



County of Orange
External Entity Funding Request Form
FY2011



Agency Name:						
Has Orange County funded this agency in previous years?					Yes	No
Physical Address:						
Mailing Address/PO Box:						
City:		State:		Zip:		
Telephone Number:		Fax Number:				
Federal Tax ID #:						
Web Address:						
General Email Address:						
Agency Main Contact:			Title:			
Telephone Number:						
Email Address:						
Agency General Information						
Agency Mission:						
Number of years agency has been in operation:						
Localities Served:						
Agency Financial Information						
List Programs:	Personnel Expenses	Benefits	Operating Expenses	Total Program Budget	Requested from Orange	
1.						
2.						
3.						
4.						
5.						
Agency Administration:						
Capital Outlay:						
Total Agency Budget:						
Attachment Checklist:	IRS 501(c)(3) letter		Audit Report <i>with management letter</i>		Current Board Roster <i>with contact information</i>	
Agency Director's Signature:					Date:	

Each agency submitting a funding request must fill out the following pages for each program serving Orange County Citizens and for which funding is requested. Any incomplete applications or programs that do not have a full application will not be considered for funding. **PLEASE** do not include any unrequested information. Orange County reserves the right to request additional information once the application has been submitted.

Program Name:		<i>Is this a new program?</i>	Yes	No
Program Contact:		Title:		
Telephone				
Email:				

1. Program Purpose/Description: (the following description should not exceed 10 lines of text)

2. Justification of Need: (Please state clearly why this service should be provided to the citizens of Orange County and why the Board of Supervisors should consider this funding request. If this is a new program, be sure to include the benefit to the County for funding a new request. The following should not exceed 10 lines of text, and should include the most recent data available.)

3. Target Audience: (The following should describe the specific population targeted by the program and should not exceed 5 lines of text.)

4. Service Area: (Please describe the program's intended geographic service area. This may include entire regions, localities, or specific schools, neighborhoods, etc.)

5. Service Delivery: (Please state the geographic location of the service, the duration and frequency offered to the clients. If service area includes other municipalities please indicate what amount of funding (\$ or %) is received from that locality.)

6. Client Fees: (Please describe the fees clients must pay for the services provided in this program, and how those fees are determined.)

Please indicate, in detail, reasons for increases or decreases in the amounts requested for FY2011. Include whether these changes come from increases in personnel, benefits, or operating expenses. If an increase is being requested, please describe the impact not receiving an increase would have on the program.