

DAVIESS COUNTY FISCAL COURT

REQUEST FOR AGENCY FUNDING

**Fiscal Year
2018/2019**

Requesting Agency: _____

Agency Executive: _____

Board President: _____

Street Address: _____

City, State, and Zip: _____

Mailing Address: (If different) _____

Telephone: _____

Fax: _____

E-mail address: _____

FUNDING REQUEST:

2018/2019 REQUESTED AMOUNT: _____

2017/2018 FUNDING From FISCAL COURT: _____

Questions: (all of the following information must be completed for the application to be considered)

I. ORGANIZATIONAL INFORMATION

A) Board of Directors

- i. Board of Directors (Please attach a list)
- ii. Board meetings held during past year? _____
- iii. Board meetings in which quorum achieved? _____

B) Personnel

- i. Total full-time employees: _____
- ii. Total part-time employees: _____
- iii. Total volunteers during report year: _____
- iv. Please attach any policy your Board/Agency has that restricts individuals from employment or other restrictions regarding clients served.

C) Financial Information (Section IV requests current financial information)

- i. Does your Board require an audit of your financial statements annually? Yes ____
No _____
- ii. If you answered Yes above, who performed the most recently completed audit?
_____ (Please
attach a copy if you are requesting more than \$5000)
- iii. Does your agency have a procurement code or policy? Yes ____ No _____
- iv. Does your agency have bidding requirements? Yes ____ No _____
- v. What level of spending is allowed at the executive director level prior to the requirement of Board approval? _____

II. AGENCY/PROGRAM INFORMATION (please attach the following information)

- A) What is the agency's mission statement?
- B) Please provide a list of programs/services provided by the agency.
- C) Please provide a narrative (no more than two (2) double-spaced pages) describing in detail the purpose of the funding. Please include information regarding the need for funding, the projected outcomes, and any other relevant information you would like Daviess County Fiscal Court to consider when evaluating this application.
- D) If this agency received funding in the previous Fiscal Year, please give information detailing how projected outcomes were met and what services were provided with the Fiscal Court's contribution.

III. BENEFICIARY DATA: Indicate **UNDUPLICATED NUMBER** of persons served by your agency, for each program during the previous year:

Most Recently Completed Fiscal Year

	Program Title	Program Title	Program Title
Demographic Data			

Age: Under 5			
6-17			
18-54			
55 & over			

Gender: Male			
Female			

Ethnic Origin: White			
Black			
Other			

Estimated Income Level:(%)			
below poverty level			
above poverty level			

Residence:			
Daviess County			
Other Counties - KY			
Other State			

Describe methodology to determine demographic data:

IV. FINANCIAL INFORMATION: Provide budget for most recently completed and current fiscal years, as well as proposed budget for the next fiscal year. Agency may submit prepared financial information or use the following:

Agency: _____

	Actual FY 2017/18	Budget FY 2017/18	Proposed FY 2018/19
REVENUE:			
Contributions			
Special Events:			
Legacies & Bequests			
Associated Organizations			
United Way			
Membership Dues			
Program Service Fees			
Sales			
Fees & Grants from Government: (please list)			
Federal:			
State:			
Local:			
Daviss County			
City of Owensboro			
Total Revenue & Support			
EXPENDITURES:			
Salaries			
Employee Benefits			
Payroll Taxes			
Professional Fees			
Supplies			
Telephone			
Postage & Shipping			
Occupancy			
Equipment Rent & Maintenance			
Printing & Publications			
Travel			
Conferences & Meetings			
Specific Assistance to Individuals			
Membership Dues			
Awards & Grants			
Other Expenses:			
Total Expenditures			
Net Assets at Beginning of Year			
Net Assets at End of Year			