

Fiscal Year 2025 Budget Request Form

Name of Organization:	
Contact Person/Title:	
Phone Number:	Fax Number:
Email Address:	
Section A	
Total Amount Requested:	
Reason for Request:	

Section B – (If request is for \$1,000 or less, you may leave this section blank)

Financial Request		Approved	Request	%
Other/ Main Funding Source(s):	Approved for Funding in the Previous Fiscal Year from Town of Warsaw:	FY 2024	FY 2025	Change
	YES or NO			
1.		\$	\$	%
2.		\$	\$	%
3.		\$	\$	%
4.		\$	\$	%
5.		\$	\$	%
	Total	\$	\$	%

Section C

Operating Budget Summary	FY 2023	FY 2024	FY 2025 (Proposed)
Total Operating Budget	\$	\$	\$

Section D
Reason for any change above Fiscal Year 2024 Funding Levels

How do your serv	vices benefit the citiz	zens of Warsaw?	

Mission Sta	tement
A ganay Em	and: and
Agency Fur	ictions
Goals/Objectives Sp	ecific for FY25
Organization Se	rvice Levels
Total Number of Persons Served:	Town Citizens Served:
FY 2023 actual	FY 2023 actual
FY 2024 estimated FY 2025 projected	FY 2024 estimated FY 2025 projected