

# TOWN OF CONWAY

## Non-Profit Funding Request - Budget Information Form

Applicant	
Agency	
Principal	
Address	
Contact	
Person	Phone#

Amount Requested from Town of Conway:

Current Year	
Last Year	
2 Years Ago	

**This form must be filled out in its entirety. You may attach your line item budget; however, it must include all of the information requested on this form. The policy of the Budget Committee is to request salary information for the top three earners in your organization. Failure to do so may affect the vote of the committee members. In addition, proof of non-profit status must be submitted with the completed form.**

Describe in general (50 words or less) the services of your agency. In addition, if you have added or deleted any service(s) since last year's application, describe those services in detail. Specifically indicate what the town funds will be used for

[illegible]

Does your organization receive a Town of Conway Real Estate Tax Exemption or Abatement?  
Yes \_\_\_\_\_ No \_\_\_\_\_.

If yes, include tax dollar value of the exemption or abatement \$\_\_\_\_\_.

<b>EXPENSES</b>	<b>2024</b>	<b>2024</b>	<b>2025</b>	<b>2025</b>	<b>2026</b>
	Actual Budget	Actual Expenses	Actual Budget	Actual Expenses	Proposed Budget
Personnel/Salaries					
Employee Benefits					
FICA/Unemployment, etc					
Audit/Legal Expenses					
Education/Training					
Travel/Lodging					
Utilities/Electric/Heat					
Telephone					
Mortgage/Rent					
Payment in Lieu of Taxes					
Conway Property Tax					
Equipment					
Postage					
Advertising/Signs					
Volunteer Program Expenses					
Other/Misc					
<b>TOTAL</b>					
<b>INCOME</b>	<b>2024</b>	<b>2024</b>	<b>2025</b>	<b>2025</b>	<b>2026</b>
	Actual Budget	Actual Income	Actual Budget	Actual Income	Proposed Budget
Other Towns					
County					
State/Federal					
Donations					
Grants					
Client Fees/Contributions					
Other Fees					
Town of Conway					
<b>TOTAL</b>					

## SALARY DETAIL

Salary information should be provided for the top three earners of your organization. Following each position title place an “F” for full time or a “P” for part time. If you identified contract employees in your expense statement, identify types of service they provide.

<b>Position</b>	<b>\$ Value of Benefits</b>	<b>Total Compensation</b>
	<b>TOTAL</b>	

Number of clients served (Conway) % \_\_\_\_\_

Number of clients served (other) \_\_\_\_\_

Fiscal year on which agency operates is \_\_\_\_\_ to \_\_\_\_\_

I certify that the above information is true and accurate to the best of my knowledge and belief, and that I am duly authorized by the requesting agency to represent them as their agent.

Agency Name

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Signature

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Print Name & Title

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Date