

Town of Lamoine
Application for Outside Agency Funding
Submission Deadline November 30, 2011

Organization Name	
Mailing Address	
City, State, Zip	
Contact Person	
Telephone Number(s)	
E-mail address	
Tax Identification Number	
Amount of Funding Sought (limit \$600*)	
Date of Application	

Please provide the following information (use separate sheet or submit additional materials if necessary):

1. Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought.
2. State the General Purpose of your organization
3. Outline other fundraising efforts by your organization
4. Please attach a copy of your organization's most recent operating budget

You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded.

I certify that the above and attached information about my organization is true to the best of my knowledge.

Signature

Date

Printed Name

For Town of Lamoine Use Only

Date Application Received	
Application Reviewed By	

Application is complete incomplete does not meet policy criteria

Application is forwarded to Budget Committee for recommendation

Forwarded to Selectmen for inclusion in Town Meeting Warrant

Rejected (reason _____)

Recommended Funding Level: Budget Committee:

Selectmen

**Limit does not apply to library & recreation services*