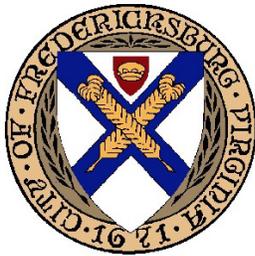


Partner Agency

Application for Funding



City of
Fredericksburg



Caroline
County



King George
County



Spotsylvania
County



Stafford
County

FY 2016

Guidelines for Completion of Agency Application for Funding

Each agency will fill out ONE application that will be submitted via the Drop box which will be accessible to all localities. (See separate instructions of how to place the application in the Drop Box) In reviewing agency requests for the upcoming fiscal year City/County staff will continue to review program requests closely to evaluate how programs serve the citizens of our region as well as each locality specifically. In addition City/County staff will continue to evaluate outcome measurements for each program requesting funding to determine impact the programs have on the region as well as each City/County within the Planning District 16 and to avoid duplication of services.

Please read the application carefully and provide all information requested. Incorrect or missing information could mean that your application will not be considered. This application is available in the DropBox at www.dropbox.com in the folder labeled Partner Agency Collaboration Work. The following pages detail the specific instructions for completing the application documents.

In order for your organization to be considered for funding in FY2016, your application and all supporting information must be submitted to the Drop Box:

All applications must be received by October 24th, 2014. Please submit electronically to the Drop Box all required documents.

The City/County's schedule for development of the FY2016 budget is as follows:

- September 5, 2014 – Applications and instructions emailed to partner agencies, application also placed in the Drop Box.
- October 24, 2014 – Applications from partner agencies are due by 4:30 p.m.

	Fredericksburg	Caroline	King George	Spotsylvania	Stafford
Recommended FY 2016 Budget presentation to elected officials	March 10, 2015	March 10, 2015	March 26, 2015	February 10, 2015	March 3, 2015
Budget public hearing	April 14, 2015 7:30 pm at City Hall	March 24, 2015 7:30 pm at Community Services Building	April 21, 2015	March 26, 2015 6:30 pm at Courtland High School	April 14, 2015 at Administration Center
Adoption of FY 2016 Budget	May, 2015	April 14, 2015	April 30, 2015	April 14, 2015	April 21, 2015

*These dates are preliminary, pending approval by the Board of Supervisors within each locality

If there are questions regarding the schedule please contact:

Amanda Lickey - City of Fredericksburg allickey@fredericksburgva.gov

Fran Hatcher - Caroline County fhatcher@co.caroline.va.us

Robyn Shugart - King George County rshugart@co.kinggeorge.state.va.us

Holly Dove - Spotsylvania County hdove@spotsylvania.va.us

Donna Krauss - Stafford County dkrauss@staffordcountyva.gov

Donna Olsen- Stafford County dolsen@staffordcountyva.gov

Partner Agency Funding Application
FY2016

Face Sheet

The FACE SHEET is the cover sheet for your application and must be the first page submitted. Please complete the face sheet in its entirety. Incomplete applications will not be considered.

- Legal Name: This is the name of the organization applying for funds. Check the appropriate box indicating if this agency has received funds City /County funds in previous years.
- Street Address: The site address of the agency.
- Mailing Address: Include this only if the mailing address is different from the street address.
- Telephone Number: Please include the main telephone number of the agency.
- Federal Tax ID: You will find this number on your non-profit tax form or on your 501(c)(3) certificate. **Please Note:** All agencies applying for funds must have 501(c)(3) non-profit status. If your agency does not have 501(c)(3) status, your application will not be considered, unless it is a governmental entity.
- Website: If your agency has a website, include the web address here, or enter N/A.
- Email: If your agency has a general or information email, enter it here. If not, enter N/A.
- Agency Main Contact: This should be the main point of contact for this budget request application. In most cases, this should be the Agency's Executive Director. Program contacts should be listed under each program later in the application.
- Agency General Information: Include the mission statement of the agency. If your agency does not have a mission statement, briefly describe the purpose of the agency. This description should include the major goals for your agency's work, how it helps the community and how the community supports your agency. Please also include the number of years the agency has operated and the localities served by the agency.
- The budget information contained on the face sheet is for the **overall agency budget, separated by program and category**. List each program of the agency for which you are requesting funding in lines 1 through 5. Include program expenditures in each of the following categories:
 - Personnel Expenses: This category includes salaries and wages earned by the program's regular full-time and part-time employees.
 - Benefits: This category includes any benefit costs associated with personnel expenditures. Include premiums for insurance, pension/retirement plans, medical insurance and any other employee benefits, FICA, unemployment insurance, workers compensation and disability premiums and any other personnel related expense incurred by the program.
 - Operating Expenses: This category should include items such as purchased services, utilities, communications, insurance, lease, rentals, travel, training, dues, memberships, materials and supplies needed to implement the program.
 - Total Program Budget: This is the total of the personnel, benefits, and operating expenses per program.
 - Agency Administration: This includes administrative expenses that are not specifically associated with a program, but are necessary for the operation of the agency as a whole.
 - Capital Outlay: Include the total budget for capital projects, along with the amount requested from the City/County for this project. Additional information may be required by County Administration to review your application if capital funds are requested.
 - Total Agency Budget: This should give the entire agency budget in each of the above categories.

At the bottom of the face sheet is a checklist with all the required documentation that must be submitted with your application.

Partner Agency Funding Application
FY2016

Budget Explanations

Insert the agency name at the top of this sheet. Use the three blocks in this portion of the application to explain variations in the budget amounts for each category. This should detail if increases or decreases from previous years have been requested. If you are requesting capital funding, please detail the reasons for this request. The third page details historical information on the agency's total budget, broken out by locality. **The fourth page details additional information on legislative concerns and agency needs.**

Locality Notes

Insert the agency name at the top of this sheet. **This sheet provides a block for specific notes or comments to each locality that may be relevant to your application.**

Program Information

This section of the application must be completed for **EACH** program for which your agency is requesting funding. There are limitations on how many lines of text are allowed for some of the numbered responses. Insert the program name at the top of each page along with the appropriate page number for your application.

- Program Name: List the name of the program for which funding is requested. Indicate if this is a new program.
- Program Contact: Indicate the main contact of the program, including title, phone number and email.
- Program Purpose/Description: Describe the purpose of the program and why it exists.
- Justification of Need: State clearly how this program will impact citizens and what needs will be met by funding this program. Include relevant data and how the services you have described will meet the needs identified by this data.
- **Program Collaboration: Describe collaborative efforts and key partnerships for each program.**
- Program Audience and Service Delivery: Describe the program audience, service area, and the duration, frequency, and the geographic location of the service.
- Client Fees: Describe all fees associated with the service provided that are assessed to the client.
- Budget Information: Please input the financial information for the program for which you are requesting funds. Each area must be completed if you are receiving money from the sources listed. Please ensure each yearly column is completed. If there are increases/decreases in funding requests those must be detailed below the chart specifically describing the reasons for the increases/decreases.
 - Locality figures should correspond to any amounts awarded to your agency in each fiscal year, along with the requested amounts for FY2016.
 - United Way: Include your agency's annual allocation and any one-time grants you received.
 - Grants: Include funding you received from any grant agencies, e.g., state, federal, other local governments, private foundations, etc.
 - Client Fees: Include any revenue collected on fees assessed for services.
 - Fundraising: Include fundraising activities, donations, etc. Estimate the amount you plan to raise for FY2016.
 - Other Revenue: Include any other sources of revenue for your agency.

Program Information (*continued*)

- **Goals, Objectives & Evaluation:** A goal is what you generally want to accomplish with your program. Objectives are measurable outcomes that relate to your goal. The time frame for your goal and objectives should be within the time for which you are requesting funding. You must include at least two measurable objectives (outcomes) that you hope to accomplish by the time the funding period is completed for this project. Please describe how you plan to evaluate your objectives. Describe what type of records you will be keeping to document your objectives (outcomes). How will you know whether your objectives (outcomes) have been accomplished? How will your program address those objectives that have not been accomplished? How will your program determine future objectives? Who is going to be responsible for keeping program information that can be used in your evaluation reports to the localities? Will you be doing any follow-up with clients after they have left your program? If so, how will you do this and what do you hope to monitor? If your program has requested funding from the United Way include the **Logic Model** as a supplemental attachment to the application.
- **Outcome Data:** Please indicate the most recent data available for your stated outcomes that describes the current status of those outcomes. Include the time period the data covers. If you do not have recent outcomes, please describe the reasons this information is not available. Include outcomes and specific data that describe the current status of the program that you are requesting funding for.
- **Program Goal Updates:** Please provide information regarding the current status of your program goal(s), given the outcome data you just reported. If your outcome data was not in line with your goals and objectives how will you modify your program to address this issue? What new activities or actions will you implement to improve your outcomes and further your goal?
- **Community Impact:** Please provide at least two examples of how your services have impacted members of our community.
- **Collaborative Impact:** Please describe how the community would be impacted if your agency were dissolved or merged with another partner agency.
- **Program Service Data:** Include the service period for the data you are listing. The chart should include the most recent data available for the program for which funding is requested. If any data is not available, detail the reasons for this under the chart. Please indicate systems or processes that are used and responsible parties. Please also describe how your projections are determined for the upcoming year.

Partner Agency Application for Funding

FY2016

FACE SHEET

Agency Name:					
<i>Has the City/ County Funded This Agency in Previous Years?</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address:					
Mailing Address/PO Box:					
City:		State:		Zip:	
Telephone Number:		Fax Number:			
Federal Tax ID #:					
Web Address:					
General Email Address:					
Agency Main Contact:		Title:			
Telephone Number:					
E-Mail Address:					

Agency General Information

Agency Mission:					
Number of years agency has been in operation:					
Localities Served:					

Agency Financial Information

	List Programs	Personnel Expenses	Benefits	Operating Expenses	Total Program Budget
1.					
2.					
3.					
4.					
5.					
Agency Administration:					
Capital Outlay:					
Total Agency Budget:					

If your application includes funding increases for personnel (to include new positions or merit / COLA increases), please check here and explain in detail the need for this type of increase under each program budget.

Submission Checklist: <i>(include 1 copies of each)</i>	<input type="checkbox"/> IRS 501(c)(3) Letter	<input type="checkbox"/> Audit Report <i>(with Audit Management Letter)</i>	<input type="checkbox"/> Current Financial statement	<input type="checkbox"/> IRS 990
<input type="checkbox"/> Accountant Contact Information	<input type="checkbox"/> Organizational Chart	<input type="checkbox"/> Current Board Roster <i>(with contact information)</i>	<input type="checkbox"/> Agency's Current Strategic Plan	

Agency Administrative Expenses:

In the box below, provide an overview of the administrative costs detailed on the face sheet for the agency as a whole. **Please provide justification for and specific amounts of administrative costs that are defrayed by locality funds.** If your agency is requesting an increase or decrease in administrative funding, please describe, in detail, the reasons for these changes. (The description should not exceed 15 lines of text.)

Capital Outlay:

In the box below, provide an overview of the capital expenses detailed on the face sheet for the agency as a whole. **Please provide justification for and specific amounts of capital costs that are defrayed by locality funds.** (The description should not exceed 10 lines of text.)

Personnel Expenses (General):

In the box below, provide an overview of any increases or decreases in general personnel expenses for the agency. This would include any planned or projected merit or COLA increases, or new positions being requested. Also include a description of any changes to agency benefits structure or cost. **(The description should not exceed 10 lines of text.)**

Partner Agency Funding Application FY 2016
BUDGET EXPLANATIONS

Budget Information

Please complete the following chart with the financial information for the agency as a whole. In each area include the budget specifically allocated to your agency from each locality/entity listed below.

	FY2014 Actual	FY2015 Budgeted	FY2016 Projected
Caroline			
Fredericksburg			
King George			
Spotsylvania			
Stafford			
United Way			
Grants			
Client Fees			
Fundraising			
Other <i>(explain below)</i>			
Total Agency Budget for PD16			

Detail below what is included in the category 'Other':

Partner Agency Funding Application FY 2016
BUDGET EXPLANATIONS

Agency Name:

Page 4

Please detail below any legislative initiatives or issues that may impact the agency for the upcoming year and how you are planning for them. This could include new legislation that may increase or decrease projected funding at any level (Federal/State/Local), or could affect grants or designated funds as they are currently received. If you are aware of "outside" funding sources that will expire or be reduced on a set cycle or date, please note those below and how you are planning for them.

Please detail below any identified agency needs or areas of concern that are currently not being addressed in your funding request. This could include training or technical assistance for specific areas, administrative support for a program or service, evaluation of current programs, or consultation for strategic planning, board support, or fundraising.

Partner Agency Funding Application FY 2016
LOCALITY NOTES

Agency Name:

Page 5

Please use the area below to provide any locality specific notes or statements that may be relevant to your application.

City of Fredericksburg:

Caroline County:

King George County:

Spotsylvania County:

Stafford County:

Partner Agency Funding Application FY2016
PROGRAM INFORMATION

Program Name:	Page

Each agency submitting a funding request must fill out the following pages for each program serving citizens within the region and for which funding is requested. Any incomplete applications or programs that do not have a full application will not be considered for funding. PLEASE do not include any unrequested information. Each locality reserves the right to request additional information once the application has been submitted.

Program Name:		Is this a new program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Program Contact:		Title:	
Telephone Number:			
E-Mail Address:			

1. Program Purpose/Description: *(the following description should not exceed 10 lines of text)*

--

2. Justification of Need: *(Please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request. If this is a new program, be sure to include the benefit to the region for funding a new request. The following should not exceed 10 lines of text, and should include the most recent data available.)*

--

3. Program Collaboration: *(The following should describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area, and should not exceed 10 lines of text.)*

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Partner Agency Funding Application FY 2016
PROGRAM INFORMATION

Program Name:	Page

4. Program Audience and Service Delivery: *(The following should describe the program's intended audience or client base and how those clients are served. This should include the location of the service and what geographic areas are served or targeted for service. If your program has specific entry or application criteria, please describe it below. Please do not exceed 10 lines of text.)*

5. Client Fees: *(Please describe the fees clients must pay for the services provided in this program, and how those fees are determined.)*

6. Budget Information: *(Please complete the following chart with the financial information for this program. In each area include the dollars specifically allocated/requested for this program.)*

	FY2014 Actual	FY2015 Budgeted	FY2016 Projected
Caroline			
Fredericksburg			
King George			
Spotsylvania			
Stafford			
United Way			
Grants			
Client Fees			
Fundraising			
Other			
Total Program Budget for PD16			

Please indicate, in detail, reasons for increases or decreases in the amounts requested for FY2016. Include whether these changes come from increases in personnel, benefits, or operating expenses. If an increase is being requested, please describe the impact not receiving an increase would have on the program. In particular, please describe in detail if any increase is sought for new positions or personnel.

Partner Agency Funding Application FY 2016
PROGRAM INFORMATION

Program Name:	Page

7. Goals, Objectives, & Evaluation: *(Please provide the following information regarding the goals and objectives for your program. Space has been provided for two goals, with two objectives per goal. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Individual descriptions should not exceed 5 lines of text.)*

Program Goal 1:

--

Objectives:

1a.	
------------	--

1b.	
------------	--

Program Goal 2:

--

Objectives:

2a.	
------------	--

2b.

Partner Agency Funding Application FY 2016
PROGRAM INFORMATION

Program Name:

Page

Evaluation Method: *(Please describe the method used to measure the above goals/objectives. Please do not exceed 10 lines of text.)*

8. Outcome Data: *(Please give the most recent outcome data for the objectives above. Indicate below what time period the data covers.)*

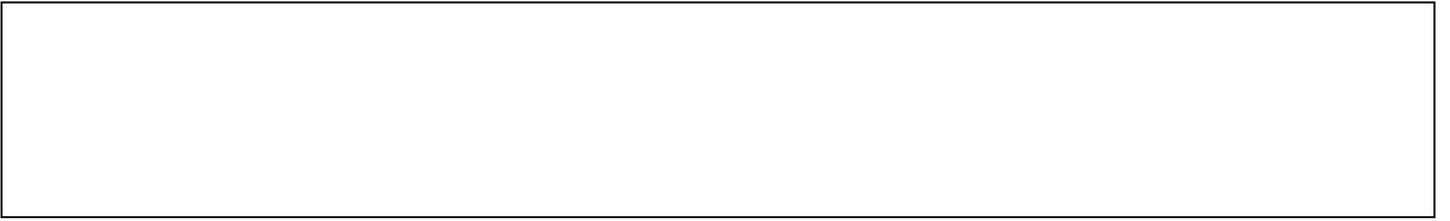
Data Collection Period:

Objective 1a.

Objective 1b.

Objective 2a.

Objective 2b.



Partner Agency Funding Application FY 2016
PROGRAM INFORMATION

Program Name:

Page

9. Program Goal Updates: *(Please provide a brief description of the current status of your program goal(s), given your outcome data. For example, if reported data was well below the stated outcome measure, please indicate why you feel that is the case. Also, include how your outcome data will influence or modify the program for the upcoming fiscal year. These descriptions should not exceed 20 lines of text.)*

Program Goal 1:

Program Goal 2:

10. Community Impact: *(Please provide at least two examples of how your services have impacted members of our community. This description should not exceed 20 lines of text.)*

11. Collaborative Impact: *(Please describe how the community would be impacted if your agency were dissolved or merged with another partner agency. This description should not exceed 20 lines of text.)*

Partner Agency Funding Application FY 2016
SERVICE DATA

Program Name:	Page

Program Service Data: **Service Period:** _____ **to** _____

Locality Served	Total Served		Gender		Race					
	FY2014	FY2016*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian	Other
Fredericksburg										
Caroline										
King George										
Spotsylvania										
Stafford										
Other										
Total										

**Please include the projected number to be served in each locality for the upcoming fiscal year.*

Locality Served	Age Groups								Income Levels				
	0-4	5-10	11-13	14-18	19-25	26-40	41-60	60 +	Under \$10,000	\$10,000 - \$19,000	\$20,000 - \$39,000	\$40,000 - \$59,000	Over \$60,000
Fredericksburg													
Caroline													
King George													
Spotsylvania													
Stafford													
Other													
Total													

Please describe below your data collection methodology and tracking measures. Indicate systems or processes that are used and responsible parties. Please also describe how your projections are determined for the upcoming year. If any of the above information is not available, please indicate why: