



## Agency Funding Request for Fiscal Year 2019-2020

Please return an original and (1) copy of the completed form along with supporting material/attachments no later than **January 7th** to: Tracy Spence, Interim 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: [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 2019-2020: \$

**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.

<b>Fiscal Year</b>	<b>Amount</b>
FY 18-19	
FY 17-18	
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 2018-2019)**

<b>Source</b>	<b>Amount</b>

14. Amounts requested or expected from other sources (federal, state, donations, grants, other jurisdictions) to support your operations **next year (FY 2018-2019)**

<b>Source</b>	<b>Amount</b>

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

<b>FY 17-18 Actual</b>	<b>FY 18-19 Estimated</b>	<b>FY 19-20 Projected</b>

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

**Date Application Received** \_\_\_\_\_

**Amount Requested**        \$ \_\_\_\_\_        **Amount Approved** \$ \_\_\_\_\_

**Audit/Financial Report on File**    Yes \_\_\_\_\_        No \_\_\_\_\_