

**LANE COUNTY FY 17-18 BUDGET COMMITTEE
COMMUNITY FUNDING REQUEST INFORMATION FORM**

Due Date: March 1, 2017

Instructions: Complete all questions and submit to:
Budget Office, 125 E. 8th Ave, Eugene, OR 97401

Contact Person: Susan Heron
Susan.Heron@co.lane.or.us
541-682-3772

Agency/Organization Name: _____

Contact Person and Title: _____ **Email:** _____

Mailing Address: _____ **Phone:** _____

Amount Requested from County: \$ _____

Please note: Due to Oregon Public Contracting laws, the county may be required to hold a competitive selection process in order to award funds for this project/service.

Project/Service Name and Description: (please include target population, #of persons to be served, length of project, how & where services will be delivered, other community partners, and measurable outcome result to be achieved)

(to be completed by County Administration)

Advisory Committee Assigned for review: _____

Advisory Committee Recommendation: _____

Please attach additional information about this service and your organization you would like to tell us.

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Project/Service Name:

Project/Service Budget:

- Include/describe other revenue sources that will be leveraged to implement this project/service.
- If this service has been provided in the past, please provide historical data of funding sources and project expenses.

Revenue	FY 16-17 Actual	% of Tot	FY 17-18 Request
Federal			
State			
Cities			
Other:			
TOTAL			
Expense			
Personnel			
Materials & Services			
Other:			
TOTAL			
Net Request			
FTE			

Do any other entities, public or private, provide this service? Yes or No . If Yes, Who? And describe your relationship with those agencies:

Describe the demand for this service and the impact on citizens/customers if this service is not provided.

If this is an ongoing service, how do you plan to sustain the service beyond June 30, 2018?

Please attach additional information about this service and your organization you would like to tell us.