



FAIRFIELD COUNTY

AGENCY APPROPRIATION REQUEST FOR

(NAME OF AGENCY)

FISCAL YEAR 2024-2025

GENERAL INFORMATION:

EXECUTIVE DIRECTOR: _____

EMAIL ADDRESS: _____

TELEPHONE: _____

MAILING ADDRESS: _____

FUNDING REQUEST:

FY 2024-2025 REQUEST: _____

AUTHORIZED BY: _____

PREPARED BY: _____

TITLE: _____

DATE: _____

NARRATIVE DESCRIPTION

AGENCY NAME _____

FISCAL YEAR 2024-2025

1. PROGRAMS ADMINISTERED

2. WHAT PROGRAMS ARE REQUIRED BY LAW, IF APPLICABLE

3. IMPACT ON FAIRFIELD COUNTY CITIZENS

FAIRFIELD COUNTY GOVERNMENT
LINE ITEM EXPENDITURE BUDGET PROJECTION

AGENCY: _____

BUDGET YEAR 2024-2025

DETAIL DESCRIPTION OF EXPENDITURE <small>(FAIRFIELD COUNTY FUNDS ONLY)</small>	FY 2024-2025 BUDGET REQUEST DETAIL <small>(TOTAL MUST AGREE TO BUDGET REQUEST AMOUNT)</small>
Salaries	
Fringe	
Supplies	
Contractual Services	
Utilities	
Travel	
Equipment	
Permanent Improvements	
Rental/Lease	
Telephone/Cell Phone	
Printing/Advertising	
Vehicles	
Other (List Below)	
TOTAL	