House Appropriations Committee
2019 Session Nonstate Agency Budget Amendment Request Form

*** The deadline to submit completed forms (including co-patron signatures) is 5:00 p.m. FRIDAY, JANUARY 11, 2019 ***

Patron: _______________________________________
(Print name of Delegate) ____________________________
(Signature of Delegate) ____________________________

1.) Provide the name, mailing address, & contact information of the requesting nonstate agency

Legal Name: __________________________________________________________________________
Mailing Address: ________________________________________________________________________
501 (c) (3) Federal Tax Exemption Number: ________________________________________________

☐ Corporation ☐ Foundation ☐ Authority ☐ Partnership ☐ Political subdivision
☐ Other: please explain ________________________________________________________________

Legal status of nonstate agency / organization: Note: § 2.2-1505, Code of Virginia, defines nonstate agencies as "any public or private foundation, authority, institute, museum, corporation or similar organization that is not a unit of state government or political subdivision of the Commonwealth as established by general law or special act. It shall not include any such entity that receives state funds as a subgrantee of a state agency or through a state grant-in-aid program authorized by law. Except as provided in §§ 23-38.11 through 23-38.18, no state funds shall be appropriated to, or expended for, a private institution of higher education or religious organization."

Contact Person for Non-State Agency: ______________________________________________________
Title: _________________________________________________________________________________
Business address: _______________________________________________________________________
Telephone number: ___________________________ Fax number: _______________________________
E-mail address: ________________________________________________________________________

2.) Indicate the amount of general fund money being requested $__________________________

3.) Select the region of Virginia that the funding will be spent or will benefit from this request

☐ Northern Virginia ☐ Central Virginia ☐ Tidewater ☐ Valley
☐ Piedmont ☐ Roanoke / Lynchburg ☐ Southside ☐ Southwest
☐ Statewide

4.) Explanation of Amendment - provide information to support the need and reason for this request
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please return this signed, original form (and the co-patron signature sheet if applicable) to the
House Appropriations Committee Staff, 900 E. Main Street, Pocahontas Building, 13th Floor, -- Telephone: (804) 698-1590, FAX: (804) 698-1802
This form can also be found on the House Appropriations Committee’s website: http://hac.virginia.gov

*** PLEASE KEEP A COPY OF THE COMPLETED FORM & SUPPORTING DOCUMENTATION FOR YOUR RECORDS ***
5.) Identify the source(s) and amount(s) of matching funds required for this budget amendment request

Note: §§ 2.2-1505 and 10.1-2213, Code of Virginia, require nonstate agencies to provide matching funds from local or private sources in an amount at least equal to any appropriation approved by the General Assembly. However, the matching funds requirement does not solely require the use of cash. In-kind contributions, such as construction materials, may also be used to satisfy this requirement.

From time to time, exemptions from the matching requirements included in the Code of Virginia and Appropriations Act have been granted for special circumstances. If you believe a special circumstance may exist, please include the reason for such a request in section 4 - explanation of amendment.

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Description of Funds</th>
<th>Date Funds Available</th>
<th>Amount</th>
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<tbody>
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</tbody>
</table>

6.) Describe the total operating budget and the number of positions employed by the nonstate agency for which funding is sought.

<table>
<thead>
<tr>
<th>Budget - Source of Funding</th>
<th>FY 2019 Actual</th>
<th>FY 2020 Estimate</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Employees - Positions / Staff</th>
<th>FY 2019 Actual</th>
<th>FY 2020 Estimate</th>
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<tbody>
<tr>
<td>Full-time positions</td>
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<td>Part-time positions</td>
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<td>Volunteers positions</td>
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<td>Total</td>
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</tbody>
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Adams, D.M. ____________________ Hayes Peace ____________________

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