**DAVIESS COUNTY FISCAL COURT**

**REQUEST FOR AGENCY FUNDING**

**Fiscal Year 2024/2025**

Requesting Agency:

Agency Executive:

Board President:

Street Address:

City, State, and Zip:

Mailing Address: (If different)

Telephone:

Fax:

1. mail address:

**FUNDING REQUEST:**

**2024/2025** REQUESTED AMOUNT:

**2023/2024** FUNDING From FISCAL COURT:

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

* 1. **ORGANIZATIONAL INFORMATION**
     1. Board of Directors
        1. Board of Directors (Please attach a list)
        2. Board meetings held during past year?
        3. Board meetings in which quorum achieved?
     2. Personnel
        1. Total full-time employees:
        2. Total part-time employees:
        3. Total volunteers during report year:
        4. Please attach any policy your Board/Agency has that restricts individuals from employment or other restrictions regarding clients served.
     3. Financial Information (Section IV requests current financial information)
        1. Does your Board require an audit of your financial statements annually?

Yes No \_\_\_\_\_\_\_

* + - 1. If you answered Yes above, who performed the most recently completed audit?

(Please attach a copy if you are requesting more than $5000)

* + - 1. Does your agency have a procurement code or policy? Yes \_ No
      2. Does your agency have bidding requirements? Yes No \_
      3. What level of spending is allowed at the executive director level prior to the requirement of Board approval?
  1. **AGENCY/PROGRAM INFORMATION** (please attach the following information)

1. What is the agency’s mission statement?
2. Please provide a list of programs/services provided by the agency.
3. 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.
4. 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
   1. **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:

* 1. **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** | **Budget** |  | **Proposed** |
| **FY 2023/24** | **FY 2023/24** | **FY 2024/25** |
| **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: |  |  |  |
| Daviess 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** |  |  |  |