

**COUNTY OF MONROE  
APPLICATION FOR COUNTY AID ALLOCATION  
2025 BUDGET**

AGENCY NAME: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ FAX #: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

<b>STATE AGENCY'S PURPOSE &amp; MISSION</b>

ALLOCATION REQUEST: \_\_\_\_\_

<b>DESCRIBE PURPOSE FOR REQUEST. Additional pages may be used</b>

LOCAL MATCH REQUIREMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

<b>ADDITIONAL PERTINENT INFORMATION TO SUPPORT THE REQUEST</b>

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 30, 2024**

**PLEASE SUBMIT YOUR REQUEST WITH SUPPORTING DOCUMENTATION TO:**

**JENNIFER BARCLAY, DIRECTOR OF FISCAL AFFAIRS**

**MONROE COUNTY ADMINISTRATIVE CENTER**

**ONE QUAKER PLAZA, ROOM 204**

**STROUDSBURG, PA 18360-2164**

**OR EMAIL TO:**

[jbarclay@monroecountypa.gov](mailto:jbarclay@monroecountypa.gov)