



Powhatan County, Virginia
Finance Department
3834 Old Buckingham Rd Powhatan, VA, 23139
Email: cschubert@powhatanva.gov 804-598-5610

2026 Powhatan County Outside Agencies Funding Application

The County of Powhatan considers funding requests from local non-profit organizations that offer services to the citizens of the County. The application process for funding consideration in Fiscal Year 2026-2027 will be in the Fall of 2025. To be eligible for funding you must complete and sign this form and return to the Finance Department.

Please submit application to the Finance Department at cschubert@powhatanva.gov , you may also direct any questions or updates on the upcoming funding application process to the email listed.

Application is due on *Friday, November 14, 2025* in order to be considered for Fiscal Year 2026-2027 funding.

Check List	<p>Please include these attachments with your application:</p> <ul style="list-style-type: none">❖ Signed and completed application form❖ Most Recent Audit or Certified Financial Statement completed within the last 2 years❖ A maximum of 2 additional attachments that provide further information on the applying organization or program
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Section 1: General Agency Information

General Agency Information	_____		_____		
	Date of Application		Amount of Funding Requested		
	_____		_____		
	Agency Name		Agency EIN		
	_____		_____		
	Physical Address		City	State	Zip
	_____		_____	_____	_____
	Mailing Address (if different)		City	State	Zip
	_____		_____	_____	_____
	Executive Director Name				

Primary Contact Name (if someone other than Executive Director)					

Contact Phone		Contact Email Address			
_____		_____			
Website address (if any)					

General Agency Information (Continued)

Agency Mission Statement:

Has the Organization's name changed within the last 24 months?

Yes

No

Previous Agency Name: _____

Section 2: Powhatan County Program Review

Program Review

Program Description:

What is the overall program goal?

Section 2: Powhatan County Program Review (Continued)

Program Review	<p>How would you justify the need for this program?</p>
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Section 3: Powhatan County Strategic Plan

[County of Powhatan Strategic Plan](#)

For the following questions please review the County of Powhatan Strategic Plan linked above. List no more than 2 of the following Strategic Initiative(s) that would align best with this program. In the box below each, describe how your organization or program supports Powhatan County's Strategic Plan Priorities.

Strategic Initiatives	<ul style="list-style-type: none">❖ Financial Stability & Efficiency❖ Economic Prosperity❖ Housing & Residential Options❖ Quality of Life & Public Safety❖ Workforce & Government Operations❖ Rural Heritage & Resource Preservation
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Strategic Priority 1: _____

Strategic Priority 2:

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Age and Sex

Enter the unduplicated number of males and females served in each age category. Fill in the number of males and females in each age group. If age groups differ from your records, please estimate numbers for the categories listed.

	No. Served	% of Total Clients
5 years and under		
Male		
Female		
6 through 18 years		
Male		
Female		
19 through 54		
Male		
Female		
55 years and older		
Male		
Female		
Unknown age or gender		
Total		100.00%

Ethnicity

Provide information on the Ethnicity of the clients that your program is serving.

Ethnic/Racial Status	No. Served	% of Total Clients
African American		
Asian		
Hispanic		
Native American		
White		
Others		
Total		100.00%

Income

Provide information on the Income Level of the clients that your program is serving.

Income Group at time of Intake	No. Served	% of Total Clients
\$0 - \$10,999		
\$11,000 - \$29,999		
\$30,000 - Over		
Total		100.00%

Section 4: Powhatan County Citizen Impact

If Client Demographic Information is not available, please explain in detail how this program serves the citizens of Powhatan County. If detailed demographic information was provided in Section 4 please enter "n/a" below.

Section 6: Existing County Department Funding

Are you currently receiving funding from any other county departments? Yes No

If yes, from what department and how much?

Section 7: Signature and Certification

The Applicant covenants to save, defend, hold harmless and indemnify the County, and all of its officers, departments, agencies, agents and employees (Collectively the "County") from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability or exposure, however caused, resulting from, arising out of, or in any way connected with this application.

I certify that I have read and understand and am authorized to complete and submit this application on behalf of the Applicant. I verify that the statements contained herein are true, accurate and complete. I acknowledge that false and inaccurate statements made on the application are grounds for immediate rejection of the application.

On behalf of my organization, I will retain all records related to the application and any awarded funding from July 1, 2025, to June 30, 2026, and for three years thereafter. These records will include, but are not limited to, paid vouchers (including out-of-pocket expenses), reimbursement invoices, agency copies of periodic estimates for partial payments, ledgers, canceled checks, deposit slips, bank statements, journals, contract amendments, change orders, insurance documents, payroll documents, timesheets, memoranda, and correspondence. These records will be available to the County on demand and without prior notice during the Agency's normal working hours. County personnel may conduct in-progress and post-audits of the Agency's records due to the funding awarded from this application. Files will be accessible on demand and without notice during normal working hours.

Signature (Please print name above to certify)

Date

Contact Name and Title