BUDGET ACCOUNT #: \_\_\_\_\_

**GREATER INDIAN SPRINGS COMMUNITY CHEST**

**PO BOX 3177 -- Blountville, TN 37617**

The Indian Springs Community Chest appreciates the services provided to our community. Please complete the information below to earn consideration for funding and admission to the GISCC budget.

The fiscal year is October 1st – September 30th. The approved budget will be available on-line following our October Director’s meeting. A letter requesting the funding may be submitted any time following the approval of the budget, but should **not** be requested **prior** to the actual intended use. Since GISCC funds are received in monthly installments, not all funds are available immediately; thus only selected pre-approved Agencies will receive any of their requests prior to the 2nd quarter of GISCC's fiscal year.

**Please note: We require a copy of:**

1. **Your previous budget.**
2. **Your most recent budget.**
3. **Your most recent financial audit or review.**

**If you do not have any of the above, please explain why. Failure to provide all requested information may result in rejection of form.**

# AGENCY INFORMATION

(Please correct/update and insert any missing Agency Information)

* Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Federal Tax ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Telephone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUDGET INFORMATION**

* Amount budgeted prior year: $\_\_\_\_\_\_\_\_\_\_
* Specific amount requested for coming year: $\_\_\_\_\_\_\_\_\_\_
* Is there an annual financial audit performed? **Yes** or **No** If not, please explain why, and also how funds are accounted for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What is current fund balance? $\_\_\_\_\_\_\_\_\_

**PURPOSE & USE**

* Name of Project or Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Describe specifically how funding was used during the prior year (detailed and itemized information required) and how funding will be used during the next fiscal year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SERVICE AREA**

* How many persons in the Greater Indian Springs Community use the services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What is the cost to those who use the services provided? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VALUE & BENEFIT**

* State the value and benefit of the services provided to the Greater Indian Springs Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Signature | Date |