



Agency Funding Request for Fiscal Year 2020-2021

Please return an original and (1) copy of the completed form along with supporting material/attachments no later than **January 6, 2020** to: Tracy Spence, Finance Director, 207 West 2nd. Avenue, Franklin, VA 23851 or deliver to the Finance Department, City Hall – 2nd Floor. Emailed applications with all necessary attachments will be accepted. The email address is: tspence@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:

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

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 2020-2021: \$

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 20-21	
FY 19-20	
FY 18-19	
FY 16-17	
FY 15-16	
FY 14-15	
FY 13-14	

13. Amounts received from other sources (federal, state, donations, grants, other jurisdictions) to support your operations in the **current year (FY 2020-2120)**

Source	Amount

14. Amounts requested or expected from other sources (federal, state, donations, grants, other jurisdictions) to support your operations **next year (FY 2020-2120)**

Source	Amount

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

FY 18-19 Actual	FY 19-20 Estimated	FY 20-21 Projected

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

Date Application Received _____

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

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

(PRINTNAME) _____

(SIGNATURE OF EXECUTIVE OFFICER)