



Agency Funding Request for Fiscal Year 2017-2018

Please return an original and (1) copy of the completed form along with supporting material/attachments no later than **January 27th** 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:

Name	Title
<input type="text"/>	<input type="text"/>

4. Finance Director/Treasurer:

Name	Title
<input type="text"/>	<input type="text"/>

5. Mailing Address:

6. Phone:

7. Fax:

8. Email address:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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9. Website Address:

II. Agency Funding

10. Length of Funding Requested One time Continuous

10a. Amount requested for fiscal year 2017-2018: \$

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	Amount
FY 16-17	
FY 15-16	
FY 14-15	
FY 13-14	
FY 12-13	

13. Amounts received from other sources (federal, state, donations, grants, other jurisdictions) to support your operations in the **current year (FY 2016-2017)**

Source	Amount

14. Amounts requested or expected from other sources (federal, state, donations, grants, other jurisdictions) to support your operations **next year (FY 2017-2018)**

Source	Amount

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

FY 15-16 Actual	FY 16-17 Estimated	FY 17-18 Projected

(PRINTNAME) _____

(SIGNATURE OF EXECUTIVE OFFICER) _____

***** *For Finance Office Use Only* *****

Date Application Received _____

Amount Requested \$ _____ **Amount Approved** \$ _____

Audit/Financial Report on File **Yes** _____ **No** _____