DPB FORM NSA-1
(October 2014)

**** **Virginia Department of Planning and Budget**

Nonstate Agency Budget Request

*This information is requested by the Department of Planning and Budget (DPB) pursuant to §2.2-1505 of the Code of Virginia. Each question must be answered. An incomplete form may jeopardize your request. Instructions for this form are available on the home page of the DPB Website (*[*https://www.dpb.virginia.gov/index.cfm*](https://www.dpb.virginia.gov/index.cfm)*) in the document titled ‘Instructions: Submitting Nonstate Agency Funding Requests for Fiscal Year 2016’.*

**A. Background**

|  |  |
| --- | --- |
| **1. Legal name:**  |  |
| **2. Agency Location:** |  |

**3. Chief executive officer:**

Name:

Title:

Business address:

Telephone number:

 E-mail address:

**4. Legal status of agency:**

  Corporation Foundation  Authority  Partnership  Political subdivision

 Other (Please explain)

**5. Statutory Authority:**

|  |
| --- |
|  |

**6. Exemption from taxation under § 501 (c) (3) of the United States Internal Revenue Code:**

 Tax identification number:

 Date of approval:

**7. Affiliations with private institutions of higher education:**

|  |
| --- |
|  |

**8. Affiliations with a religious agency:**

|  |
| --- |
|  |

*(Form is continued on next page)*

**B. Agency Profile**

**1. History:**

|  |
| --- |
|  |

**2. Services:**

|  |
| --- |
|  |

**3. Mission:**

|  |
| --- |
|  |

**4. Goals:**

|  |
| --- |
|  |

**5. Customers:**

|  |
| --- |
|  |

**6. Performance measurement:**

|  |
| --- |
|  |

**7. Agency Budget (Based on State Fiscal Year):**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Source of Funding*** | ***FY 2014 Actual*** | ***Projected FY 2015***  | ***Projected FY 2016*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Total* |  |  |  |

*(Form is continued on next page)*

**C. Request Justification**

**1. Requested state appropriation:**

|  |  |  |
| --- | --- | --- |
|  | **FY 2015** | **FY 2016** |
| Operating expense | $ | $ |
|  One-time? |  |  |
|  Recurring? |  |  |
| Capital expense | $ | $ |
| Total Request | $ | $ |

**2. Description:**

|  |
| --- |
|  |

**3. Methodology:**

|  |
| --- |
|  |

**4. Economic benefit:**

|  |
| --- |
|  |

**6. Expected outcome:**

|  |
| --- |
|  |

**7. Consequences of not funding:**

|  |
| --- |
|  |

*(Form is continued on next page)*

**D. Matching Funds**

|  |  |  |
| --- | --- | --- |
| **Source and Description of Funds** | **Date Funds Available** | **Amount** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  |  |

**E. Certification**

I hereby certify that the information provided herein is complete and accurate, to the best of my understanding and knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | *Signature* |  |
|  | *Typed name* |  |
|  | *Title* |  |
|  | *Date* |  |