

# AGENCY FINANCIAL INFORMATION WORKSHEET

## MIAMI-DADE COUNTY HOMELESS TRUST

Agency Name: \_\_\_\_\_

Please provide the following information:

1. Agency Fiscal Year
2. Total Agency-wide budget for current Fiscal Year
3. Total number of programs administered by the Agency
4. Total number of HOMELESS programs administered by the Agency
5. Please list other funding sources for agency programs:

\$

Agency Program Funded	Local	State	Federal	Other	Describe (name) Funding Source

Attach:

1. Agency-wide budget
2. Last independent outside audit of the agency serving as the primary applicant to this solicitation. Only one copy needs to be provided to the Homeless Trust, for each agency responding to this solicitation. If you are responding to two or more portions of of this solicitation, please include a complete copy of the independent audit in one of the Original responses to this solicitation. For subsiquesnt responses simply provide the cover page of the independent audit and hand write which proposal the full audit can be found.