

FAIRFIELD COUNTY
AGENCY APPROPRIATION REQUEST
FOR _____
FISCAL YEAR 2023-2024

GENERAL INFORMATION

EXECUTIVE DIRECTOR _____
EMAIL ADDRESS _____
TELEPHONE _____
LOCATION _____

FUNDING REQUEST

FY 23-24 REQUEST _____

AUTHORIZED BY: _____

PREPARED BY: _____

TITLE: _____

DATE: _____

NARRATIVE DESCRIPTION

NAME _____ **AGENCY** _____ **FISCAL**
YEAR 2023-2024

1. PROGRAMS ADMINISTERED

2. WHAT PROGRAMS ARE REQUIRED BY LAW, IF APPLICABLE

3. IMPACT ON FAIRFIELD COUNTY CITIZENS
