (see example below). Language should be clear and understandable. Refrain from using jargon familiar to your program only.

A Goal is the end result that the program is trying to achieve. It is a description of the intended change in a condition or situation and its effects on the people.

An Objective is a short-term accomplishment to bring about the goal. Objectives should be:

- Specific, quantifiable and measurable
- Time referenced
- Realistic and attainable
- Compatible with goal

The purpose of having goals and objectives is to:

- Identify and define desired changes (not simply continuance of status quo).
- Make possible clear definitions of accountability.
- Make possible measurement of program and organizational effectiveness.
- Focus attention on end results rather than on activity.
- Stimulate creative thinking.
- Provide a sense of direction.
- Provide a basis for rational utilization of scarce resources.

***Example:***

Program Objectives For Next FY	Program Objectives & Accomplishments To Date	Program Objectives & Accomplishments Last Year
<p><i>1. To serve one home meal per day 5 days per week to an average of 35 home bound people during the year (9100 meals)</i></p>	<p><i>Same objective for 32 people. Served average of 30 people per day in first 2 months of FY 95.</i></p>	<p><i>Same objective for 28 people (7280 meals). 7300 meals actually serviced.</i></p>
<p><i>2. To telephone daily by volunteers all known and verified isolated, home-bound people in order to ensure their safety during the program year. (12 individuals, 12 volunteers, 4368 telephone calls anticipated)</i></p>	<p><i>Same objective for 6 people/volunteers/2190 calls. Service started in Dec. 1994, 6 volunteers recruited, 2 people enrolled.</i></p>	<p><i>Service not provided</i></p>

**SULLIVAN COUNTY  
PROPOSAL FORM 3**

**GOALS & OBJECTIVES CHART**

**Organization:**

**Program:**

**Program Goal:**

Program Objectives For Next FY	Program Objectives & Accomplishments To Date	Program Objectives & Accomplishments Last Year

**SULLIVAN COUNTY  
PROPOSAL FORM 3**

**GOALS & OBJECTIVES CHART**

**Organization:**

**Program:**

**Program Goal:**

Program Objectives For Next FY	Program Objectives & Accomplishments To Date	Program Objectives & Accomplishments Last Year

PROPOSED BUDGET FOR FISCAL YEAR 20 ____	GRAND TOTAL	MANAGEMENT & SUPPORT	PROGRAM TOTAL	PROGRAMS					
BY PROGRAM & MANAGEMENT	1	2	3	A	B	C	D	E	F
<b>REVENUES</b>									
1 Sullivan County									
2 Government Grant:									
3 Government Grant:									
4 Government Grant:									
5 Client Paid Fees									
6 Fees Paid By Other Than Client									
7 United Way									
8 Foundations									
9 Sale of Material									
10 Contributions, Dues, Special Events									
11 Investment Income									
12 Other:									
13 TOTAL REVENUE (Add 1 through 12)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>EXPENSES</b>									
14 Salaries									
15 Employee Benefits									
16 Payroll Taxes									
17 Professional Fees									
18 Supplies									
19 Telephone									
20 Postage									
21 Occupancy									
22 Equipment									
23 Printing									
24 Travel									
25 Conferences, Meetings									
26 Insurance									
27 Staff Development									
28 Other:									
29 TOTAL EXPENSES (Add 14 through 28)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30 MANAGEMENT EXPENSES (line 29, col. 2) Distributed To Programs									
31 GRAND TOTAL: PROGRAM EXPENSES (Total Lines 29 and 30)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**SULLIVAN COUNTY  
PROPOSAL FORM 5**

If funding is allocated by Sullivan County, we agree to supply the following:

1. Quarterly financial statements including total budget, year-to-date expenses and revenue, and fund balance;
2. Quarterly statistical program report;
3. A written update of any major program, staff, or financial change.

We understand that funding from Sullivan County is contingent upon appropriation by vote of the County Delegation and subject to the above terms and the County Grant Policy. We understand that the County fiscal year is July 1 to June 30.

We understand that approved payments will be made quarterly contingent on the County receiving specific documentation from our program that indicates said funds were used to substantiate specific programs.

We also understand that approved quarterly payments will only be released upon receipt of a bill from our organization and that the fourth quarter invoice and documentations must be received by the Commissioners' Office within the fiscal year ending June 30, 2022.

\_\_\_\_\_  
Signature and title of person preparing this proposal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Board Chair or President

\_\_\_\_\_  
Date