

Town of Madison
PO Box 190, Madison, ME 04950
207-696-3971

Social Services Appropriation Form

Name of Agency: _____

Mailing Address: _____

Contact Name: _____

Number: _____

Amount of Request: \$ _____

Historical Town support, if any:

Other funding sources & amount of funding: _____

What services will this funding help to provide?

Number of people served in our community? _____

References:
1) _____
2) _____
3) _____

Financials: Please attach a summary budget sheet itemizing agency revenues and expenditures and other relevant financial information about the agency.

Date submitted: _____