

**Town of Jaffrey**  
**Request for Funding for Social Service Agencies**  
**for the FY 2026 Budget Year (January – December)**

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

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

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

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

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

I prefer that you use the following methods to contact me:      E-Mail      Phone      U.S. Mail

1. Attach a description of the organization outlining its mission, the specific programs provided, and who is served.
2. Attach a copy of the most recent reviewed financial statements of the organization. If audited financial statements are not available, attach unaudited financial statements with an explanation of why audited statements are not available.
3. The specific amount of funding requested from the Town of Jaffrey is: \$ \_\_\_\_\_
4. Describe how these funds will be used (attach statement if additional space is required):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Does the organization request funding from other municipalities? YES      NO  
*If yes, list the other Towns or Cities providing funding, the amount of funding requested and the amount of funding provided:*

Name of Town or City	FY2025 Requested	FY2025 Received	FY2026 Requested

6. Please provide the past five years' funding received from the Town of Jaffrey

2021	2022	2023	2024	2025

Is the 2026 request an increase from the previous year? YES NO  
*If yes, please explain the reasons for the increased funding request:*

---



---



---



---



---

7. Does the organization provide services to Jaffrey residents? YES NO

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

If you are unable to provide this information, please (a) attach a statement detailing why this information is not available; and (b) provide a statement on how your organization directly benefits the citizens of the Town of Jaffrey.

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

*For your application to be considered complete, please respond fully to the following questions:*

8. Does the level of funding you are requesting from the Town of Jaffrey relate to the actual services provided to the residents of Jaffrey? If so, please describe how you arrive at the amount of funding you are requesting from the Town of Jaffrey. (Attach statement if additional space is required):

---

---

---

---

---

---

---

9. Is the level of funding relative to the level of service provided to Jaffrey residents commensurate with the level of funding and level of service provided to other communities? If not, why not? (Attach statement if additional space is required):

---

---

---

---

---

---

---

10. What would be the impact to Jaffrey residents if the services provided by your organization were not available? (Attach statement if additional space is required):

---

---

---

---

---

---

---

For your organization's funding request to be considered, **complete** applications must be received no later than Friday, October 24, 2025. Applications should be mailed or delivered to:

Judy Zola  
Town of Jaffrey  
10 Goodnow Street  
Jaffrey, NH 03452

or via e-mail to [jzola@townofjaffrey.com](mailto:jzola@townofjaffrey.com)