

**Community Service Organization Application**

**Deadline for Submittal: December 31st (current fiscal year)**

Date \_\_\_\_\_

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Person and telephone number

\_\_\_\_\_  
Contribution Requested:

\_\_\_\_\_  
Proposed use of funds received:

\_\_\_\_\_  
Name of director or coordinator

\_\_\_\_\_  
Address and phone number

\_\_\_\_\_  
Number of paid staff workers, regardless of hours

\_\_\_\_\_  
Number of volunteers, regardless of hours

\_\_\_\_\_  
Approximate number of volunteer hours contributed for Smithfield

\_\_\_\_\_  
Number of people served in Smithfield

**Note:** please count people served only once irregardless of the number of times your agency  
may have provided service to any individual

**TOWN OF SMITHFIELD**

**Your may attach financial document from audit**

Most Recent Completed  
Year Audit

Proposed  
Budget

**INCOME:**

Fees from clients		(year)		(year)
Contributions from				
Individuals				
Businesses				
Other charitable agencies				
Government funding from				
Federal				
State				
Towns & Cities (please list):				
Other (please specify)				
Endowment income				
Income from trust or bequest				
Events net of costs				
Other income (please specify)				

**TOTAL INCOME:**

**Expenses:**

Salaries, benefits, employer taxes				
Rent or mortgage, maintenance				
Insurances				
Office supplies, postage, telephone				
Heat and electricity				
All travel costs				
Training				
Cost of food and goods delivered				
Other administrative expenses				
Coontingencies and or depreciation				
Other _____				

**TOTAL EXPENSES**

**NET GAIN OR (LOSS):**

1. Statement of purpose or mission statement:

