

Town of Greensboro, Vermont

Appropriation Request Application — Fiscal Year 2028

(for submission to the Greensboro Selectboard / Budget Committee)

Submission deadline: Thursday, October 15, 2026

Authority under Vermont State statute:

The authority for making appropriations for social service agencies is in 24 VSA § 2691 as follows:

At a meeting duly warned for that purpose, a town or incorporated village may appropriate such sums of money as it deems necessary for the support of social service programs and facilities within that town for its residents. Social service programs, for which a town or incorporated village may appropriate sums of money, include, but are not limited to: transportation, nutrition, medical, childcare, and other rehabilitative services for persons with low incomes, senior citizens, children, disabled persons, drug and alcohol abusers, and persons requiring employment to eliminate their need for public assistance. The authority herein granted is not in derogation of other local powers to allocate funds.

Section A: Organization / Applicant Information

1. Name of Organization/Agency: _____
 2. Mailing Address: _____
 3. Physical Address (if different): _____
 4. Contact Person / Authorized Representative: _____
 5. Title / Role: _____
 6. Telephone: _____
 7. Email: _____
 8. Website (if any): _____
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Section B: Request Summary

9. Amount of Appropriation Requested: \$ _____

10. Purpose / Program(s) for which funds will be used:

11. Is this a new request or a renewal / continuation? ☐ New ☐ Renewal / Continuation

NOTE: New requests must be accompanied by a petition signed by 5% of Greensboro registered voters. Contact the Town Clerk for more details.

12. If renewal / continuation, amount received in FY 2026 (or most recent year):

\$ _____

13. If requesting an increase, please explain reason(s) for the increase. Note that only in unusual circumstances will requests for increases be granted.:

Section C: Service Area & Beneficiaries

14. Geographic area served (town, region, etc.): _____

15. Approximate number of individuals served in the last full year: _____

16. Of those, how many were Greensboro residents? _____

17. Types of services provided (check all that apply):

☐ Social services (food, counseling, transportation, etc.)

☐ Youth / children's programs

☐ Senior / elder services

☐ Cultural / arts / historic

☐ Environmental / conservation

☐ Other: _____

18. Describe how Greensboro residents benefit from your services:

Section E: Financial Information & Budget

19. Total operating budget of your organization (last full fiscal year): \$ _____

26. Do any funding sources require a municipal match or other local commitment?

☐ Yes ☐ No

If Yes, explain:

Section F: Reporting, Oversight & Accountability

28. If your organization has received municipal appropriations from Greensboro before, provide a report or summary of how those funds were used (attach as appendix).

29. Person(s) responsible for oversight and compliance within your organization:

Name: _____ / Title: _____

Contact: _____

Section G: Certification & Signature

I hereby certify that the information in this application is true, accurate, and complete to the best of my knowledge. If funds are granted, I agree to use them for the stated purpose(s) and to provide the required reports and oversight to the Town of Greensboro.

Signature: _____

Name (printed): _____

Title / Role: _____

Date: _____

Section H: Attachments (please indicate those included)

(Only for requests of \$500 or more)

- ☐ Audited financial statements (most recent year) or if no audit was conducted, financial statements prepared by the organization
- ☐ Organizational annual report or summary
- ☐ Letters of support or endorsements, if helpful