



**COUNTY OF MADISON, VIRGINIA
FINANCE DEPARTMENT**

**ANNUAL COUNTY OPERATING
BUDGET REQUEST
FISCAL YEAR 2011**

INSTRUCTIONS

This ANNUAL COUNTY OPERATING BUDGET REQUEST form must be completed and submitted in person or by mail to the Madison County Finance Department, Thrift Road Complex, and 302 Thrift Road, PO Box 705, Madison, Virginia 22727; via facsimile to (540) 948-5938 or via e-mail to tmiller@madisonco.virginia.gov no later than the deadline date given for receiving budget requests.

GENERAL INFORMATION

NAME OF REQUESTING ORGANIZATION: _____

REQUESTING ORGANIZATION'S ADDRESS:

Street Address or P.O. Box City State Zip

(_____) (_____) _____
Area Code Office Telephone Area Code Fax Number

E-Mail Address

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 PROJECTS

TOTAL COUNTY FUNDS REQUESTING FOR COMING FISCAL YEAR: \$ _____

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

TOTAL DOLLAR INCREASE OR DECREASE IN FUNDS REQUESTING: \$ _____

TOTAL PRECENT INCREASE OR DECREASE IN FUNDS REQUESTING: _____ %

PROPOSED USE OF REQUESTED FUNDS

ORGANIZATION **MUST** PROVIDE WRITTEN EXPLANATION AND JUSTIFICATION FOR ALL COUNTY FUNDS REQUESTED. PLEASE PROVIDE SUCH INFORMATION ON PAGES 3 THROUGH 5 OF THIS FORM. YOU MAY INCLUDE A SEPARATE NARRATIVE, MAPS, DRAWINGS, PHOTOGRAPHS, ETC., ALONG WITH YOUR WRITTEN INFORMATION ON PAPER NO LARGER THAN 8 ½" X 11", ATTACHED TO THIS FORM.

AUTHORIZATION

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

Printed Name and Title of Representative

DATE: _____

FOR COUNTY USE ONLY:

DATE OF RECEIPT: _____

BUDGET DEPT. # _____

LINE-ITEM # _____

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: _____