

II. AGENCY FUNDING

Please identify sources and amounts of financial support that have funded the organization for the past three years (2011, 2012, 2013) and the estimated financial support for the current year (2014). Please include your agency's total budget for each year.

FY2011

Total Budget: \$ _____

Source

Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

FY2012

Total Budget: \$ _____

Source

Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

FY2013

Total Budget: \$ _____

Source

Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

FY2014

Total Budget: \$ _____

Source

Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please specify the amount of funding your agency is requesting from York County. Explain any changes in the funding request for the organization from the amount requested in the current fiscal year.

FY2015 Amount Requested: \$ _____

Justification: _____

Amount requested (expected) from other jurisdictions/organizations for FY2014:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

III. SERVICE AND BENEFITS

Please describe the nature of the service that your organization provides to York County. Describe/explain how York County government is, or will be, benefited by the service that your organization provides, or proposes to provide, to County residents. Identify the units of service provided to York County during the most recently concluded fiscal year.

“Unit of Service” should be defined as it relates to the organization (# of clients, # of visits, # of hours, # of volunteers, # of jobs performed, etc). *Example: 10 York County residents served twice daily, five days a week, over the course of the year: 10 residents x 2 services per day x 5 days per week x 52 weeks per year = 5,200 units.*

Brief Description of Service	FY2013 Actual	FY2014 Estimated	FY2015 Projected
_____	_____	_____	_____

Date service began: _____

Brief Description of Service	FY2013 Actual	FY2014 Estimated	FY2015 Projected
_____	_____	_____	_____

Date service began: _____

Brief Description of Service	FY2013 Actual	FY2014 Estimated	FY2015 Projected
_____	_____	_____	_____

Date service began: _____

IV. ATTACHMENTS

Please include the following as attachments to the agency funding request package:

_____ Most recent audited financial statements.

_____ Copy of IRS 501(c)(3) determination letter.

_____ Current list of Board of Directors.

_____ Current approved by-laws, mission statement, and/or charter.

I certify the information listed in this application and its attachments are true and accurate to the best of my knowledge.

Executive Director Signature

Date

Budget & Financial Management Analysis Use Only:

Date Application Received: _____

Budget for Requested Funds? _____

Account Code: _____