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FOUNDED DECEMBER 15, 1727  
CHARTERED JANUARY 1, 1991

TOWN OF NEWMARKET, NEW HAMPSHIRE  
OFFICE of the TOWN ADMINISTRATOR

## **Guidelines for Municipal Appropriations to Social Service Agencies**

### **Purpose**

Given the impact of state and federal funding reductions and relationship of current economic conditions to the community's ability to continue or increase its level of personal charitable giving, the Town has seen an increase in the number of requests and dollars requested by social service agencies which provide a variety of services to Newmarket and other residents in the region. As this activity has picked up, so has the need for a clear, well-defined policy to guide the budget allocation of the Town's limited resources.

### **General Concept**

As an underlying principle, the Town of Newmarket is prohibited from appropriating funds to make general charitable donations to deserving non-profit organizations. *Opinion of the Justices*, 88 N.H. 484 (1937) requires a 'quid pro quo' in that Town funds cannot be granted to a private organization unless that private organization takes on some obligation to benefit the Town; and, further, that the Town has some ability to enforce and obtain that benefit for the public. The decision regarding if and to whom Newmarket residents want to make charitable donations should be a private decision and not built into their tax rate. That said, the services provided by certain agencies may fill gaps in critical services that the Town of Newmarket would be obligated to provide through welfare or other general assistance laws if these agencies did not provide such relief.

### **Policy Statement**

Municipal appropriations to social service agencies will be awarded because there has been a clear demonstration that the agency provides a critical service to Newmarket residents that the Town would otherwise need to cover through providing these services itself, or as a municipal welfare function. As a broad guideline, the municipal welfare function will be defined as providing the necessities of life that an individual, for whatever reason, is unable to pay for.

To demonstrate their eligibility for a municipal appropriation from the Town of Newmarket, requesting agencies will be required as a critical component of the application form: to address in a 1-2 page narrative that they meet ***all*** of the following 5 criteria –

1. The agency serves a core group of Newmarket residents;

2. The agency provides a service that the Town of Newmarket would otherwise be obligated to provide either directly as a Town service or would need to pay for through its municipal welfare function;
3. The services provided by the agency directly or indirectly reduce Town expenditures;
4. The agency must clearly demonstrate a financial need; and
5. The services provided by the agency demonstrably enhance the quality of life in the Newmarket community.

### **Proposed Municipal Funding Application Process**

- Those agencies who are currently receiving municipal appropriations and any other agencies requesting information on securing a municipal appropriation will receive the current application form no later than early September. A copy of this form is attached.
- A completed funding application form must be submitted by the agency no later than the deadline as determined by the Town Administrator. Agencies submitting late or incomplete funding applications will not be considered as part of the Municipal Funding Application Process (regardless of when their request to be considered and/or an application form was received).
- Regardless of previous history of funding or non-funding, an application will be required of all agencies seeking funding in a particular budget year, and each application will be reviewed carefully each year.
- The Town Administrator will make an initial determination as to whether the agency satisfies the criteria necessary to be eligible for a municipal appropriation. If yes, Town Administrator will include the agency's funding request into the proposed municipal budget. If no, the request will not be factored into the proposed municipal budget presented to the Town Council by October 15. However, the text accompanying the proposed budget will highlight the reasons these requests do not appear in the proposed budget.
- All social service agency funding applications in their entirety will be presented to the Town Council as supplementary information. Agencies will be discouraged from sharing information not specifically requested in the application form such as glossy brochures, informational pamphlets, etc.; if received, these items will not be made part of the supplementary budget information provided to the Town Council.
- Representatives from all of the social service agencies requesting funding should be prepared to attend the appropriate meetings where the contributions will be discussed.
- After the Town Administrator presents his/her budget to the Town Council, the Council may determine an agency's request will be included in the Town Council's proposed budget to go to the Municipal Budget Committee.
- If the Town Council determines that a requesting agency does not meet the required criteria and denies its funding request, the agency has the option of pursuing a municipal appropriation through securing signatures of 25 registered Newmarket voters for a petitioned warrant article on the Town Meeting warrant.

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TOWN OF NEWMARKET, NEW HAMPSHIRE  
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**Request for Funding from Social Service Agencies  
for the  
Town's FY2015 Budget  
(July 1, 2015 – June 30, 2016)**

**\*\*\*All sections of this application form must be completed in their entirety, and the request must be received no later than September 19, 2014 at 12noon to be considered as part of the FY2016 proposed municipal budget – NO EXCEPTIONS! Please review your application carefully for completeness prior to submission. \*\*\***

Name of Organization Requesting Funding: \_\_\_\_\_

Organization's Fiscal Year (for example: Jan 1 – Dec 31 or Jul 1 – June 30)\_\_\_\_\_

Key Contact Person: \_\_\_\_\_

USPS Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

The specific amount of funding requested from the Town of Newmarket is:

\$ \_\_\_\_\_

Attach a statement no longer than a single page outlining your organization's mission, the specific programs provided, and who is served. Do not attach glossy brochures, multi-page pamphlets, etc.

Attach a copy of the most recent financial statements of the organization prepared by an independent firm or individual. Audited financial statements are preferred, but we understand that your agency may not be required to incur the expense of a full audit.

Describe how your agency serves a core group of Newmarket residents and who this core group is:

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Describe how your agency provides services that the Town of Newmarket would otherwise be obligated to provide if your agency did not provide these services to our residents:

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Describe how the services provided by your agency directly or indirectly reduce Town expenditures:

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Describe how this municipal appropriation is critical to the financial health and viability of your organization:

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Describe how the services provided by your agency enhance the quality of life for the Newmarket community:

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Does your organization receive funding from other municipalities? \_\_\_\_\_

If yes, list the other Towns or Cities that provide funding and the amount of funding provided – attach schedule, if needed:

<b>Name of Town or City</b>	<b>FY2012 Amount</b>	<b>FY2013Amount</b>	<b>FY2014Amount</b>

Please provide information on the number of Newmarket residents served relative to the total number of clients served in the table below. This information should be made available for each separate category of service or programs provided to Newmarket residents. If the size of the table below is not adequate, please provide an attachment with this same information.

<b>Program #1 Description:</b>	<b>This Year's Clients Served</b>	<b>Last Year's Clients Served</b>	<b>Clients Served 2 Years Ago</b>
Residents of Newmarket			
Residents of _____			
<b>Total Clients Served</b>			
<b>Program #2 Description:</b>	<b>This Year's Clients Served</b>	<b>Last Year's Clients Served</b>	<b>Clients Served 2 Years Ago</b>
Residents of Newmarket			
Residents of _____			
<b>Total Clients Served</b>			
<b>Program #3 Description:</b>	<b>This Year's Clients Served</b>	<b>Last Year's Clients Served</b>	<b>Clients Served 2 Years Ago</b>
Residents of Newmarket			
Residents of _____			
<b>Total Clients Served</b>			

Does the level of funding you are requesting from the Town of Newmarket relate to the actual services provided to the residents of Newmarket? If so, please describe how you arrive at the amount of funding you are requesting from the Town of Newmarket. If not, why not?

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Is the level of funding relative to the volume of services provided to Newmarket residents commensurate with the level of funding requested and received of other communities relative to the volume of services your organization provides to these other communities? If not, why not?

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For your agency's funding request to be considered, **complete** applications must be **received no later than Friday, September 19, 2014.**

Preferred delivery method is e-mail to [sfournier@newmarketnh.gov](mailto:sfournier@newmarketnh.gov)

Or you may mail or hand-deliver your request to:

Steve Fournier  
Town Administrator  
186 Main Street  
Newmarket, NH 03857