



**COUNTY OF SUSSEX
FISCAL YEAR 2020 BUDGET REQUEST
(EXTERNAL AGENCIES)**

Agency Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Email address: _____

Phone #: _____ Fax: _____

1. Total Expenditure Budget for FISCAL YEAR 2019: \$ _____

2. Amount of Line 1 Allocated For:	<u>FY 2019</u>	<u>FY 2018</u>
Salaries/Fringe Benefits	\$ _____	\$ _____
Operating Costs	\$ _____	\$ _____
Capital Outlay	\$ _____	\$ _____

3. Total Funds Approved From Sussex County

<u>FY 2019</u>	<u>FY 2018</u>	<u>FY 2017</u>	<u>FY 2020</u> (requested)
\$ _____	\$ _____	\$ _____	\$ _____

Agency Name: _____

4. Please list below all localities from which you have received funds and the amount of funds requested for FY19. **(Attach additional documentation if needed)**

Locality	Amount Requested	Amount Received
	\$	\$
	\$	\$
	\$	\$

5. Does your budget have a Cost of Living/Merit Increase for Employees?

Yes No

If yes, please indicate the amount of these increases.

Cost of Living:	
Merit:	
Both:	

6. Total number of Employees _____

7. List Titles and/or Classification of each employee and salary range or salary **(Attach additional documentation if needed)**

_____ to _____

Agency Name: _____

8. List the benefits/services/programs provided to Sussex County citizens. Please provide both direct and indirect benefits and/or beneficiaries. Also, include in the table below the number of Sussex citizens served in those years.

of Sussex Citizens served

FY18	FY17	FY16

9. List the REGIONAL benefits and/ or services if applicable.

10. Please include a copy of your agency's most recent Audit/Financial Statement