



## Nonprofit Agency Funding Request Application Fiscal Year 2023

Organization and Contact Information		
Legal Name of Organization:		
Street Address:		
Mailing Address:		
City:	State:	Zip:
Website:		
Executive Director:		
Phone:	Email:	
Name and Title of Principle Contact:		
Phone:	Email:	
Date of Incorporation:	Consecutive Years of Operation Within Walton County:	
TIN or EIN:		

Program Information	
Program Name:	
Total Program Cost:	<b>Total Funding Request:</b>
Public Purpose: Describe in detail how the Program impacts the health, economic opportunity, or social well-being of the clients served, and the methodology for providing services.	

Budget: Provide a clear budget that indicates a reasonable expense for the Program services and leverages other funds to the greatest extent possible.					
Revenues:					
Federal Grant	State Grant	Private Partnerships	Donations/ Other	Walton County	Total Revenues
Expenses:					
Personnel	Program Operations	Administration/ Overhead	Facilities Repair/ Maintenance	Capital Equipment	Total Expenses
Number of Clients Served Annually:			Cost per Client Served:		

<b>Certification/Attestation</b>	
The Agency has been operating/providing services for at least one year within Walton County.	
The Program's services are available to all residents in Walton County who meet the eligibility requirement of the Agency.	
The Program's services are not restrictive with regard to race, sex, age, religion, disability, or any other classification that would be prohibited by law.	
A quarterly financial report detailing Program revenues and expenses will be provided.	
An annual programmatic report describing progress towards Program outcomes will be provided.	
I have read, fully understand, and agree to be bound by Walton County's Nonprofit Agency Funding Policy. I have completed this application fully and accurately and have not misrepresented any information contained herein. I certify that the requested funds will be used for the purposes set forth in this application and in conformity with the Policy and Florida law.	
_____	_____
Executive Director Signature	Date

### Application Checklist

The documents below must be submitted along with your application.

IRS Determination Letter of 501(c)(3) Status	
IRS 990 Form (most recent tax year)	
State of Florida Solicitation of Contributions Form (or exemption letter)	
Prior year financial statements (revenues and expenses, audited if required)	
Agency's current year budget (revenues and expenses)	

**Scan and submit the completed form with documents to: [budget@co.walton.fl.us](mailto:budget@co.walton.fl.us)**

**Or submit completed paper application with documents to: 176 Montgomery Circle  
DeFuniak Springs, FL 32435  
(850)892-8470**

**Please complete all sections of the application form.**

**Incomplete applications and/or applications received after the deadline will not be considered.**