

**DORCHESTER COUNTY
FY2027 BUDGET REQUEST FORM**



*Dorchester County Government is charged with being fiscally prudent
with tax payer receipts and federal / state funding earmarks.*

Entity Name: _____ **EIN:** _____

Physical Address: _____

Mailing Address: _____

Requestor's Name: _____ **Phone:** _____ **Email:** _____

Attach the following:

- Proof of good standing with the State of Maryland
- Last audited/unaudited yearly (includes 12 months) financial statements, including Balance Sheet, Income Statement (Profit Loss) and Budget.
- List of Board of Directors or Advisory Committee

Funding Request

Operating: \$ _____ Capital: \$ _____

Justification: _____

Will your organization augment the funding request with in-kind services or contract out for any additional resources needed? If so, please describe. _____

Proof of Community Building Mission

a. How many people are intended to be served / impacted? _____

b. What is the targeted population within Dorchester County? _____

c. What is the intended outcome? _____

d. How will the results be monitored for success or failure? _____

Submission Details

Dorchester County Office Building
501 Court Lane, Room 108 or PO Box 26, Cambridge, MD 21613
Email: info@dorchestermd.gov
Deadline: February 15, 2026