

# BUDGET REQUEST FORM FOR SUPPORT ORGANIZATIONS FY 2024-2025

All requests must be made on this form and returned to the **Town of Boothbay Harbor, 11 Howard Street, Boothbay Harbor, Maine 04538, or email to [eholmes@boothbayharbor.org](mailto:eholmes@boothbayharbor.org) by January 3, 2024.** Please submit this form with a copy of your organization's most recent audit report and your proposed budget for the upcoming year. If you have any questions, please call us at 633-3671.

Name of organization: \_\_\_\_\_ Amount of Request \$ \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_ Type of Corporation: \_\_\_\_\_

Number of paid employees in the organization: \_\_\_\_\_ Number of volunteers: \_\_\_\_\_

List the top three corporate officers and annual gross salary:

NAME	POSITION	GROSS SALARY	HOURS WORKED
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

List top three paid employees and annual gross salary:

_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

How long has your organization been serving Boothbay Harbor? \_\_\_\_\_ Number of residents served last year? \_\_\_\_\_

What is your organization's total budget for this period: \$ \_\_\_\_\_ Amounts received from the following towns:

	AMOUNT RECEIVED IN FY 2023	AMOUNT REQUESTED in FY 2024
Boothbay	\$ _____	\$ _____
Edgecomb	\$ _____	\$ _____
Southport	\$ _____	\$ _____
Total federal and state funds	\$ _____	\$ _____

I ATTEST THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE.

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

Print Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_