



## Agency Funding Request for Fiscal Year 2021-2022

Please email a completed form along with supporting material/attachments no later than **January 8, 2021** to Tracy Spence, Finance Director: [tspence@franklinva.com](mailto: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 2021-2022: \$

***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	

13. Amounts received from other sources (federal, state, donations, grants, other jurisdictions) to support your operations in the **current year (FY 2020-2021)**

Source	Amount

14. Amounts requested or expected from other sources (federal, state, donations, grants, other jurisdictions) to support your operations **next year (FY 2021-2022)**

Source	Amount

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

FY 19-20 Actual	FY 20-21 Estimated	FY 21-22 Projected

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