

<p>Maynard Community Chest 2018 Funding Report</p>
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Date:

Organization Name:

Tax Exempt ID#:

Address:

Phone:

Email:

Website:

Name of Executive Director/Contact person for Agency:

Total Annual Organization Budget:

Please send electronically:

- completed review
- most current budget
- several hard copies of agency brochures, annual report or other materials, if available

To info@maynardchest.org

Review must be submitted by Friday, April 6, 2018.

Maynard Community Chest
P.O. Box 369 Maynard, MA 01754

Please note that in our evaluation review, we prioritize the following criteria, if applicable:

- Demonstrable knowledge of how your organization impacts the Maynard community
- Clearly articulated plans for how our funds will be used
- Impact of Maynard Community Chest funds on your organization
- Effort to evaluate your organization's programs and services
- Collaboration with the Maynard Community Chest throughout the year

Instructions

Please include the following information in the proposal review: (in 2-3 pages)

Programs:

- How, if applicable, your programs or services have changed in the past year
- The specific purpose and amount for which funding was used
- If funding use differed from the original proposal, please explain
- How programs particularly impact the Maynard community

Evaluation Process:

- Detailed methods for determining how your services are meeting the needs of the people in Maynard

Budget:

- How specifically funds from the Maynard Community Chest were allocated
- Itemized expenses (e.g. salaries, equipment, printing)
- Projected revenue, including all funding sources, and amounts for each source

Please complete the chart below. Written explanations are also welcome.

Services to Maynard

Town	Hours of Service	%	# People Served	%
Maynard				
All other Towns				
Total (2017)		100		100
Last Fiscal Year (Maynard only)				

Budget Report

Use the following budget as a template for submitting this report. If your organization already produces a formal budget, that is acceptable for submission.

Fiscal Year:

From _____ **To** _____

Income

Source	Last Year	Current Year	Next Year
Fee for Services			
Community Chest/United Way			
Federal Grants			
State Grants			
Local Grants			
Membership Dues			
Annual Fundraising			
Bequests			
Investment Income			
Other			
TOTAL			

Expenses

	Last Year	Current Year	Next Year
Salaries			
Benefits			
Building Expenses			
Rent			
Utilities			
Office Expenses			
Phone			
Supplies			
Audit			
Legal/other			
Capital Equipment			
Program Expenses			
Material/Supplies			
Transportation			
Postage			
Other			
TOTAL			

