



## Community & Regional Support Request For Fiscal Year 2022

Please return this completed form and any supporting material/attachments no later than Monday, November 30, 2020, 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 Amy Holland at (757) 890-3733 or [amy.holland@yorkcountv.gov](mailto:amy.holland@yorkcountv.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

### 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: FY2022 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):

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**Specific Use for funding being requested:** \_\_\_\_\_  
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 \_\_\_\_\_

## Beneficiaries & Outcomes

**Beneficiaries**

	FY20 Actuals (7/1/19 – 6/30/20)	FY21 Estimated (7/1/20 – 6/30/21)	FY22 Projected (7/1/21 – 6/30/22)
1. Total number served through this program.			
2. Number of <b>York County</b> 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: FY2022 Program Funding Information

### Agency Funding

Total program/service cost: \_\_\_\_\_

Total FY2022 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 FY20 (7/1/2019 – 6/30/2020) and the amount of funding provided to your organization from all localities for FY21 (7/1/2020-6/30/2021).

Please provide the **anticipated amounts** that you are requesting from each locality for FY22 (7/1/2021-6/30/2022).

<b>Locality</b> <b>*Other: List out the locality*</b>	<b># of people served in each locality by your organization in FY20 (7/1/2019 – 6/30/2020)</b>	<b>Amount of funding provided in FY21 (7/1/2020 – 6/30/2021)</b>	<b>Amount of funding requested in FY22 (7/1/2021 – 6/30/2022)</b>
York County		\$	\$
James City County			
Williamsburg			
Gloucester			
Hampton			
Newport News			
Isle of Wight			
Other:			
Other:			

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



**Be sure you have completed and attached the following:**

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. \_\_\_\_\_

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): \_\_\_\_\_