



**INSTRUCTIONS**

This ANNUAL COUNTY OPERATING BUDGET REQUEST form must be completed and submitted in person or by mail to the Washington County Department of Accounting, County Administration Building, 205 Academy Drive, Abingdon, Virginia 24210; via facsimile to (276) 525-1309, or via e-mail to [budgetrequest@washcova.com](mailto:budgetrequest@washcova.com) no later than the deadline date given for receiving budget requests.

**GENERAL INFORMATION**

NAME OF REQUESTING ORGANIZATION: \_\_\_\_\_

REQUESTING ORGANIZATION ADDRESS: \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code & Office Telephone \_\_\_\_\_

Area Code & Mobile Telephone \_\_\_\_\_ Area Code & Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

ORGANIZATION TYPE:  - GOVERNMENTAL  - PUBLIC/NON-PROFIT\*  - PRIVATE/NON-PROFIT\*  - PRIVATE/UNINCORPORATED

- OTHER; SPECIFY: \_\_\_\_\_

\*NOTE: If public/non-profit or private/non-profit organization, please include copy of organization's IRS Determination Letter with this form

**BUDGET REQUEST INFORMATION**

- FIRST-TIME REQUEST  - REQUEST FOR CONTINUED FUNDING

FUNDS REQUESTED FOR\*:  - GENERAL OPERATIONS  - DEBT SERVICE  - CAPITAL PROJECT(S)

\*NOTE: If funds requested will be used for more than one of the above, please file individual Budget Request forms for each of the above categories

TOTAL COUNTY FUNDS REQUESTED FOR COMING FISCAL YEAR: \$ \_\_\_\_\_

TOTAL COUNTY FUNDS APPROPRIATED AS OF JULY 1 OF CURRENT FISCAL YEAR: \$ \_\_\_\_\_

TOTAL DOLLAR INCREASE OR DECREASE IN FUNDS REQUESTED - CURRENT FISCAL YEAR TO COMING FISCAL YEAR: \$ \_\_\_\_\_

TOTAL PERCENT INCREASE OR DECREASE IN FUNDS REQUESTED - CURRENT FISCAL YEAR TO COMING FISCAL YEAR: \_\_\_\_\_%

**PROPOSED USE OF REQUESTED FUNDS**

ORGANIZATIONS MUST PROVIDE WRITTEN EXPLANATION AND JUSTIFICATION FOR ALL COUNTY FUNDS REQUESTED. PLEASE PROVIDE SUCH INFORMATION ON PAGES 2 THROUGH 6 OF THIS FORM. YOU MAY INCLUDE MAPS, DRAWINGS, PHOTOGRAPHS, ETC. ALONG WITH YOUR WRITTEN INFORMATION ON SINGLE-SIDE PAPER NO LARGER THAN 8 1/2" BY 11" ATTACHED TO THIS FORM.

**AUTHORIZATION**

THIS BUDGET REQUEST HAS BEEN PREPARED AND SUBMITTED BY THE FOLLOWING AUTHORIZED ORGANIZATION REPRESENTATIVE:

\_\_\_\_\_  
DATE: \_\_\_\_\_

Printed Name and Title of Organization Representative

**FOR COUNTY USE ONLY:**

DATE OF RECEIPT: \_\_\_\_\_

BUDGETARY DEPT. # \_\_\_\_\_ LINE-ITEM # \_\_\_\_\_

PROPOSED USE OF REQUESTED FUNDS

NAME OF REQUESTING ORGANIZATION: \_\_\_\_\_

PROPOSED USE OF REQUESTED FUNDS (continued)

NAME OF REQUESTING ORGANIZATION: \_\_\_\_\_

--

PROPOSED USE OF REQUESTED FUNDS (continued)

NAME OF REQUESTING ORGANIZATION: \_\_\_\_\_

--

PROPOSED USE OF REQUESTED FUNDS (continued)

NAME OF REQUESTING ORGANIZATION: \_\_\_\_\_

--

PROPOSED USE OF REQUESTED FUNDS (continued)

NAME OF REQUESTING ORGANIZATION: \_\_\_\_\_

--