

# Town of Wells, Maine



The Town of Wells is accepting requests for municipal support from social service agencies serving Wells residents for the 2025/2026 budget cycle. This will cover the period from July 1, 2026 through June 30, 2027. **Please answer all questions and attach additional sheets if necessary. Submission accepted between September 1, 2025 through October 15, 2025.** Submit the following electronic application packet to [jsanborn@wellstown.org](mailto:jsanborn@wellstown.org).

1. **One PDF file of this completed application**
2. **One copy of your 501(c)(3) IRS determination letter**
3. **One copy each of the agency's budget for the previous, current and next fiscal year**
4. **Copy of most recent audit or Form 990**

Agency Name: \_\_\_\_\_

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

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

Agency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Agency website: \_\_\_\_\_

Amount of financial support requested for FY 26-27: \_\_\_\_\_

What percentage of your annual budget does this amount represent? \_\_\_\_\_

Total number of individuals served by your organization (unduplicated): \_\_\_\_\_

Total number of **Wells residents** served by each of the programs provided by your organization (unduplicated): \_\_\_\_\_

Please describe your organization and the social services programming provided:

What is the dollar value of services provided to Wells residents and how is that amount calculated?

Are there fees charged for your services? If yes, please describe and include any accommodations that are made for those applicants unable to pay for services?

Please list other municipalities that provide financial support and the amounts provided: *(Attach additional sheet if necessary)*

How will the funds from the Town of Wells be used, if granted?

If you have applied for funding from the Town of Wells in the past, is this request an increase or decrease? If yes, what is the reason for the change? If no, what has prompted your request?

Can you highlight an instance where your organization made a difference in the life of a Wells resident?

I hereby certify that this application is complete and that all of the information in this application and supplementary materials is true and accurate and signed the same in my capacity as

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date