



**COUNTY OF SUSSEX
EXTERNAL AGENCY FY2022
FUNDING REQUEST**

Agency Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Email Address: _____

Phone #: _____

1. Total Funds Requested for FISCAL YEAR 2022: \$ _____

2. Breakdown of Request: FY 2022

Salaries/Fringe Benefits \$ _____

Operating Costs \$ _____

Capital Outlay \$ _____

3. Total Funds Approved From Sussex County

FY 2021

FY 2020

FY 2019

\$ _____

\$ _____

\$ _____

4. Please list below all localities and the amount of funds from which you have requested and/or received funds for previous FY21. (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 _____

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

FY21	FY20	FY19

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