Agency Name: **­** Agency Contact:

Date of Request: Service Category:

**Assistance**

1. Amount of Additional Funding Requested:
2. Number of clients served to date (within current grant year):
3. Number of clients serviced by your agency for this service one year ago:
4. Number of clients denied services and/ or on waitlist:
5. Number of clients linked to medical care who receive this service (*this information should be requested by the agency from the Grantee’s Office*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Number of additional clients to be served with additional funding:
7. Why are additional funds needed**?**
8. Would additional funding be utilized immediately to provide services? If not, please explain why not and provide an estimated, realistic timeline in which funding would be used.
9. Please list any other funding sources utilized by the agency to provide this service.
10. Have requests been made to other funding sources for additional funding for this service?  If yes, what has been the outcome of this request?
11. Describe what, if any, cost savings strategies your agency has put into place to meet the current additional needs for services?
12. What is the impact on clients if additional funding is not received**?**
13. What measures are being put in place to ensure that clients are being referred to other resources for these services if they are not available at your agency?
14. Please attach any additional information you feel should be considered when reviewing this request.

Please route the completed form to the following email addresses: Nataki.Williams@shelbycountytn.gov; Corry.Owens@shelbycountytn.gov; Rosita.Timmons@shelbycountytn.gov Veronyca.Washington@shelbycountytn.gov Charmeka.Smith@shelbycountytn.gov Joshua.Howell@shelbycountytn.gov