

HANCOCK COUNTY BUDGET QUESTIONNAIRE

For 2023 Budget / Deadline: August 22, 2022

Organizations requesting funds from Hancock County must complete the following questionnaire in order to provide the County Commissioners and Budget Advisory Committee members with background information. Please answer in the space provided; additional sheets of paper may be attached if needed.

STRUCTURE OF THE ORGANIZATION

BASIC INFORMATION:

Organization: _____

Address: _____

Phone Number: _____ Fax Number: _____

Contact Person: _____

SERVICES:

Describe the types of services your organization provides. Be sure to include a general overview of the services, as well as a directed synopsis of those services or activities that directly benefit or affect Hancock County.

Please indicate, by town, the number of individuals served by your organization during the last fiscal year.

GOVERNING BODY:

Describe the governing body of your organization; include the names and affiliations of those who serve on the board of directors, steering committee, etc.

FINANCES:

Please indicate your organization's total operating budget for fiscal year **2022** as well as the term of your fiscal year. Then, please detail the sources and amounts of funding your organization receives.

Total Operating Budget: _____

Fiscal Year: From: _____ To: _____

Sources and Amounts of Funding:

Local: _____

County: _____

State: _____

Federal: _____

Private: _____

Other: _____

REQUEST FOR FUNDING.

RATIONALE: Please explain why your organization is requesting funds from Hancock County.

AMOUNT OF FUNDING REQUESTED:

Please indicate the amount of funds requested for next year’s budget, and the amount of funds your organization has received from Hancock County for the past ten (10) years.

Funds requested for 2023: _____

Past funds received:

2022: _____

2017: _____

2021: _____

2016: _____

2020: _____

2015: _____

2019: _____

2014: _____

2018: _____

2013: _____

EXPENDITURES OF FUNDS: Please describe how the funds from Hancock County will be spent by your organization. If your plans for next year are different from past plans, please note the changes.

I, the undersigned, certify that all of the information contained within this questionnaire is accurate.

(Authorized Signature)

Date: _____

***Please return fifteen (15) copies of your completed questionnaire to:
Hancock County Commissioners
Att: Monica Cease, Treasurer
50 State Street, Suite 7
Ellsworth, Maine 04605***

***To ensure your request will be considered,
please return this form by August 22, 2022!!***