DPB FORM NSA-1
(September 2013)

 **Virginia Department of Planning and Budget**

# Nonstate Agency Budget Request

*This information is requested by the Department of Planning and Budget pursuant to §2.2-1505 of the Code of Virginia. Each question must be answered. An incomplete form may jeopardize your request.*

**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:**

|  |
| --- |
|  |

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**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 2013 Actual*** | ***Projected FY 2014***  | ***Projected FY 2015*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Total* |  |  |  |

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**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:**

|  |
| --- |
|  |

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**D. Matching Funds**

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

**E. Certification**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Person completing** |  |  |  |
| **this form:** | *Typed name* |  | *Date* |
|  |  |  |  |
|  | *Title* |  |  *Signature* |