TAZEWELL COUNTY, VIRGINIA FY2024 – 2025 External Program Funding Request

PROGRAM OVERVIEW

| AGENCY | |
|--|------------|
| ADDRESS | |
| CITY, STATE, ZIP | |
| CONTACT NAME | |
| PHONE | |
| EMAIL ADDRESS | |
| PROGRAM TITLE | |
| PROGRAM SUMMARY | |
| | |
| | |
| Was this program funded by Tazewell County in the past? If yes, what years? What is the total expected program cost? | □ YES □ NO |
| Program start and/or stop dates (i.e. program age) | YEAR: |
| Funding Requested for this Program from Tazewell County | \$ |
| Funding Requested for this Program from OTHER ORGANIZATIONS (Please itemize below, by organization with dollar amount) | \$ |
| 501 C-3 Please mark whether or not your program currently has a Non-Profit Exemption. If YES, provide this number below. | □ YES □ NO |
| Please mark whether or not a W-9 form for your agency has been completed and submitted with your request. | □ YES □ NO |

If you have received funding from Tazewell County for the past 2 consecutive fiscal years, you do not need to complete Page 2 of this form. However, please review the additional information requirements on Page 3

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Those agencies who do not meet the 2 yr consecutive funding requirement need to complete all questions referenced below.

REPORT OF ACTUAL RESULTS:

- 1. Program outcome results expected by June 30, 2024 without requested funding.
- 2. Outcome objectives expected to be met by June 30, 2025 with the requested funding.
- 3. Would requested funding be used during FY25 to directly leverage other sources of revenue? If so, please explain:

FY 24-25 REQUESTS:

For each program that will utilize County funds, please provide the following information:

- 1. Detailed description of Program for which funds are requested:
- 2. Program Goals:
- 3. Outcome Objectives (measurable and accountable outcomes) Use separate sheet if necessary:
- 4. Services Provided:
- 5. List similar programs offered in adjoining counties and provide numbers served by those localities:
- 6. From a taxpayer's point of view, why should government funding be used or provided for this program in times of scarce resources?
- 7. Describe the impact on program services if funding for this program was reduced or not approved?

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Additional Information needed for submission of External Program Funding Request:

- ➤ Please provide a copy of your total budget for next year including projections for income and expenses. A copy of your most recent audited financial report is also required.
- ➤ Deadline for submission is January 19, 2024. Please submit this documentation and W-9 by email to:

arlene.matney@tazewellcounty.org

➤ Questions may be directed to Arlene Matney, Director of Finance & Budget at (276) 385-1206 or Eric Young, County Administrator at (276) 385-1208.