



FAIRFIELD COUNTY
AGENCY APPROPRIATION REQUEST FOR

(NAME OF AGENCY)

FISCAL YEAR 2025-2026

GENERAL INFORMATION:

EXECUTIVE DIRECTOR: _____

EMAIL ADDRESS: _____

TELEPHONE: _____

MAILING ADDRESS: _____

FUNDING REQUEST:

FY 2025-2026 REQUESTED AMOUNT: _____

AUTHORIZED BY: _____

PREPARED BY: _____

TITLE: _____

DATE: _____

AGENCY NAME _____

NARRATIVE DESCRIPTION

FISCAL YEAR 2025-2026

1. PROGRAMS ADMINISTERED

2. WHAT PROGRAMS ARE REQUIRED BY LAW, IF APPLICABLE

3. IMPACT ON FAIRFIELD COUNTY CITIZENS
