Town of Fayston Policy on Non-Profit Agency Funding

Section 1: Title and Authority

Under Vermont law (24 V.S.A. § 2691), a town may appropriate such sums of money as it deems necessary for the support of programs and agencies that provide services to town residents.

The purpose of this Policy on Non-Profit Agency Funding is to establish procedures for managing requests for such appropriations.

Section 2: Eligibility

To be eligible for an initial or ongoing appropriation, organizations must demonstrate that they:

- Are a nonprofit, community-based social service provider that delivers services to Fayston residents.
- State the approximate number of Fayston residents who received services from the organization during the previous year.
- Be incorporated as a nonprofit organization and registered with the State of Vermont (unless exempt).
- Have a Federal Employer Identification Number (EIN).

Section 3: Timing

All programs and agencies seeking financial support from the Town of Fayston must submit the following:

- An annual report suitable for inclusion in the Fayston Town Report.
- A completed Request for Non-Profit Agency Funding, (See form below)
- A specific dollar amount requested for the upcoming calendar year (January 1 – December 31).

All required documents must be received by the Selectboard no later than December 1 of the year preceding the requested funding.

Failure to submit all required materials by the deadline will make the request ineligible for inclusion on the Town Meeting Warning.

Section 4: Requests for $1,000 or More

Any funding request **exceeding $1,000** shall be presented as a separate article on the Town Meeting Warning and must be approved by the registered voters of the Town of Fayston.

For organizations previously approved by the voters, any future funding request that exceeds **a 10% increase over the prior year's approved appropriation** shall again be presented as a separate Town Meeting article for voter approval.

Annual Non-Profit Funding Process

Question/Action	Outcome
Submit a completed Charitable Organization Funding Request Form, Annual Report, and requested funding amount by **December 1**.	Application is reviewed for eligibility.
Is the funding request $1,000 or less?	If **yes**, the request may be considered during the annual budget process by the Selectboard.
Is the funding request more than $1,000?	If **yes**, the request must be placed as a separate article on the Town Meeting Warning for voter approval.
Was the request approved by the voters?	If **yes**, funding is approved for the upcoming fiscal year.
Is the funding request over $1,000, and is the requested amount more than 10% higher than the previously approved appropriation?	If **yes**, the request must again appear as a separate article on the Town Meeting Warning for voter approval.
Was a request over $1,000 denied by the voters?	To seek funding again, the organization must submit a petition signed by at least **5% of Fayston's registered voters** to have the request placed on a future Town Meeting Warning as a separate article.(See sample below)
Annual Requirement	Every organization requesting funding must submit a new Charitable Organization Funding Request Form, Annual Report, and requested funding amount by **December 1**, regardless of prior approvals.

SAMPLE

Petition of Legal Voters of the Town of Fayston

We, the undersigned legal voters of the Town of Fayston, hereby petition the Selectboard to include the following funding request in the Donations section General Fund budget for the annual town meeting to be held on Tuesday, March _, 20__.

Shall the town appropriate $[insert amount of request] to [insert name of social service agency], for [insert brief description o/ the purpose of the proposed appropriation] in accordance with 24 V.S.A. S 2691?

Print Name	Physical Street Address	Signature

Town of Fayston
Request for Non-Profit Agency Funding

Calendar Year Requested: _____

Organization Information

Organization Name: _____
Mailing Address: _____
City, State, Zip: _____
Website: _____
Federal EIN: _____
Vermont Non-Profit Registration Number (if applicable): _____

Contact Information

Program Name: _____
Primary Contact: _____
Title: _____
Telephone: _____
Email: _____

Eligibility:

1. Individuals Served

Total number of individuals served during the previous fiscal year:_____

Number of Fayston residents served:_____

Please attach documentation supporting this number.

2. Funding Request

Amount Requested: $_____

Total Program Budget: $_____

Percentage of the total program budget requested from the Town of Fayston: _____ %

3. Mission Statement

Please attach or describe your organization's mission.

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4. Purpose of Request

Funding will be used to:

☐ Maintain an existing program
☐ Expand an existing program
☐ Start a new program

5. Previous Town Funding

Has your organization previously received funding from the Town of Fayston?

☐ Yes
☐ No

If yes:

Is this request greater than your previous Fayston appropriation?

☐ Yes
☐ No

If yes, explain the reason for the increase.

Program Information

Statement of Need

Describe the community need your program addresses. Include statistical information when available and explain how the need affects Fayston residents.

Program Description

Describe the program and identify:

- Who will be served.
- The estimated number of Fayston residents who will benefit.
- Any eligibility requirements.

How do you make the program known to the public and accessible to all eligible participants?

Program Funding

Use of Town Funds

Describe specifically how Town funds will be used.

Other Funding Sources

List other municipalities, organizations, foundations, or grant programs from which you have requested funding.

Funding Source Amount Requested Status

If funding is reduced or unavailable, explain how the program would be modified.

Organizational Capacity

Organizational Experience

Describe your organization's history, experience, staffing, and ability to provide the proposed services.

Measuring Success

Describe how you will evaluate the success of the program, including:

- What information will be collected.
- How it will be collected.
- Who will provide the information.
- When it will be collected.

Program Evaluations

Please summarize or attach any program evaluations completed within the last two years.

Strategic Planning

Does your organization have a current strategic plan?

☐ Yes
☐ No

If yes, please attach a copy.

Board Information

Authorized size of Board of Directors:

Number of Board meetings held during the previous year:

Required Attachments

Please include the following with your application:

☐ Annual Report
☐ Current Operating Budget
☐ IRS Determination Letter (if first-time applicant)
☐ Documentation of Fayston residents served
☐ Strategic Plan (if applicable)
☐ Most recent financial statement or audit (if available)

Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any funding awarded by the Town of Fayston is subject to the Town of Fayston Policy on Non-Profit Agency Funding and any conditions established by the Fayston Selectboard.

Applicant Signature: _____

Printed Name: _____

Title: _____

Date: _____

Adopted this 12th day of August, 2026

Selectboard for the Town of Fayston.

Chuck Martel- Selectboard Chair

Michael Jordan- Selectboard Member

Ronald Graves- Selectboard Member