



Franklin County, Virginia FY 2026 - 2027 External Program Funding Request

NOTE: ALL BOXES/QUESTIONS MUST BE COMPLETED TO BE CONSIDERED FOR FUNDING

AGENCY/ORGANIZATION NAME	
ADDRESS	
CITY, STATE, ZIP	
CONTACT NAME/TITLE	
PHONE NUMBER	
EMAIL ADDRESS	

PROJECT TITLE	
PROJECT TIMELINE (start and end date)	Start Date: End Date:
TYPE OF ORGANIZATION	(example: Non-Profit, Government Agency, Educational Institution, etc....)
BRIEF OVERVIEW OF THE AGENCY/ORGANIZATION	
Is there any other information you wish to provide that will support your application	



Was this program funded by Franklin County in the past? If yes, what years? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Program start date (i.e., program age)	YEAR:
Amount Requested for this Program from <u>Franklin County</u>	\$
Funding Requested for this Program from <u>OTHER ORGANIZATIONS / LOCALITIES</u> (Please itemize below, by organization with dollar amount)	\$

Location of Service Provision, (specify the county or locality where services will be provided)

LOCATION	NUMBER SERVED	% OF TOTAL
Franklin County		
(Other Locality Name)		
(Other Locality Name)		
(Other Locality Name)		
(Other Locality Name)		
(Other Locality Name)		
(Other Locality Name)		

Age and Sex: Enter the unduplicated number of males and females served in each category. Fill in the number of males and females in each age group. If age groups differ from your records, please estimate numbers for the categories listed below.

	Number Served	% of Total Clients
5 years and under		
Male		
Female		
6 through 18 years		
Male		
Female		
19 through 54 years		
Male		
Female		
55 years and older		
Male		
Female		
Unknown age or gender		
Total		

For each statement, please rate on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree) how your project will impact the respective areas of concern.

Question	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
1. The project will address a critical need in the county.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The project will improve access to essential services for underserved populations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The project will contribute to the economic development of the locality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The project will enhance public health and well-being in the county.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



5. The project will foster community engagement and participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The project will help reduce disparities in educational outcomes in the county.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The project will promote environmental sustainability in the county.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The project will improve safety and security in the locality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REPORT OF ACTUAL (CURRENT YEAR) RESULTS:

1. Outcome objectives met by current year. Please provide specific dollar amounts for each outcome objective:

2. Was this funding used during the year to directly leverage other sources of revenue? If so, please explain.

FY26-27 REQUESTS:

3. What are your program goals/objectives for next fiscal year?

*****If you have received funding from Franklin County for the past 2 consecutive fiscal years, you do not need to complete the remainder of this form.**

All other requests, please complete all questions below.

FY26-27 REQUESTS:

For each program that will utilize County funds, please provide the following information:

1. Description of Program for which funds are requested



2. Services Provided

3. Describe programs offered in adjoining counties and numbers served by locality

4. From a taxpayer's point of view, why should government funding be used or provided for this program?

5. Will funding requested through this application be used to directly leverage other sources of revenue? If so, please elaborate.

6. Describe the impact on program services if funding for this program was reduced or not approved?

The deadline for submission is December 15, 2025.

Please submit this application, a copy of your total budget for next year including projections of income and expenses, a copy of your most recent audited financial report, and a signed W-9 by email to:

s.underwood@franklincountyva.gov

Questions may be directed to Sara Underwood at (540) 483-6653.