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TO: Social Service Agencies Serving the Town of York  
FROM: Wendy Anderson, Town Finance Department  
Pat Conner, Municipal Social Services Review Board  
DATE: Fall 2024  
RE: Applications for support for FY2026

Thank you for your interest in funding from the Town of York for the fiscal year that begins July 1, 2025 – June 30, 2026.

The Town of York uses a Funding Request Form and Funding Guidelines to review applications for support for social services. Copies are attached. Please include a short letter (2-3 pages), with the cover sheet, to help the Municipal Social Services Review Board understand your agency's request and present your proposal to the Budget Committee and the Selectmen. Your letter should address the questions in the Funding Guidelines.

Please also include some background information such as the agency's purpose, the year of incorporation and current services, a copy of the agency's current budget and the most recent audited financial statement, a list of the board of directors and the names and telephone numbers of two York citizens who can serve as references.

If the agency received support from the Town in FY25, this letter should also serve as a report on the use of town funds.

Applications should be sent to Kristine Cartier, Finance Department, Town of York, 4 Market Place Drive, York, Maine 03909. **All proposals must be received at Town Hall by 4:30 pm, Friday, October 18, 2024.** The Board is not able to review late or incomplete proposals.

If you have questions, please call Kristine Cartier at 207-363-1004.

FY 26 Funding Request Form  
Town of York  
FY 26 (July 1, 2025 – June 30, 2026)

**Application must include form 990**

Name of Agency: \_\_\_\_\_

Address of Agency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Amount Requested this period (FY26): \$ \_\_\_\_\_

Town of York funds received (FY25): \$ \_\_\_\_\_

1. Number of York Citizens Served

- ..... Direct Services Provided
- ..... Number of York residents served in each Program
- ..... Include Prevention and Education

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Does your agency work with Town Departments- Identify

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Financial Stability of the Organization

- ..... Provide last audited financial statement
- ..... Must include 12-month profit and loss statement

## FY 26 Funding Request Form - Continued

4. How Important is Town funding to the organization?

..... Is York Town funding used for specific services, if so please describe

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5. Does your agency leverage Town funds?

..... If so, please describe, include matching funds, grants etc.

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6. What is the dollar value of services provided to York Residents?

..... How is the dollar value of services calculated? Please be specific.

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