



## Grant Application Process

Thank you for expressing your interest in attaining a Sullivan County grant application. As indicated in our recent ad, the deadline for the applications is **4:00 p.m., Friday, March 14, 2014.**

All organizations who have submitted a completed application will have an interview with the Board of Commissioners, the Executive Finance Committee of the Sullivan County Delegation and the County Manager. We will advise you of your appointment in writing.

During your interview, you will have the opportunity to provide a brief overview of the program and your organization. The panel may require additional information. Any material requested, should be submitted promptly.

County grants are just one part of the County budget. Once the interviews are completed, and the Board of Commissioners has reviewed the County Manager's recommendations for the entire County budget; a Public Hearing will be held to present the Board of Commissioners budget to the Full Sullivan County Delegation. This hearing will be posted at least three days in advance.

The Delegation reviews and then deliberates the budget during their County Convention, with the final budget decisions published in the Eagle Times. Additionally, you will be notified by mail.

Please contact the Commissioners' Office 863-2560 if you have any questions.

**SULLIVAN COUNTY**  
**INSTRUCTIONS FOR APPLICANT ORGANIZATIONS**

**A. GENERAL INFORMATION**

1. Please return this application by: **MARCH 14, 2014, FRIDAY, 4 PM.**
2. Thirteen copies of all forms must be returned on white paper.
3. Other 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.
4. County grant funds will **NOT** be used for any type of administrative services without the approval of the County Commissioners and the Executive Finance Committee.
5. **Under no circumstances** should County grant funds be used for meals, alcohol and conferences.
6. **This application must be fully completed or it will not be considered.**

**B. SUPPORT MATERIAL: One copy of the following material must be included:**

- Names & addresses of all board members, offices.
- Current and proposed salary schedule for all employee positions for the current fiscal year and the proposed fiscal year.
- Detailed budget profile showing actual income and expenses for the past completed fiscal year.
- Detailed budget profile for the current fiscal year showing total budget for the year, actual income and expenses to date, accounts receivable and payable, and fund balance.
- Narrative statement explaining significant differences (if any) between current and proposed budgets.
- Copy of your tax exempt status letter from the Department of Treasury if not already on file at the County Office.
- Copy of your most recent financial audit.
- Organization chart.
- Organizational mission statement.
- Narrative statement explaining the specific use(s) of the County grant funds.

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

**PROPOSAL FORM 1**

1. ORGANIZATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_
2. YOUR ORGANIZATION'S FISCAL YEAR: FROM: \_\_\_\_\_ TO: \_\_\_\_\_
3. DATE YOUR ORGANIZATION WAS FORMALLY FORMED: \_\_\_\_\_
4. ARE YOUR FINANCES AUDITED? \_\_\_\_\_ LAST FISCAL YEAR AUDITED:  
BY WHOM? \_\_\_\_\_
5. WHAT IS YOUR IRS TAX EXEMPT NUMBER? \_\_\_\_\_
6. YOUR PREVIOUS 3 YEAR'S REQUESTS & ALLOCATIONS FROM SULLIVAN COUNTY:

YEAR	AMOUNT REQUESTED	AMOUNT ALLOCATED

7. Please list all programs operated by our agency in the lettered space below. Please be consistent and maintain the same letter for the same program throughout this proposal. Also indicate the amount of money you are receiving this year and requesting next year from Sullivan County for each program.

	PROGRAM	RECEIVING THIS YEAR	REQUESTING FOR NEXT YEAR
A.			
B.			
C.			
D.			
E.			
F.			
TOTAL			

# SULLIVAN COUNTY

## PROPOSAL FORM 2

**1. ORGANIZATION:**

**2. Please indicate all towns (inside and outside Sullivan County) where your programs are available and the number of people served by town and program during the past year.**

Towns / city	NUMBER OF PEOPLE SERVED BY PROGRAM(s)					
	a	b	c	d	e	f
Acworth						
Charlestown						
Claremont						
Cornish						
Croydon						
Goshen						
Grantham						
Langdon						
Lempster						
Newport						
Plainfield						
Springfield						
Sunapee						
Unity						
Washington						

**3. Does your organization serve the entire county?**

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

**SULLIVAN COUNTY**  
**INSTRUCTIONS - PROPOSAL FORM 3**  
**INSTRUCTIONS FOR GOAL AND OBJECTIVE CHART**

Please complete a Goals and Objectives chart for each program for which County funds are requested. Language should be clear and understandable. Refrain from using jargon familiar to your program only. *An example is shown on page six.*

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

An objective is a short-term accomplishment to bring about the goal. Objectives are:

- Quantifiable/measurable
- Time referenced
- Realistic/attainable
- Specific
- Compatible with goal

The purpose of having goals and objectives are to help:

- Identify and define desired changes and improvements, 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 activity.
- Stimulate creative thinking.
- Provide a sense of direction.
- Provide a basis for rational utilization of scarce resources.

**SULLIVAN COUNTY**  
**PROPOSAL FORM 3**  
**GOAL AND OBJECTIVE CHART**

**ORGANIZATION:** \_\_\_\_\_ **PROGRAM:**

**PROGRAM GOAL:**

PROGRAM OBJECTIVES NEXT (APPLICATION) YEAR FY	PROGRAM OBJECTIVES & ACCOMPLISHMENTS TO DATE THIS YEAR FY	PROGRAM OBJECTIVES & ACCOMPLISHMENTS LAST YEAR FY

**SULLIVAN COUNTY COMMISSIONERS**

**PROPOSAL FORM 3**

**GOAL AND OBJECTIVE CHART**

**ORGANIZATION:** \_\_\_\_\_ **PROGRAM:**

**PROGRAM GOAL:**

PROGRAM OBJECTIVES NEXT (APPLICATION) YEAR FY	PROGRAM OBJECTIVES & ACCOMPLISHMENTS TO DATE THIS YEAR FY	PROGRAM OBJECTIVES & ACCOMPLISHMENTS LAST YEAR FY
<p>1. <i>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>2. <i>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 32 people. Served average of 30 people per day in first 2 months of FY 95.</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>Same objective for 28 people (7280 meals). 7300 meals actually serviced.</i></p> <p><i>Service not provided</i></p>

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)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

