Fiscal Year 2025-26
AGENCY REQUEST FORM

All agencies requesting funding from Santa Rosa County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to the **Santa Rosa County Tourist Development Office.**

Please submit:

- A copy of your organization's 2023 or 2024 tax return.
- A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Agency Address:

Program Name:

Program Contact:

Contact Email:

Contact Phone:

25-Word Description of Program:

Amount Requested:

Amount Received Last Year, if applicable:

Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

Briefly discuss how the funding you are currently requesting will be used.

If Santa Rosa County funding can only fund a portion of your request, how will you offset the difference?

If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

Please list the primary goal(s) that this program is targeting. Maximum of three.
For example, "reduce homelessness in Santa Rosa County"

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.
For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Please list the baseline statistics for the performance measure(s). Maximum of three.
For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

Income

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources			
Programmatic Income			
County Funding			
City Funding			
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income			
Total Income			

Expenses

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing			
Salaries and Wages			
Employee Benefits			
Professional Services			
Contractual Services			
Travel Expenses			
Rentals and Leases			
Communication			
Postage and Freight			
Repair and Maintenance			
Printing and Binding			
Marketing and Promotion			
Fuel			

Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies			
Capitalizable Assets			
Total Expenses			
Net Income			

Please explain any capitalizable asset contained in your request.