



**COUNTY OF SUSSEX
EXTERNAL AGENCY FY2021
FUNDING REQUEST**

Agency Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Email address: _____

Phone #: _____ Fax: _____

1. Total Funds Requested for FISCAL YEAR 2021: \$ _____

2. Amount of Line 1 Allocated For:	<u>FY 2020</u>	<u>FY 2019</u>
Salaries/Fringe Benefits	\$ _____	\$ _____
Operating Costs	\$ _____	\$ _____
Capital Outlay	\$ _____	\$ _____

3. Total Funds Approved From Sussex County

<u>FY 2020</u>	<u>FY 2019</u>	<u>FY 2018</u>
\$ _____	\$ _____	\$ _____

Agency Name: _____

4. Please list below all localities from which you have received funds and the amount of funds requested for FY20. **(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 _____
_____ to _____
_____ to _____
_____ to _____
_____ 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

FY19	FY18	FY17

9. Please provide the formula used to determine the funding request.

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