

# FY 2020-21 FUNDING REQUEST TO SONOMA COUNTY

**Due by 4/07/2020** (Hearings Begin on Wednesday, June 10, 2020)

Name of organization requesting the funding \_\_\_\_\_

Legal structure of requesting organization \_\_\_\_\_

Supervisory District Signature of Support \_\_\_\_\_

PLEASE VISIT [HTTPS://SONOMACOUNTY.CA.GOV/CAO/PUBLIC-REPORTS/BUDGET-REPORTS/](https://sonomacounty.ca.gov/cao/public-reports/budget-reports/)  
AFTER 3/23/2020 FOR SUBMISSION INSTRUCTIONS

## DESCRIPTION OF FUNDING REQUESTED

Include as much information as possible, attach additional sheets if necessary

What will the funds be used for?

What is the amount of the funding request?

Is the requested funding one-time or on-going?

How will this funding support the County's mandated or discretionary services?

Which County Department provides these programs, and have you contacted them regarding this request?

Why is funding from the County needed?

Is matching funding available? Provide details.

Contact Name:

Contact Information (please include phone and email):

**Requester Signature**

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**Date Received by Clerk of the Board**