

FAIRFIELD COUNTY  
AGENCY APPROPRIATION REQUEST

FOR \_\_\_\_\_  
FISCAL YEAR 2018-2019

**GENERAL INFORMATION**

EXECUTIVE DIRECTOR \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
LOCATION \_\_\_\_\_

**FUNDING REQUEST**

FY18-19 REQUEST \_\_\_\_\_

This number will auto-populate  
from the detail. Please double  
check your values.

**AUTHORIZED BY:** \_\_\_\_\_

**PREPARED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NARRATIVE DESCRIPTION**

**AGENCY/DEPT. NAME** \_\_\_\_\_  
**FISCAL YEAR 2018-2019**

**1. PROGRAMS ADMINISTERED**

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**2. WHAT PROGRAMS ARE REQUIRED BY LAW, IF APPLICABLE**

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**3. IMPACT ON FAIRFIELD COUNTY CITIZENS**

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**FAIRFIELD COUNTY GOVERNMENT**  
**LINE ITEM EXPENDITURE BUDGET PROJECTION**  
**AGENCY/DEPT: \_\_\_\_\_**

**BUDGET YEAR 2018-2019**

| DETAIL DESCRIPTION<br>OF EXPENDITURE<br>(FAIRFIELD COUNTY<br>FUNDS ONLY) | FY 2018-2019<br>BUDGET REQUEST<br>DETAIL<br>(total must agree to<br>budget request<br>amount) |
|--|---|
| <b>Salaries</b>  |   |
| <b>Fringe</b>  |   |
| <b>Supplies</b>  |   |
| <b>Contractual Services</b>  |   |
| <b>Utilities</b>   |   |
| <b>Travel</b>  |   |
| <b>Equipment</b>   |   |
| <b>Perm. Improvements</b>  |   |
| <b>Rental/Lease</b>  |   |
| <b>Telephone/Cell Phone</b>  |   |
| <b>Printing/Advertising</b>  |   |
| <b>Vehicles</b>  |   |
| <b>Other (List Below)</b>  |   |
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| <b>TOTAL</b>   |   |