# COUNTY OF DINWIDDIE

**P O DRAWER 70**
**DINWIDDIE VA 23841**

## FY 2010-2011 BUDGET REQUEST

**SUBMIT TO ANNE HOWERTON BY JANUARY 8, 2010**

**Requesting Organization:** _____

**Contact:** _____ **Phone #:**_____

**Address:** _____
_____

**Organization Mission:** _____
_____

**FY 2009/10 Budget Request:** _____ **(County use only) Approved Amount:** _____

**FY 2010/11 Budget Request:** _____ **(County use only) Approved Amount:** _____

**Difference:** _____

**%Difference:**_____

**Explanation of Difference:** _____
_____
_____
_____

**Calculation of Budget Request Amount:** _____
_____
_____
_____

**Use of Requested Funds:** _____
_____
_____
_____

**Number of County Residents benefiting from this organization in 2009?** _____

**Is this budget request part of a contractual arrangement with your organization?**

☐ **no** ☐ **yes** **(please attach a copy of contract)**

**PLEASE ATTACH A COPY OF MOST CURRENT BUDGET AND FINANCIAL STATEMENTS SHOWING SOURCES & USES OF FUNDS.**

Clear Form Print