

**COUNTY OF MONMOUTH  
DEPARTMENT OF HUMAN SERVICES  
DIVISION ON AGING, DISABILITIES & VETERANS' INTERMENT AFFAIRS**

**BUDGET AND FUNDING REQUEST APPLICATION**

Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Budget Period \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Contract Term \_\_\_\_\_

Fax No. \_\_\_\_\_ Agency Fiscal Year End \_\_\_\_\_

Chief Exec. Officer \_\_\_\_\_ Federal ID No. \_\_\_\_\_

Date \_\_\_\_\_ Prepared By \_\_\_\_\_

	2007 Agency Budget	2008 Agency Budget
<b>A. Personnel</b>		
<b>B. Consultants &amp; Professional Fees</b>		
<b>C. Materials &amp; Supplies</b>		
<b>D. Facility Costs</b>		
<b>E. Specific Assistance to Clients</b>		
<b>F. Other</b>		
<b>G. Total Operating Budget</b>		

**Statement:** The undersigned assure and solemnly declare that all information contained in this request is complete and accurate to the best of his or her knowledge and that the services described herein will be provided to the extent approved by the County of Monmouth. We give permission to the County of Monmouth to contact state and federal agencies as well as other charitable funding sources to discuss and share relevant financial, budget programs and grant information. We will make available, upon request the complete agency and program(s) budgets applicable to this funding request.

\_\_\_\_\_  
President of Board of Directors

\_\_\_\_\_  
Executive Director

**A. AGENCY BACKGROUND AND BUDGET**

Description of Agency:

Objectives of Agency:

Services Offered:

Accreditation:

Licenses or Approval:

Area(s) served:

Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_

Reserves (Unrestricted assets, contributions, fees, excess revenue, etc.): \_\_\_\_\_

December 31, 2007 \_\_\_\_\_ Anticipated December 31, 2008 \_\_\_\_\_

List programs for which you are requesting funding:

<b>Program</b>	<b>Program Budget</b>	<b>Percentage of Total Agency Expenses</b>
1.		
2.		
3.		
4.		
5.		



**B. PROGRAM DETAIL (continued)**

f. Documentation of need for program (general need in the community).

g. Does program require state certification or license?

Yes       No

License has been secured

License pending

Application not submitted

Name of licensing/regulatory authority \_\_\_\_\_

2. Is this a new or expanded program?

New       Expanded       N/A

a. Please explain if new or expanded.

b. Has your agency lost federal, state or other funds within the last year?

Yes       No

If yes, indicate amount reduced and program area.

c. Describe how your agency has developed and made progress toward its goal in the past year and what areas, if any, are targeted for service expansion.

**B. PROGRAM DETAIL (continued)**

3. Current and/or anticipated sources of funding. List funding sources and amounts for program budget:

a. Is program eligible for any funding other than as cited above?

Yes       No

b. Do you have any pending applications for funding?

Yes       No

4. How do you plan to evaluate the effectiveness and quality of the service? Who does the evaluation?

5. Do you have a monthly statistical reporting procedure?

Yes       No

(If Yes, please attach. If no, you will be required to develop one.)



**B. PROGRAM DETAIL (continued)**

- c. Definition of unit of service (hours/days/number of clients, etc.):
  
  - d. Number of units of service to be provided:
8. Anticipated level of service for contract year. **Numbers listed below must match categories J & K on the budget page B1 of 7 of Appendix B.**
- a. Target population including demographics such as age, area, etc.:
  
  - b. Number of clients to be served:
  
  - c. Definition of unit of service (hours/days/number of clients, etc.):
  
  - d. Number of units of service to be provided:
9. Fill out attached "Program Budget". Complete your present budget, your proposed budget and your grant request for each program. **Leave the Approved Grant column blank (column #4).**
10. Explain major increases and/or decreases in budget. A major increase would constitute personnel cost increases exceeding 10% over previous budget and other costs exceeding 15% over previous budget.