



## Agency Funding Request for Fiscal Year 2016-2017

Please return an original and (1) copy of the completed form along with supporting material/attachments no later than **February 19th** to: Melissa D. Rollins, Finance Director, P. O. Box 179, 207 West 2<sup>nd</sup>. Avenue, Franklin, VA 23851 or deliver to the Finance Department, City Hall – 2<sup>nd</sup> Floor. If you have any questions send e-mail to [mrollins@franklinva.com](mailto: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 2016-17: \$

***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 15-16	Amount: _____
Fiscal Year 14-15	Amount: _____
Fiscal Year 13-14	Amount: _____
Fiscal Year 12-13	Amount: _____
Fiscal Year 11-12	Amount: _____

13. Amounts received from other sources (federal, state, donations, grants, other jurisdictions) to support your operations in the **current year (FY 2015-16)**

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

13. Amounts requested or expected from other sources (federal, state, donations, grants, other jurisdictions) to support your operations **next year (FY 2016-17)**

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

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

FY 14-15 Actual	FY 15-16 Estimated	FY 16-17 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 _____