



**TOWN OF ABINGDON, VIRGINIA
FINANCE DEPARTMENT**

**ANNUAL TOWN OPERATING BUDGET REQUEST
NON-DEPARTMENTAL OR AGENCY REQUEST
FISCAL YEAR 2014-2015**

INSTRUCTIONS

This ANNUAL TOWN OPERATING BUDGET REQUEST form must be completed and submitted in person or by mail to the Town of Abingdon, Finance Department, Town Municipal Building, 133 West Main Street, Abingdon, Virginia 24210; via facsimile to (276) 698-3328, or via e-mail to budgetrequest@abingdon-va.gov no later than March 1, 2014. Please submit a copy of your most recent required audit along with this form.

GENERAL INFORMATION

NAME OF REQUESTING ORGANIZATION: _____

REQUESTING ORGANIZATION ADDRESS: _____

Street Address or P.O. Box _____ City _____ State _____ Zip Code _____ Area Code & Office Telephone _____

Area Code & Mobile Telephone _____ Area Code & Fax Number _____ E-mail _____

ORGANIZATION TYPE: - GOVERNMENTAL - PUBLIC/NON-PROFIT* - PRIVATE/NON-PROFIT* - PRIVATE/UNINCORPORATED

- OTHER; SPECIFY: _____

**NOTE: If public/non-profit or private/non-profit organization, please include copy of organization's IRS Determination Letter with this form*

BUDGET REQUEST INFORMATION

- FIRST-TIME REQUEST - REQUEST FOR CONTINUED FUNDING

FUNDS REQUESTED FOR*: - GENERAL OPERATIONS - DEBT SERVICE - CAPITAL PROJECT(S)

**NOTE: If funds requested will be used for more than one of the above, please file individual Budget Request forms for each of the above categories*

TOTAL TOWN FUNDS REQUESTED FOR THE COMING FISCAL YEAR: \$ _____

TOTAL TOWN FUNDS APPROPRIATED AS OF JULY 1 OF CURRENT FISCAL YEAR: \$ _____

TOTAL DOLLAR INCREASE OR DECREASE IN FUNDS REQUESTED – CURRENT FISCAL YEAR TO COMING FISCAL YEAR: \$ _____

TOTAL PERCENT INCREASE OR DECREASE IN FUNDS REQUESTED – CURRENT FISCAL YEAR TO COMING FISCAL YEAR: _____ %

PROPOSED USE OF REQUESTED FUNDS

ORGANIZATIONS **MUST** PROVIDE WRITTEN EXPLANATION AND JUSTIFICATION FOR ALL TOWN FUNDS REQUESTED. PLEASE PROVIDE SUCH INFORMATION ON PAGE 2 OF THIS FORM.

AUTHORIZATION

THIS BUDGET REQUEST HAS BEEN PREPARED AND SUBMITTED BY THE FOLLOWING AUTHORIZED ORGANIZATION REPRESENTATIVE:

Printed Name and Title of Organization Representative

DATE: _____

FOR TOWN USE ONLY:

DATE OF RECEIPT: _____

BUDGETARY DEPT. # _____ LINE-ITEM # _____



**TOWN OF ABINGDON, VIRGINIA
FINANCE DEPARTMENT**

**ANNUAL TOWN OPERATING BUDGET REQUEST
DEPARTMENT REQUEST
FISCAL YEAR 2014-2015**

INSTRUCTIONS

This ANNUAL TOWN OPERATING BUDGET REQUEST form should be completed and submitted with your Detailed Budget Request Form. Please explain in detail all major changes being requested for your Department. Backup documentation is essential when evaluating your Budget Request for the next fiscal year.

GENERAL INFORMATION

TOWN DEPARTMENT _____

Street Address or P.O. Box _____ City _____ State _____ Zip Code _____ Area Code & Office Telephone _____

Area Code & Mobile Telephone _____ Area Code & Fax Number _____ E-mail _____

PROPOSED CHANGES IN REQUESTED FUNDS

YOU SHOULD PROVIDE WRITTEN EXPLANATION AND JUSTIFICATION FOR ALL MAJOR CHANGES IN YOUR BUDGET REQUEST.

AUTHORIZATION

THIS BACKUP DOCUMENT HAS BEEN PREPARED AND SUBMITTED BY THE FOLLOWING AUTHORIZED REPRESENTATIVE:

Printed Name and Title of Town Department or Agency Representative

DATE: _____

EXPLANATION OF MAJOR CHANGES IN BUDGET REQUEST

Empty box for providing the explanation of major changes in the budget request.