

Amherst County  
Office of the County Administrator

December 9, 2013

Interested Organizations, Offices,  
and Agencies

**RE: Amherst County FY2014 Operating Budget**

Ladies and Gentlemen:

We have begun the development of the FY2015 Operating Budget for Amherst County.

It is customary for the County to receive more requests than the available resources for distribution. By directions of the Board of Supervisors ('the Board') for the County of Amherst, should your agency, organization and/or offices wish to be considered for possible funding for the 2014-2015 fiscal years, please submit your written request along with the enclosed funding application to this office by 5 PM on or before January 6, 2014.

If available, please provide a copy of your recent audit report with your funding request. Please note, a recent audit is required for FY2015 funding.

Your written request should, again, be received by this office on or before January 6, 2014. Mailing instructions are as follows:

Office of the County Administrator  
County of Amherst  
PO Box 390  
Amherst, VA 24521

**FY2015 Budget Request**

Thank you for your assistance. Should you have any questions, please contact me with the information below or Brenda Campbell at 946-9304.

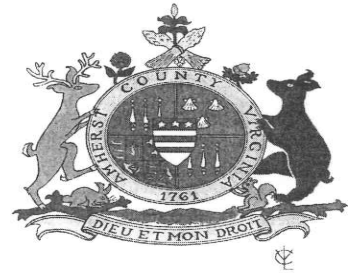
Sincerely,

Clarence C. Monday  
County Administrator

cc: Amherst County Board of Supervisors  
Brenda T. Campbell, Director of Accounting  
David Proffitt, Assistant County Administrator

P. O. Box 390 ♦ Amherst, VA 24521 ♦ (434) 946-9400 ♦ Fax (434) 946-9370

# Application for Outside Agency Funding



Previous contribution received by County \$ \_\_\_\_\_ FY \_\_\_\_\_

Amount of contribution or in-kind services requested \_\_\_\_\_

Note: Only the information provided on these lines will be considered. No attachments will be considered other than the required documents specified.

## 1. ORGANIZATION CONTACT INFORMATION:

Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

County office Location (if applicable) \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Person Title \_\_\_\_\_

Contact Mailing Address  
(if different from above) \_\_\_\_\_

Contact Telephone \_\_\_\_\_ Contact Fax \_\_\_\_\_

Contact E-Mail \_\_\_\_\_

## 2. ORGANIZATION CATEGORY:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Church, religion related     | <input type="checkbox"/> Orphanage; nursing care facility      | <input type="checkbox"/> Agricultural or Farm Club  |
| <input type="checkbox"/> Benevolent association       | <input type="checkbox"/> Red Cross                             | <input type="checkbox"/> Animal cruelty prevention  |
| <input type="checkbox"/> Cemetery (private or public) | <input type="checkbox"/> Hospital or sanitarium                | <input type="checkbox"/> College alumni association |
| <input type="checkbox"/> Veterans' organization       | <input type="checkbox"/> Habitat for Humanity                  | <input type="checkbox"/> Other (specify): _____     |
| <input type="checkbox"/> Museum                       | <input type="checkbox"/> Volunteer fire or rescue organization |   |
| <input type="checkbox"/> Historical foundation/assoc. | <input type="checkbox"/> Girl Scouts/Boy Scouts                |   |
| <input type="checkbox"/> Educational institution      |  |   |

When was the organization first established? \_\_\_\_\_

When did/will the organization begin operations in County of Amherst? \_\_\_\_\_

What is the organization's federal tax designation? (Circle one)

501(c)(3)      501(c)(4)      501(c)(6)      501(c)(7)      Other: 501(c)(\_\_\_\_) (please insert #)

What is the organization's purpose? \_\_\_\_\_



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## 5. ORGANIZATIONAL COLLABORATION

What other organization(s), if any, are performing a similar service or project? \_\_\_\_\_

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What, if any, other organizations will collaborate with your organization to complete the described project(s)\_\_\_\_\_

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Describe in detail the financial and in-kind contributions of other organizations that will advance the project(s)

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## 6. TIMETABLE AND OUTCOMES

Describe what outcomes for the project(s) are expected over the course of the next fiscal year.

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**7. Identify the means in which your organization will measure the success of the outcomes described above**

*(example: XYZ Organization will measure its success through the use of a questionnaire. Participants will be given questionnaires at beginning and ending of program. Questionnaires will be used to determine what information was known prior to the program, what was learned and how the program can be improved)*

**8. REQUIRED DOCUMENTS TO BE SUBMITTED** Some may not be applicable to this organization. If any required document is not available and/or applicable, please identify the document and provide a brief explanation.

- ✓ **IRS Exemption Determination Letter**
- ✓ **Financial statements for two prior years**
- ✓ **Articles of Incorporation or Organization, and any amendments thereto**
- ✓ **Certificate of Good Standing from the State Corporation Commission**
- ✓ **Most recent audit (Mandatory for FY2014-2015 Funding)**