

SOCIAL SERVICE AGENCY  
REQUEST FOR FUNDING QUESTIONNAIRE

Please complete the following questionnaire and return to the Town of Sedgwick, Attn: Barbara, P.O. Box 40, Sedgwick, Maine 04676.

Only those agencies returning this completed form will be considered for funding. The deadline to file is December 31, 2023. After the Town receives this information, you will be contacted with a date and time to meet with the Board of Selectmen and Budget Committee to discuss your request if we feel it is needed. Please have a representative familiar with your organization available for this meeting if it is requested.

Thank you for your time filling out this questionnaire.

\_\_\_\_\_

Amount requested for 2024-25 \_\_\_\_\_

Name of agency \_\_\_\_\_

1. Address \_\_\_\_\_

\_\_\_\_\_

2. Executive director \_\_\_\_\_

3. Contact Person \_\_\_\_\_

4. Contact Number (s) \_\_\_\_\_

5. Email \_\_\_\_\_

6. Description of services agency provides \_\_\_\_\_

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

7. Describe fee structure \_\_\_\_\_

\_\_\_\_\_

8. Total of clients served for current year \_\_\_\_\_

9. Total number of unduplicated Sedgwick residents listed by types of service:

Type of Service	Number served
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_____	_____
_____	_____
_____	_____

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10. Funding sources for program:

Source \_\_\_\_\_ Received 2023 or latest ending year

Federal \_\_\_\_\_

State \_\_\_\_\_

County \_\_\_\_\_

Fees \_\_\_\_\_

Private Insurance \_\_\_\_\_

United Way \_\_\_\_\_

Municipal – please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total: \_\_\_\_\_

11. We also request a copy of your Agency's most recent annual audit/financial statement.

Note: Please do not send any other material for the budget process. We do welcome handouts in our General Assistance program if you would like to provide them.