

Partner Agency Application for Funding ~ FY 2021

Agency Name:	Virginia Department of Forestry				
Physical Address:	900 Natural Resources Drive, Suite 800				
Mailing Address/PO Box:					
City:	Charlottesville	State:	VA	Zip:	22903
Telephone Number:	434-977-6555	Fax Number:	434-220-9155		
Federal Tax ID #:	54-6001800				
Web Address:	www.dof.virginia.gov				
General Email Address:					
Agency Main Contact:	Mary Frazier	Title:	Fiscal Technician		
Telephone Number:	434-220-9056				
E-Mail Address:	Mary.frazier@dof.virginia.gov				

Agency General Information

Agency Mission

We protect and develop healthy, sustainable forest resources for Virginia.

Number of years agency has been in operation	105
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Localities Served	State-wide
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REQUIRED items to be submitted with the application: *(include 1 copy of each)*

IRS 501(c)(3) Letter

Audit Report *(with Audit Management Letter)*

Current Financial statement

IRS 990

Accountant Contact Information

Organizational Chart

Current Board Roster *(with contact information)*

Agency's Current Strategic Plan

Agency Overview

Purpose/Description

We protect and develop healthy, sustainable forest resources for Virginia.

Justification of Agency and Requested Funding

Please state clearly why this service should be provided to the citizens of Spotsylvania County and why the County should consider this funding request.

Virginia Code Section 10.1-1124 applies. Spotsylvania is being invoiced for forest fire control at a rate of 9 cents per acre of privately-owned forest land in Spotsylvania according to the most recent United States Forest Service Survey. This is currently calculated as follows:

133,293 @ 9 cents per acre for \$11,996.37

Program Collaboration

The following should describe, in detail, examples of collaborative efforts and key partnerships between your agency and other programs or agencies in the area.

N/A

Collaborative Impact

Please describe how the community would be impacted if your agency were dissolved or merged with another partner agency.

N/A

Agency Overview *cont'd*

Program Audience and Service Delivery

The following should describe the agency's intended audience or client base and how those clients are served. This should include the location of the service and what geographic areas are served or targeted for service. If your agency has specific entry or application criteria, please describe it below.

We are a state-wide public safety organization.

Community Impact

Please provide at least two examples of how your services have impacted members of our community.

N/A

Client Fees

Please describe the fees clients must pay for the services provided by your agency, and how those fees are determined.

N/A

Agency Financial Information

FY 2021 Total Agency Expenditures						
	List Program Title/Name	Salary	Benefits	Operating Expenses	Capital Expenses	Total
Program 1						\$
Program 2						\$
Program 3						\$
Program 4						\$
Program 5						\$
Total Agency Expenditures		\$	\$	\$	\$	\$

- If your application includes funding increases for personnel (to include new positions or merit /COLA increases), please check here and explain in detail the need for this type of increase in the Salary/Benefits Costs section under Agency Budget Justifications.*

Total Agency Revenues			
	FY 2019 Actual	FY 2020 Budgeted	FY 2021 Projected
Spotsylvania			
United Way			
Grants			
Client Fees			
Fundraising			
Other <i>(explain below)</i>			
Total Agency Revenues	\$	\$	\$

Detail below what is included in the 'Other' category:

Accessed at <https://www.doa.virginia.gov/reports/CAFR/2018-CAFR.shtml>



On the following page titled "Agency Budget Justifications", please indicate, in detail, reasons for increases or decreases in the amounts requested for FY 2021. Include whether these changes come from increases in personnel, benefits, or operating expenses. If an increase is being requested, please describe the impact not receiving an increase would have on the agency. In particular, please describe in detail if any increase is sought for new positions or personnel.

Agency Budget Justifications

Salary/Benefit Costs

In the box below, provide an overview of any increases or decreases in general personnel expenses for the agency. This would include any planned or projected merit or COLA increases, or new positions being requested. Also include a description of any changes to agency benefits structure or cost.

N/A

Operating Costs

In the box below, provide an overview of the administrative costs detailed on the Total Agency Expenditures table for the agency as a whole. Please provide justification for and specific amounts of operating costs that are defrayed by locality funds. If your agency is requesting an increase or decrease in operating funding, please describe, in detail, the reasons for these changes.

N/A

Capital Outlay Costs

In the box below, provide an overview of the capital costs detailed on the Total Agency Expenditures table for the agency as a whole. Please provide justification for and specific amounts of capital costs that are defrayed by locality funds.

N/A

Agency Budget Issues

Please detail below any legislative initiatives or issues that may impact the agency for the upcoming year and how you are planning for them. This could include new legislation that may increase or decrease projected funding at any level (Federal/State/Local), or could affect grants or designated funds as they are currently received. If you are aware of "outside" funding sources that will expire or be reduced on a set cycle or date, please note those below and how you are planning for them.

N/A

Please detail below any identified agency needs or areas of concern that are currently not being addressed in your funding request. This could include training or technical assistance for specific areas, administrative support for a program or service, evaluation of current programs, or consultation for strategic planning, board support, or fundraising.

N/A

Other Agency Information?

Is there any additional information that the agency would like to provide, and that hasn't already been provided in this application, that will help Spotsylvania County in the review of your application and funding determination?

N/A

Program Service Data:

Service Period:

to

Locality Served	Total Served		Gender		Race					
	FY2018	FY2019*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian	Other
Fredericksburg										
Caroline										
King George										
Spotsylvania										
Stafford										
Other										
Total										

**Please include the projected number to be served in each locality for the upcoming fiscal year.*

Locality Served	Age Groups								Income Levels				
	0-4	5-10	11-13	14-18	19-25	26-40	41-60	60 +	Under \$10,000	\$10,000 - \$19,000	\$20,000 - \$39,000	\$40,000 - \$59,000	Over \$60,000
Fredericksburg													
Caroline													
King George													
Spotsylvania													
Stafford													
Other													
Total													

Please describe below your data collection methodology and tracking measures. Indicate systems or processes that are used and responsible parties. Please also describe how your projections are determined for the upcoming year. If any of the above information is not available, please indicate why: