

**COUNTY OF MONROE
APPLICATION FOR COUNTY AID ALLOCATION
2019 BUDGET**

AGENCY NAME: _____ TELEPHONE #: _____
ADDRESS: _____
CONTACT PERSON: _____ FAX #: _____
EMAIL ADDRESS: _____

STATE AGENCY'S PURPOSE & MISSION

ALLOCATION REQUEST: \$ _____

DESCRIBE PURPOSE FOR REQUEST. Additional pages may be used

LOCAL MATCH REQUIREMENT? YES ___ NO ___

ADDITIONAL PERTINENT INFORMATION TO SUPPORT THE REQUEST

THE REQUEST MUST INCLUDE:

1. AGENCY'S BUDGET
2. AGENCY'S MOST RECENT AUDIT
3. LIST OF ALL PAID EMPLOYEES, POSITION & SALARY FOR EACH
4. PAID BOARD MEMBERS, IF ANY. STATE IF NONE

SIGNATURE OF OFFICIAL DATE

APPLICATION DUE BY AUGUST 21, 2018

PLEASE SUBMIT YOUR REQUEST WITH SUPPORTING DOCUMENTATION TO:

**AMY ROSEN, DIRECTOR OF FISCAL AFFAIRS
MONROE COUNTY ADMINISTRATIVE CENTER
ONE QUAKER PLAZA, ROOM 204
STROUDSBURG, PA 18360-2164**

OR EMAIL TO: arosen@monroecountypa.gov