

FAIRFIELD COUNTY
AGENCY APPROPRIATION REQUEST
FOR _____
FISCAL YEAR 2022-2023

GENERAL INFORMATION

EXECUTIVE DIRECTOR _____
EMAIL ADDRESS _____
TELEPHONE _____
LOCATION _____

FUNDING REQUEST

FY 22-23 REQUEST _____

AUTHORIZED BY: _____

PREPARED BY: _____

TITLE: _____

DATE: _____

NARRATIVE DESCRIPTION

AGENCY

NAME _____

FISCAL YEAR 2022-2023

1. ORGANIZATIONAL GOALS

2. WHAT PROGRAMS ARE REQUIRED BY LAW, IF APPLICABLE

3. ANTICIPATED SERVICE LEVELS AND IMPACT ON FAIRFIELD COUNTY CITIZENS
