



# OUTSIDE AGENCY FUNDING REQUEST FORM

Budget and Management Services  
 P.O. Box 9005, Drawer CA 02  
 Bartow, Florida 33831  
 Email: SusanDragonetti@polk-county.net

Please complete all 3 sections of the application form.

Section A: Organization and Contact Information ..... page 1  
 Section B: Program Information ..... page 2  
 Section C: Program Funding Information ..... page 3

**Application Checklist**  
 The documents below must be submitted along with your application.

- 1 Copy of the Agency current budget. (Revenue and expenses).
- 2 Copy of prior year financial statements.
- 3 Report of prior year accomplishments.
- 4 Copy of the Agency's published goals.
- 5 Copy of IRS determination letter of 501(c)3 status.
- 6 Copy of IRS Form 990.  
 (If, IRS Form 990 is not filed, the 990 Alternative Form must be provided).

**Section A: Organization and Contact Information**

7	Agency name:		
8	Address:		9 Zip code:
10	Phone:		11 Fax:
12	Website address:		
13	Executive Director/President:		
14	Phone:		15 Email:
16	Name and title of principal contact:		
17	Phone:		18 Email:

**Agency Personnel**

	Prior Year	Current Year	Budget Year with BoCC Funding	Budget Year Without BoCC Funding
19 Number of agency employees:				
20 Number of administrative employees:				
21 Number of program employees:				
22 Number of program volunteers:				

## Section B Program Information

1. Agency name: \_\_\_\_\_  
 23 Program name: \_\_\_\_\_

### Proposed Program Cost

24 Total program cost \$ \_\_\_\_\_  
 25 Total funding request \$ \_\_\_\_\_  
 26 Funding type requested                      Monetary                      In-Kind

### Proposed Program Details

27 Which Polk County Performance Indicator does your program address?  
 See performance indicators at  
<http://www.polk-county.net/boccsite/your-government/performance-dashboard/>

**Basic Needs:**

Housing  
 Health Care  
 Public Health

**Economic Development:**

Job Growth  
 Unemployment Rate  
 Average Wage  
 Educational Attainment

**Growth and Infrastructure:**

Livability Index  
 Road Capacity  
 Neighborhood Open Space

**Natural Resources & Environment:**

Aquatic Species Control  
 Conservation Land Acreage  
 Mosquito Population Control  
 Water Quality  
 Air Quality

**Recreation & Cultural Arts**

Adequate Space  
 Resident Satisfaction  
 Marketing Awareness

**Safety:**

Fire Rate  
 Crime Rate  
 Response Time

**Good Government:**

Price of Government  
 Resident Satisfaction  
 Internal Support Services

28 Describe your program and how it contributes to Polk County BoCC performance goals.

### Participants

	Prior Year	Current Year	Budget Year with BoCC Funding	Budget Year Without BoCC Funding
29 Number served through this program				
30 Estimate of your cost per participant: \$				

### Outcomes

	Prior Year	Current Year	Budget Year with BoCC Funding	Budget Year Without BoCC Funding
<b>List the top THREE outcomes for your program.            Provide the past and projected measures for the outcomes for each year.</b>				
31				
32				
33				

Can Polk County Board of County Commissioners contract with you for the services described above?

34    Yes                      No

## Section C Agency Program Funding Information

1 **Agency Name:** \_\_\_\_\_  
 29. **Program Name:** \_\_\_\_\_

**Has Your Agency Received Board of County Commissioner Funding within the past 5 years.  
 If yes, indicate the amounts.**

35	<b>Yes</b>	<b>No</b>			
36	<b>FY 12-13</b>	<b>FY 13-14</b>	<b>FY 14-15</b>	<b>FY 15-16</b>	<b>FY 16-17</b>

### Program Funding Sources

Funding Entity	List the entity below	Prior Year	Current Year	Budget Year with BoCC Funding	Budget Year Without BoCC Funding
37	Polk County				
38	Federal				
39	State				
40	Other Counties				
41	City				
42	Charity/Donations				
43	Fundraisers				
44	Other				
45					
46					
47					
<b>Total Projected Revenue</b>					

### Program Expenditures

Funding Entity	Describe expenditure for clarity	Prior Year	Current Year	Budget Year with BoCC Funding	Budget Year Without BoCC Funding
48	Personnel				
49	Operating				
50	Capital				
51	Other				
52					
53					
54					
55					
<b>Total Expenditure</b>					