



**II. AGENCY FUNDING**

Please identify sources and amounts of financial support that have funded the organization for the past three years (2012, 2013, 2014) and the estimated financial support for the current year (2015). Please include your agency's total budget for each year.

**FY2012**

Total Budget: \$ \_\_\_\_\_

<u>Source</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**FY2013**

Total Budget: \$ \_\_\_\_\_

<u>Source</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**FY2014**

Total Budget: \$ \_\_\_\_\_

<u>Source</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**FY2015**

Total Budget: \$ \_\_\_\_\_

<u>Source</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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.

FY2016 Amount Requested: \$ \_\_\_\_\_

Justification: \_\_\_\_\_

Amount requested (expected) from other jurisdictions/organizations for FY2015:

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

**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	FY2014 Actual	FY2015 Estimated	FY2016 Projected
_____	_____	_____	_____
_____			
_____			
_____			

Date service began: \_\_\_\_\_

Brief Description of Service	FY2014 Actual	FY2015 Estimated	FY2016 Projected
_____	_____	_____	_____
_____			
_____			
_____			

Date service began: \_\_\_\_\_

Brief Description of Service	FY2014 Actual	FY2015 Estimated	FY2016 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.
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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

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*Budget & Financial Management Analysis Use Only:*

Date Application Received: \_\_\_\_\_

Budget for Requested Funds? \_\_\_\_\_

Account Code: \_\_\_\_\_