



Community & Regional Support Request For Fiscal Year 2020

Please return this completed form and any supporting material/attachments no later than **Monday, December 3, 2018**, to the Budget Office, P.O. Box 532, Yorktown VA 23690-0532. Electronic submissions are strongly encouraged and can be sent to the email address listed below. If you have any questions, please contact Debbie Goodwin at (757) 890-3715 or debbie.goodwin@yorkcounty.gov

Please complete **ALL** 3 sections of the application form.

Section A: Agency and Contact Information.....	page 1
Section B: Program Information.....	page 2
Section C: Program Funding Information.....	page 3

Application Checklist The documents below must be submitted along with your application

- | | |
|--|--|
| 1. Copy of the Agency's current budget and anticipated budget for the upcoming year. (Revenue and Expenditure) _____ | |
| 2. Copy of prior year financial statements. _____ | |
| 3. Copy of IRS determination letter of 501(c)(3) status. _____ | |
| 4. Current list of Board of Directors, including the locality of residency for each member. _____ | |
| 5. Current approved by- laws, mission statement and/or charter. _____ | |
| 6. Organizational Chart. _____ | |

Section A: Agency and Contact Information

Organization/Agency Name

Federal ID#

Executive Director

Mailing Address

Agency Contact and Phone #

Email Address

Website Address

Section B: FY2020 Program Information

Program Details

Which category listed below best describes your program?

Basic Needs:

- Housing
- Health Care
- Food & Shelter

Natural Resources & Environment:

- Water Quality
- Air Quality
- Other _____

Economic Development:

- Job Growth
- Educational Attainment
- Business Development

Human Services:

- Mental Health Care
- Social Services Related

Recreation & Tourism:

- Supports the Arts
- Tourism Related

Other: (Please specify)

- _____

Briefly describe your program and all of the benefits that it provides/will provide to York County residents
(Please attach a separate page if more room is needed):

Specific Use for funding being requested: _____

Beneficiaries & Outcomes

Beneficiaries

	FY18 Actuals (7/1/17 – 6/30/18)	FY19 Estimated (7/1/18 – 6/30/19)	FY20 Projected (7/1/19 – 6/30/20)
1. Total number served through this program.			
2. Number of York County residents served.			
3. Dollar amount of services provided to York County residents.			
4. Number of volunteer hours provided to assist York County residents.			

Outcomes

List the top THREE ways that your program benefits the residents of York County for the time frames listed below:

- 1.
- 2.
- 3.

Frequency of services provided (please check one) Single _____ Multiple _____

Section C: FY2020 Program Funding Information

Agency Funding

Total program/service cost: _____

Total FY2020 funding requested \$ _____

FUNDING RECEIVED AND PEOPLE SERVED BY LOCALITY: For each one of the localities listed below, please list the number of people (**unduplicated**) your organization **actually served** in **FY18 (7/1/2017 – 6/30/2018)** and the amount of funding provided to your organization from all localities for **FY19 (7/1/2018-6/30/2019)**.

Please provide the **anticipated amounts** that you are requesting from each locality for **FY20 (7/1/2019-6/30/2020)**.

Locality	# of people served in each locality by your organization in FY18 (7/1/2017 – 6/30/2018)	Amount of funding provided in FY19 (7/1/2018 – 6/30/2019)	Amount of funding requested in FY20 (7/1/2019 – 6/30/2020)
York County		\$	\$
James City County			
Williamsburg			
Gloucester			
Hampton			
Newport News			
Isle of Wight			
Other:			
Other:			

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

For Budget Use Only:

Date Application Received: _____

Account Code(s): _____