



Fiscal Year 2026 Rockingham County Non County Specials Funding Request Instructions and Authorization Certification

1. Submit the following documents for consideration:
 - a. Fiscal Year 2026 Funding Application
 - b. Organizational Chart / Personnel Structure
 - c. Organization Bylaws
 - d. List of Board/Council Members (Names and Addresses)
 - e. Fiscal year 2025 Budget (including expenses, revenues, and revenue sources)
 - f. Most recent annual financial statements
 - g. Signed authorization certification (see example on page 2)

2. Please submit by email, fax, or mail:

Email: lmattila@co.rockingham.nh.us

Fax: 603-679-9354

DUE DATE: March 28, 2025

Mail: Rockingham County

Attn: Leila Mattila

119 North Road

Brentwood, NH 03833

Note: Please look for your awarded funding amount at the end of July 2025, in the 2026 Fiscal Year Budget document at: [Approved Budgets](#)

Questions? Call Leila Mattila at 603-679-9350

FY 2026 QUARTERLY NON COUNTY SPECIALS FUNDING REQUEST INSTRUCTIONS

To receive quarterly funding, please send the following documents after each quarter end to the **Finance Office** by email at rmenard@co.rockingham.nh.us and copy cnickerson@co.rockingham.nh.us, or mail to Rockingham County, Attn: Finance Office, 119 North Road, Brentwood, NH 03833.

1. A request for the quarterly funds, signed by an authorized individual from the organization. Your quarterly amount will be $\frac{1}{4}$ your awarded amount.
2. Certificate of Authority (example on page 3); the authorized person is the entity duly authorized to represent the organization.
3. A summary of the organization's activities for the quarter (this can be a short or long narrative).
4. Financial statements for the quarter (these do not have to be audited statements).
5. Balance sheet.
6. Income statement. Many organizations do comparative to the prior year and some also include YTD numbers (for the income statement).

**Fiscal Year 2026 Rockingham County Funding
Request Authorization Certification**

I certify that the submitted information is true and accurate to the best of my knowledge and belief and that I am duly authorized by the requesting organization to submit this request.

Name of Organization:	
Submitter Name / Title:	
Signature:	
Date:	

CERTIFICATE OF AUTHORITY for _____ (name of organization)

I, _____ (name), _____ (title) of _____ (name of organization), do hereby certify that:

1. The Board of Directors authorizes the Chair (or other Officer) to execute any documents which may be necessary to enter into agreements between the County of Rockingham, New Hampshire and _____ (name of organization) ;
2. This authorization was in full force and effect on the date the request for funds was signed by the representative on _____ (date) and for a minimum of thirty days thereafter;
3. This authorization has not been revoked, annulled or amended in any manner whatsoever, and remains in full force and effect as of the date hereof; and
4. The following now occupies the office indicated above: _____ (name)

IN WITNESS WHEREOF, I have hereunto set my hand as the Board Clerk/Secretary this ____ day of _____ (month & year) .

_____ (name of person doing the certifying)

_____ (title)

_____ (name of organization)