

**Town of Stowe**  
**Selectboard Community Appropriation Request Form**

Non-Profit Requesting Funds: \_\_\_\_\_

IRS Non-Profit ID#: \_\_\_\_\_

**If the organization does not have an IRS Non-profit ID#, please include other documentation demonstrating that you are not a for-profit.**

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Amount of funding requested: \_\_\_\_\_

Is this a new request:  Yes  No    Is this an increased request:  Yes  No

*\*If this is a new or increased request, a representative from your non-profit shall appear before the Selectboard during their budget development process.*

Approximate population served within the Stowe Community: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Services provided to Stowe that have a public benefit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intended Use of the Appropriation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Funding received from other municipalities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other funding sources: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_