



Agency Funding Request for Fiscal Year 2014-2015

Please return an original and (1) copy of the completed form along with supporting material/attachments no later than **February 5th** to: Melissa D. Rollins, Finance Director, P. O. Box 179, 207 West 2nd. Avenue, Franklin, VA 23851 or deliver to the Finance Department, City Hall – 2nd Floor. If you have any questions send e-mail to mrollins@franklinva.com.

I. General Information & Description

1. Organization/Legal Agency Name:

2. Federal ID#/Tax Exempt#:

Please provide the name of the primary contact person for your agency:

3. Executive Director or Primary Contact:

4. Finance Director/Treasurer:

5. Mailing Address:

6. Phone:

7. Fax:

8. Email address:

9. Website Address:

II. Agency Funding

10. Length of Funding Requested One time Continuous

10a. Amount requested for fiscal year 2014-15:

\$

Please explain any changes in the funding request for the organization from the amount requested in the previous fiscal year.

11. Have you received funding from the City of Franklin in the past? YES NO
12. If yes, please indicate the current & previous fiscal year(s) your agency received funding from the City.

Fiscal Year 13-14	Amount: _____
Fiscal Year 12-13	Amount: _____
Fiscal Year 11-12	Amount: _____
Fiscal Year 10-11	Amount: _____

13. Amounts received from other sources (federal, state, donations, grants, other jurisdictions) to support your operations in the **current year (FY 2013-14)**

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

13. Amounts requested or expected from other sources (federal, state, donations, grants, other jurisdictions) to support your operations **next year (FY 2014-15)**

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

14. Give the number of Franklin residents utilizing your agency's services: (number of clients or residents)

FY 12-13 Actual	FY 13-14 Estimated	FY 14-15 Projected
_____	_____	_____

(PRINTNAME) _____

(SIGNATURE OF EXECUTIVE OFFICER) _____

***** <i>For Finance Office Use Only</i> *****	
Date Application Received	_____
Amount Requested	\$ _____ Amount Approved \$ _____
Audit/Financial Report on File	Yes _____ No _____