



BEDFORD COUNTY EXTERNAL AGENCY FUNDING REQUEST

Please return this form and any additional supporting documentation no later than January 31st (for funding effective July 1st) to wgreenway@bedfordcountyva.gov. Completed forms may also be mailed to:

Dept of Finance
Attn: Accounting Manager
122 E. Main Street, Suite 203
Bedford, VA 24523

| ORGANIZATION INFORMATION | | | |
|---|--------|---------------|--|
| Agency Name: | | Request Date: | |
| Primary Contact: | | Phone Number: | |
| Street Address: | | | |
| City: | State: | Zip Code: | |
| Email Address: | | | |
| AGENCY DESCRIPTION | | | |
| <p>Please describe your agency, including, but not limited to, the following information:</p> <ol style="list-style-type: none">1. Nature of the organization (e.g. Government, Regional, Private, Non-profit).2. Purpose of the organization.3. In accordance with Board policy, agencies that request funding from the County must provide a copy of their most recent financial audit, audit committee letter, management letter and response or a report on the approved Agreed Upon Procedures (AUP). The audit/AUP must be performed by a currently licensed certified public accountant/firm in conformity with auditing standards generally accepted in the United States of America. Please include a copy of any additional supporting documentation you like considered with your request. | | | |
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AGENCY DESCRIPTION CONTINUED

AGENCY FUNDING

Please identify the sources and amounts of funding for the organization for the past fiscal year, and the estimated financial support for funding effective July 1st.

FUNDING REQUEST AND JUSTIFICATION

Please enter the amount of funding your agency is requesting, effective July 1st: