



## APPLICATION FORM

All applications must include the following information. Separate applications must be submitted for each eligible program. **Deadline: June 1, 2016.** Please include this application form with electronic entry.


### PROGRAM INFORMATION

County: Stafford  
Program Title: Stafford County's Partner Agency Funding Process  
Program Category: Health & Human Services

### CONTACT INFORMATION

Name: Donna Krauss  
Title: Assistant to the County Administrator for Human Services  
Department: Human Services  
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### SIGNATURE OF COUNTY ADMINISTRATOR OR CHIEF ADMINISTRATIVE OFFICER

Name: Anthony Romanello  
Title: County Administrator  
Signature: 

# **Stafford County's Partner Agency Funding Process**

## **Overview**

Within the Fredericksburg region multiple intergovernmental, not-for-profit, and faith-based organizations provide much needed supportive services to our citizens. They often fill a service gap to some of our neediest citizens. As a region, our local governments provide financial support to these agencies. Stafford County funded 31 of these agencies in FY16. It is our vision that together we can make sound, fiscally responsible, and impactful decisions for our communities.

Stafford County initiated a collaborative funding model strategy for Planning District 16 localities to include Stafford, Spotsylvania, King George, and Caroline Counties and the City of Fredericksburg in response to the Stafford County Human Services Master Plan. The goal is to create a holistic, collaborative system of service delivery that will provide citizens with quality, cost effective, preventive services.

## **Problem or Need**

Each local government within the Fredericksburg region had its own processes or lacked a process for determining the level of funding for the various partner agencies within the region. Funding levels provided by local governments in operating budgets were frequently not based on data and were based on "agency" requests rather than on programs provided to the community. This created individual silos and a lack of coordination among the localities with regard to partner agency regional funding requests.

The partner agencies lacked the understanding of how funding decisions were made or on what relevant data the decisions were based. Additionally, there was a lack of system-wide collaboration. This lack of collaboration creates a fracture in the delivery of human services within our community which in turn can cause miscommunication among community partners, lack of understanding of available services, a lack of cooperation among partner agencies, gaps in services, and duplication of services.

## **Description**

Collaborating on a funding approach provided an opportunity to discern what role local government has in providing financial support to human service organizations within the community. The regional funding process focused on how our approach to funding is unified, rather than what each local government contributed. Each locality still maintained the flexibility to work within its budget and the identified priorities as developed by its elected officials.

The following objectives were identified in the process:

- Create a dialogue between all the local governments in the region during the funding process to evaluate each agency.
- Provide an opportunity as a region to evaluate each agency's identified outcomes and measures, types of populations being served, and financial management of the dollars awarded.
- Collaboration between all agencies.
- Shift the funding process from agency based to program based.
- Strengthen dialogue between local governments and partner agencies.
- Streamline the application process for partner agencies.

This new approach began the process of examining programs rather than reviewing "agencies", and community impacts to ensure funds were utilized in accountable ways and to ensure fiscal soundness. This was the beginning of a culture shift within our community, one that promoted information sharing, program and cross agency service delivery and collaboration as well as

cross-agency sustainability plans to ensure continuous service delivery. This methodology assures consistent, sustained services in the face of turnover, staff loss and reductions in available funding or grants.

As a first step, the five localities within the planning district began to use the same funding request application to create uniformity in the information being gathered by each locality. This included regional discussions with five localities in Planning District 16 as well as the same timeline for submissions to each locality. Staff also held regional roundtable discussions to maintain communication and address areas of concern.

The next step was to create a more collaborative process that would aid each individual locality in making funding determinations. This approach created a dialogue between all local governments during the budgeting process. The process strategically analyzed each “program” and the impact that “program” had on the community to ensure funds were maximized. As we reviewed all programs within the agency request, we focused on outcomes/measures, types of populations being served, how agencies were managing the funding they received, and how they impact the community. This created transparency and a shift to a sustainable collaborative funding model for partner agency requests.

The program-based funding began the culture shift that promotes information sharing, program and cross-agency service delivery and collaboration, as well as cross-agency sustainability plans to ensure continuous service delivery to citizens.

The next phase includes the use of a web-based platform, which provides more efficiency in the application process and provides information to localities on program outcomes and historical data that is important when making funding recommendations.

## **Response to Economic Downturn**

As a result of the downturn in the economy Stafford County began to adapt its approach to budgeting due to the financial constraints the community was experiencing. This causal effect provided an opportunity to re-evaluate our approach to funding partner agencies and examine our processes.

## **Use of Technology**

Using technology was a key factor in the success of our process. Initially, we were utilizing an application based in Excel to create the unified funding application. Subsequently, we began to use a cloud-based tool to store all the applications. This created an opportunity for each locality to access the agency applications and all related financial information submitted by the agency via the web. Our next step is to use a web-based portal that will provide a fillable application on the web as well as access for each agency, locality, and volunteer.

## **Cost**

There has been no cost associated with the program thus far. There will be a minimal cost for all five localities for the web-based portal software - initially \$20,000 and then an average yearly fee of \$1,500 for maintenance of the software.

## **Results and Success**

Success of the program can be measured in multiple ways:

- New partnerships were formed with our counterparts in the region. During the budget process, we meet frequently to discuss agency funding requests.

- We organize two roundtables yearly (outside of the budget process) with localities to discuss concerns and our ongoing process with the program.
- We schedule meetings with partner agencies as a region twice annually to discuss concerns and ongoing plans and to provide updates.
- During the budget process, localities meet to discuss specifics related to funding requests that encompass the region and make recommendations for decisions in a collaborative setting.
- During the budget process, localities meet regionally with agency/agencies to discuss requests, ask questions, gain clarity, or provide information.

Some examples of our successes:

- We implemented a regional approach to community mental health funding requests and needs of citizens.
- We helped to facilitate a regional approach to region's homeless shelter funding.
- Stafford facilitated a partnership between non-profit providing maternity services to at-risk mothers and the region's health district.
- The County Identified a minimal usage in court proceedings related to Court Appointed Special Advocates (CASA), thus creating an opportunity to facilitate education and partnership between CASA, the courts, and the Department of Social Services in Stafford.
- We transitioned Stafford County to program-based funding rather than agency based funding as reflected in our budget documents.

The outcomes of this regional collaboration resulted in an updated application that focuses on the information desired by localities, a true 'single' application, and regional cooperation to better serve the community. A more uniform review process was created that helps local governing bodies feel more confident in the staff review process.

## **Worthiness**

Localities in Stafford's planning district identified the need for a more collaborative funding approach for partner agencies. The localities worked together to create a single process, with one uniform application that was engaging and promoted continuous communication between localities and the agencies receiving sufficient funding to remain sustainable.

The changes in this process facilitated cross-jurisdictional collaboration, ensured fiscally accountable use of funds and ensured citizens are receiving services that are vital to the success of their lives. In addition, the new collaborative funding model promotes intergovernmental cooperation and coordination in addressing the need for a sustainable and more transparent funding process for government entities, partner agencies and most importantly the citizens.

This program is worthy of an award because it streamlined the funding of partner agencies in Planning District 16 through the innovative use of collaboration and a unified funding process, while making a positive impact on the success of the lives of those who need the services. This program and approach could easily be duplicated and utilized by other localities.

## **Summary for Press**

Stafford County initiated a collaborative funding model plan for Planning District 16 localities to include Stafford, Spotsylvania, King George, and Caroline Counties and the City of Fredericksburg in response to the Stafford County Human Services Master Plan. The goal is to create a holistic, collaborative system of service delivery that will provide citizens with quality, cost effective, preventive services.

Within the Fredericksburg region, there are multiple intergovernmental, non-profit, and faith-based organizations that provide much needed supportive services to our citizens. They often fill a service gap to citizens who need the most support from its government. As a region, our local governments provide financial support to these agencies. It is our vision that together we can make sound, fiscally responsible, and impactful decisions for our communities.

Collaborating on a funding approach provided an opportunity to discern what role local government has in providing financial support to human service organizations within the

community. The five localities and partner agencies within the planning district began to use the same funding request application to create uniformity in the information being gathered by each locality. This uniformity also streamlines the process for our partner agencies as they complete a single application and submit to a sole location online where all five localities can access the information required to process the requests. The outcomes of this regional collaboration resulted in an updated application that focuses on the information desired by localities, a true ‘single’ application, and regional cooperation to better serve the community. Our next step is to use a web-based portal that will provide a fillable application on the web as well as access for each agency, locality, and volunteer.

## **Supplemental Material**

Attached please find:

- A completed funding application request.
- Regional chart detailing all partner and intergovernmental agencies granted funding in PD 16 in FY2016.
- Listing of Stafford County’s partner agency funding broken out by program. In FY17 Stafford County began program based funding for their partner agencies.



<b>Agency Name:</b>	<b>Healthy Families Rappahannock Area (HFRA)</b>			
<b>Physical Address:</b>	3302 Bourbon Street, 2nd Floor			
<b>Mailing Address:</b>	Same			
<b>City:</b>	Fredericksburg	<b>State:</b>	VA	<b>Zip:</b> 22408
<b>Telephone Number:</b>	540-374-3366	<b>Fax:</b>	540-899-4361	
<b>Federal Tax ID #:</b>	54-2029476			
<b>Web Address:</b>	healthyfamiliesrappahannock.org			
<b>General Email Address:</b>	hfamily2@racs.state.va.us			
<b>Agency Main Contact:</b>	Michele Powell	<b>Title:</b>	Program Manager	
<b>Telephone Number:</b>	540-374-3366 ext. 118			
<b>E-Mail Address:</b>	michelepowell@racs.state.va.us			

**Agency Mission:**

Empowering parents to raise healthy children

**Number of years agency has been in operation:** 17

**Localities Served:**

City of Fredericksburg and the counties of Caroline, King George, Spotsylvania, and Stafford

**Total Projected Agency Expenses for FY2017**

List Program Title/Name		Salary	Benefits	Operating Expenses	Capital Expenses	Total
Program 1	HFRA	\$ 220,340.00	\$ 64,699.00	\$ 202,818.00	\$ -	\$ 487,857.00
Program 2		\$ -	\$ -	\$ -	\$ -	\$ -
Program 3		\$ -	\$ -	\$ -	\$ -	\$ -
Program 4		\$ -	\$ -	\$ -	\$ -	\$ -
Program 5		\$ -	\$ -	\$ -	\$ -	\$ -
Total Program Budgets		\$ 220,340.00	\$ 64,699.00	\$ 202,818.00	\$ -	\$ 487,857.00
Agency Administrative Expenses		\$ -	\$ -	\$ -	\$ -	\$ -
Total Agency Expenses		\$ 220,340.00	\$ 64,699.00	\$ 202,818.00	\$ -	\$ 487,857.00

**Total Agency Revenues**

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
<b>Caroline</b>	\$ -	\$ -	\$ 2,880.00
<b>Fredericksburg</b>	\$ 9,000.00	\$ 9,000.00	\$ 10,530.00
<b>King George</b>	\$ -	\$ -	\$ 3,454.00
<b>Spotsylvania</b>	\$ 16,800.00	\$ 16,000.00	\$ 19,800.00
<b>Stafford</b>	\$ 7,200.00	\$ 7,200.00	\$ 9,432.00
<b>United Way</b>	\$ 63,779.97	\$ 70,000.00	\$ 70,000.00
<b>Grants</b>	\$ 123,783.67	\$ 181,237.00	\$ 181,237.00
<b>Client Fees</b>	\$ -	\$ -	\$ -
<b>Fundraising</b>	\$ 1,315.27	\$ 3,000.00	\$ 5,000.00
<b>Other*</b>	\$ 193,605.50	\$ 177,787.00	\$ 185,524.00
<b>Total Agency Revenues</b>	\$ 415,484.41	\$ 464,224.00	\$ 487,857.00

**\*Detail below what revenues are included under "Other", in the table above:**

Third-party Medicaid billing for case management services provided and retained earnings from prior year's budget

Agency Name: **Healthy Families Rappahannock Area (HFRA)**

### Agency Administrative Expenses Overview

In the box below, provide an overview of the administrative costs detailed on the Agency Overview Tab, in the Total Projected Agency Expenses table for the agency as a whole. If your agency is requesting an increase or decrease in administrative funding, please describe, in detail, the reasons for these changes. Please provide justification for and specific amounts of administrative costs that are defrayed by locality funds (as detailed in the chart below). (Do not exceed 15 lines of text.)

No agency administrative expenses are requested

### Administrative Revenue

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
Caroline			
Fredericksburg			
King George			
Spotsylvania			
Stafford			
United Way			
Grants			
Client Fees			
Fundraising			
Other*			
<b>Total Agency Revenues</b>	\$ -	\$ -	\$ -

*\*Detail below what revenues are included under "Other", in the table above:*

### Agency Capital Expenses Overview

In the box below, provide an overview of the capital costs detailed on the Agency Overview Tab, in the Total Projected Agency Expenses table, 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 15 lines of text.)

No Capital Outlay Expenses are requested



Agency Name:

Healthy Families Rappahannock Area (HFRA)

### Salary & Benefit Expenses Overview

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.)

In FY2015, HFRA received 1,046 referrals from at-risk parents needing family support. This is a 33% increase over FY2014 referrals of 786. HFRA maximum home visiting service capacity is 145 families yet in FY15 80 vulnerable families were turned away due to lack of staff. In order to serve the increased demand from the community, HFRA is looking to hire two additional Family Support Workers to reduce the 80 families turned away to 30 families; a 62.5% decrease.

### Budget Issues

Please detail below any legislative initiatives or issues that may impact the agency for the upcoming year. 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.

HFRA and 31 other Healthy Families sites across Virginia receive advocacy guidance each year from Healthy Families Virginia (HFV). This year's advocacy strategy is to ask for a small increase since this will be Governor McAuliffe's first budget. Funding is not guaranteed and advocacy efforts are predicated upon inclusion or exclusion of the budget. HFRA currently receives \$134,972.

Healthy Families Virginia participates on the Commonwealth Council on Childhood Success (CCCS) created by Governor McAuliffe. The CCCS is chaired by Lt. Governor Northam and focuses on improving the health, education, and well-being of our youngest children. The CCCS developed recommendations that were submitted to the Governor's administration. The CCCS Recommendation #3: Ensure the well-being of our youngest and most vulnerable children and identify timely interventions. Priority Strategy: Virginia should expand the state's investment in home visiting for at-risk families who are pregnant or have children under the age of 6, to meet at least 25% of the need statewide. The Virginia Home Visiting Consortium (HVC) should advise on communities that would benefit most from additional services. Per this recommendation the Virginia Home Visiting Consortium developed a sustainability plan to expand access to high quality home visiting services throughout the Commonwealth. The HVC proposed that an initial investment of an additional \$11.25 million dollars over two fiscal years to serve 1,000 new families and strengthen the statewide infrastructure to support local capacity for future expansion be considered.

It is our hope that local governments will follow suit and foster a more collaborative partnership with the home visiting programs like, HFRA and other services, to better serve PD16 youngest citizens.

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.

Healthy Families Rappahannock Area has identified an opportunity for county governments to provide administrative support in developing and expanding collaborative partnerships. HFRA would like to continue to improve its ability to access prenatal mothers within the local health departments. HFRA is currently receiving referrals from the WIC program; however referrals from the maternity clinics have decreased to an all-time low. HFRA knows that engaging families early is critical and would like to become a more recognized partner with the county health departments by offering assistance during maternity clinics and shifting the responsibility of completing the HFRA screen from nurses/HD staff to on-site HFRA Family Resource Specialist. HFRA feels this collaboration will lessen the workload of the nurses/HD staff, increase prenatal mother's awareness of available support services and allow HFRA to become a more effective partner within the continuum of care for families.

Support from local county governments, in the form of increased funding and facilitating the development of a MOA between county, health departments and HFRA would provide all mothers using the maternity clinics the opportunity to receive education and support early in their pregnancies, when it is proven to be most effective.

<b>Agency Name:</b>	<b>Healthy Families Rappahannock Area (HFRA)</b>
<b>Locality Notes</b>	
<i>Please use the spaces below to provide any locality specific notes or statements that may be relevant to your application.</i>	
<b>City of Fredericksburg</b>	
<p>In FY13 &amp; FY14, 145 children were victims of abuse; a 25% increase over FY12 &amp; FY13 data. Forty children suffered physical and sexual abuse (27.5%), 103 experienced parental neglect (71%), and 2 infants were born substance exposed (1.3%). An evaluation demonstrated that since 2003, HFRA had no founded cases of child maltreatment among participants. This is particularly impressive considering HFRA focuses on parents most at risk. In FY14, the city spent \$1,680,306 (PD16-\$17,534,405) on treatment services (e.g., foster care, special ed., CPS cases) for 78 children. That calculates to \$21,542/child. HFRA estimated service cost is \$4,000/ child. Therefore, prevention would have cost \$312,000, a city savings of \$1,368,306. Return on investment research suggest when communities focus on low-income parents, costs are recovered by the time a child reaches age four, by the time children reach age 15, the cost savings quadruple the original investment because of reductions in crime, welfare expenditures, health-care costs, and taxes paid by newly working parents.</p>	
<b>Caroline County</b>	
<p>In FY13 &amp; FY14, 69 children were victims of abuse. Thirty-two children suffered physical and sexual abuse (46.3%), thirty-six experienced parental neglect (52.1%), and one infant was born substance exposed (1.4%). An evaluation demonstrated that since 2003, HFRA had no founded cases of child maltreatment among participants. This is particularly impressive considering HFRA focuses on parents most at risk. In FY14, the county spent \$2,319,717 (PD16-\$17,534,405) on treatment services (e.g., foster care, special ed., CPS cases) for 58 children. That calculates to \$39,995/child. HFRA estimated service cost is \$4,000/ child. Therefore, prevention would have cost \$232,000, a county savings of \$2,087,717. Return on investment research suggest when communities focus on low-income parents, costs are recovered by the time a child reaches age four, by the time children reach age 15, the cost savings quadruple the original investment because of reductions in crime, welfare expenditures, health-care costs, and taxes paid by newly working parents.</p>	
<b>King George County</b>	
<p>In FY13 &amp; FY14, 35 children were victims of abuse; the same number of victims for FY12 and FY13. Twenty-three children suffered physical and sexual abuse (65.7%), and twelve experienced parental neglect (34.2%). An evaluation demonstrated that since 2003, HFRA had no founded cases of child maltreatment among participants. This is particularly impressive considering HFRA focuses on parents most at risk. In FY14, the county spent \$1,938,944 (PD16-\$17,534,405) on treatment services (e.g., foster care, special ed., CPS cases) for 85 children. That calculates to \$22,811/child. HFRA estimated service cost is \$4,000/ child. Therefore, prevention would have cost \$340,000, a county savings of \$1,598,944. Return on investment research suggest when communities focus on low-income parents, costs are recovered by the time a child reaches age four, by the time children reach age 15, the cost savings quadruple the original investment because of reductions in crime, welfare expenditures, health-care costs, and taxes paid by newly working parents.</p>	
<b>Spotsylvania County</b>	
<p>In FY13 &amp; FY14, 279 children were victims of abuse. One hundred and twenty-two children suffered physical and sexual abuse (43.7%), 82 experienced parental neglect (29.3%), two infants were born substance exposed (0.7%) and eight children's abuse was listed as "other" (2.8%). An evaluation demonstrated that since 2003, HFRA had no cases of child abuse among participants. This is particularly impressive considering HFRA focuses on parents most at risk. In FY14, the county spent \$7,498,458 (PD16-\$17,534,405) on treatment services (e.g., foster care, CPS cases, etc.) for 270 children. That calculates to \$27,772/child, HFRA cost is \$4,000/ child. Therefore, prevention would have cost \$1,080,000; savings of \$6,418,458. Return on investment suggest when communities focus on low-income parents, costs are recovered by the time a child reaches age four, by the time children reach age 15, the cost savings quadruple the original investment because of reductions in crime, welfare expenditures, health-care costs, and taxes paid by newly working parents.</p>	
<b>Stafford County</b>	
<p>In FY13 &amp; FY14, 108 children were victims of abuse. Thirty-three children suffered physical and sexual abuse (30.5%), 69 experienced parental neglect (63.8%), five infants were born substance exposed (4.6%) and one child's abuse was listed as "other" (0.9%). An evaluation demonstrated that since 2003, HFRA had no cases of child abuse among participants. This is particularly impressive considering HFRA focuses on parents most at risk. In FY2014, the county spent \$4,096,980 (PD16-\$17,534,405) on treatment services (e.g., foster care, CPS cases, etc.) for 187 children. That calculates to \$21,908/child, HFRA cost is \$4,000/ child. Therefore, prevention would have cost \$748,000; a savings of \$3,348,980. Return on investment suggest when communities focus on low-income parents, costs are recovered by the time a child reaches age four, by the time children reach age 15, the savings quadruple the original investment due to reductions in crime, welfare expenditures, health-care costs, and taxes paid by newly working parents.</p>	



<b>Agency Name:</b>	Healthy Families Rappahannock Area (HFRA)		
<b>Program Name:</b>	HFRA		
<b>Program Contact:</b>	Michele Powell	<b>Title:</b>	Program Manager
<b>Telephone Number:</b>	540-374-3366 ext. 118		
<b>E-Mail Address:</b>	michelepowell@racsb.state.va.us		

**Projected Program Expenses for FY2017**

Program Name	Salary	Benefits	Operating Expenses	Capital Expenses	Total
HFRA	\$ 220,340.00	\$ 64,699.00	\$ 202,818.00	\$ -	\$ 487,857.00

**Program Revenues**

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
Caroline	\$ -	\$ -	\$ 2,880.00
Fredericksburg	\$ 9,000.00	\$ 9,000.00	\$ 10,530.00
King George	\$ -	\$ -	\$ 3,454.00
Spotsylvania	\$ 16,800.00	\$ 16,000.00	\$ 19,800.00
Stafford	\$ 7,200.00	\$ 7,200.00	\$ 9,432.00
United Way	\$ 63,779.97	\$ 70,000.00	\$ 70,000.00
Grants	\$ 123,783.67	\$ 181,237.00	\$ 181,237.00
Client Fees	\$ -	\$ -	\$ -
Fundraising	\$ 1,315.27	\$ 3,000.00	\$ 5,000.00
Other*	\$ 193,605.50	\$ 177,787.00	\$ 185,524.00
<b>Total Agency Revenues</b>	<b>\$ 415,484.41</b>	<b>\$ 464,224.00</b>	<b>\$ 487,857.00</b>

**\*Detail below what revenues are included under "Other", in the table above:**

Third-party Medicaid billing for case management services provided and retained earnings from the prior year's budget

In the box below, please indicate, in detail, reasons for increases or decreases in the amounts requested for FY 2017. 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.

In FY2015, HFRA received 1,046 referrals from at-risk parents needing family support. This is a 33% increase over FY2014 referrals of 786. HFRA maximum home visiting service capacity is 145 families yet in FY15 80 vulnerable families were turned away due to lack of staff. In order to serve the increased demand from the community, HFRA is looking to hire two additional Family Support Workers to reduce the 80 families turned away to 30 families; a 62.5% decrease.

**Client Fees**

In the box below, please describe the fees clients must pay for the services provided by this program. Please also include how those fees are determined and if any scales are used, or if determinations are made on an ability to pay basis. This description should not exceed 10 lines of text.

Services are free; there is no cost to families

<b>Agency Name:</b>	<b>Healthy Families Rappahannock Area (HFRA)</b>	
<b>Program Purpose / Description</b>		
In the box below, provide an overview of the program. The description should not exceed 10 lines of text.		
<p>Healthy Families Rappahannock Area (HFRA) is an evidence-based, home visiting program that advances healthy child development, by reducing child maltreatment and increasing positive parenting in the first three to five years of the child's life. The goal is to equip parents with skills and support they need to develop safe and loving homes for their children. Families served by HFRA face a number of risk factors for child abuse and neglect: poverty, history of childhood abuse, single parenthood, low education levels, and unemployment. Many are also overburdened by personal trauma, substance abuse, domestic violence, and/or mental health challenges. Discovering they are going to have a baby, or struggling to nurture the young child(ren) they already have, adds to the weight of these families' challenges. As a result, many parents reach their breaking point and resort to child abuse. HFRA helps these families instead make a breakthrough, so that they can raise a healthy child and strengthen the family unit by reducing risk factors and building protective factors.</p>		
<b>Justification of Need</b>		
In the box below, 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 description should not exceed 10 lines of text.		
<p>In FY2013 and FY2014, 636 children in PD16 were victims of abuse. Two hundred and fifty children suffered physical and sexual abuse (39.3%), 367 experienced parental neglect (57.7%), 10 infants were born substance exposed (1.6%) and nine children's abuse was listed as "other" (1.4%). In FY2014, children younger than 4 years old accounted for 31 out of 41 fatalities statewide. Eight-three percent of children who died from abused died in their own homes. Most of their deaths were considered "preventable". Also, in 2010 Rappahannock United Way conducted a Community Engagement Initiative surveying area leaders and residents about community needs and concerns. The survey illustrated need for increased services for at-risk families. In fact, reduction of child abuse was the highest need identified by survey respondents: 79% identified this as a top priority. Concerns about high teen pregnancy (54%), inadequate access to prenatal care (48%), and reduction in number of low birth-weight babies (28%) were also top priorities.</p>		
<b>Target Audience and Service Delivery</b>		
In the box below, 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. In the second box, list the actual numbers served, along with the projected numbers to be served during the upcoming fiscal year. The description should not exceed 10 lines of text.		
<p>Parents in PD16 at risk of child maltreatment are referred via Mary Washington Healthcare, Spotsylvania Regional Medical Center, and the local health departments. Referred parents are offered by a HFRA Family Resource Specialist an in-home assessment focused on helping parents see their strengths and needs, and addressing risk factors within the family, including childhood history, mental health issues, substance use/abuse, coping skills, negative discipline, support systems, unrealistic expectations, and CPS involvement. Families are connected to appropriate community resources to address, such as:</p> <ul style="list-style-type: none"> <li>* Immediate needs: mental health, developmental delays, domestic violence, financial assistance, baby supplies, etc.</li> <li>* Family stability: paternity, child support, employment training, housing, counseling, etc.</li> </ul> <p>The on-going home-visiting component consists of weekly 1-hour visits by a Family Support Worker (FSW). Parents of children birth to age five learn parenting techniques and problem-solving skills. Each visit involves parent-child bonding lesson, child development activity, developmental screenings and family assessment tools, parenting resources and community referrals.</p>		
<b>Number of Individuals Served</b>		
Locality	FY2015 (Actual)	FY2017 (Projected)
Fredericksburg City	258	289
Caroline County	61	88
King George County	57	75
Spotsylvania County	448	479
Stafford County	219	250
Other Localities	0	0
<b>Total Served</b>	<b>1,043</b>	<b>1,181</b>
<p><i>Please use the columns to the left to provide the actual numbers of individuals served in this program during FY2015, and the projected numbers of individuals to be served in FY2017.</i></p>		



<b>Agency Name:</b>	<b>Healthy Families Rappahannock Area (HFRA)</b>
<b>Program Collaboration</b>	
In the box below, describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area. The description should not exceed 10 lines of text.	
<ul style="list-style-type: none"> <li>* Rappahannock Area Community Services Board, fiscal agent and counseling resource for HFRA parents.</li> <li>* Mary Washington and Stafford Hospitals, referrals collected by nurses from the Mother Baby Unit</li> <li>* Spotsylvania Regional Medical Center, referrals collected by nurses from the Labor and Delivery Unit</li> <li>* Three OB/GYN offices (Dr. Josephs, Dr. Walker and Dr. Mercado) , referrals collected by nurses</li> <li>* Rappahannock Area Health District (Caroline, King George, Stafford, Spotsylvania and City of Fredericksburg), prenatal referrals completed by Project LINK during Maternity Clinic at local health departments.</li> <li>* Department of Social Services (Caroline, King George, Stafford, Spotsylvania and City of Fredericksburg), to help support families for reunification, follow-up and/or additional support after DSS case is closed.</li> <li>*Parent Education-Infant Development (PE-ID) program, resource for families when delays or disabilities occur.</li> </ul>	
<b>Collaborative Impact</b>	
In the box below, describe, in detail, how the community would be impacted if your agency were dissolved or merged with another partner agency. The description should not exceed 10 lines of text.	
<p>Healthy Families Rappahannock Area is designed to work within an interagency collaborative system of care. A key primary component of HFRA is joining together state agencies, local community programs and citizens for the purpose of interdependent problem solving that focuses on improving services to children and families. Since 1998 HFRA has successfully been under the umbrella of the RACSB's Prevention Department. The RACSB has several successful collaborations with community partners to expand and/or improve services to families and would welcome the same partnerships for their Healthy Families Rappahannock Area program. In FY 2015, HFRA received 1046 referrals, of which 634 presented with risk factors. Due to insufficient staffing, HFRA could provide only 356 with an in-home assessment. Of these, 151 families met the criteria for home visiting services and 90% (136) opted to receive them. The remaining 278 referrals had to close without receiving any contact at all. This means, a conservative estimate of an additional 90 families, with at least 100 children, remained at risk for child abuse and neglect. Last fiscal year, HFRA had to turn away 80 families who wanted services due to under staffing.</p>	
<b>Community Impact</b>	
In the box below, 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.	
<p>Kayla felt lost when she was pregnant and had no idea how she was going to care for a baby. Kayla had started smoking marijuana at 15 because "it's what all my friends were doing". After a car accident, she got addicted to prescription pain killers and then heroin. At the time of her pregnancy, Kayla was in methadone treatment and drug counseling and had been clean for less than a year. She'd been convicted of felony drug possession and was on probation. Kayla remembers being determined to do "everything I had to do for the sake my baby" but she had virtually no support: all of her friends were still using drugs and she had a strained relationship with her parents. That's when Kayla was introduced to Healthy Families and her Family Support Worker (FSW). Her FSW provided Kayla with the information she needed to have a healthy pregnancy and birth and made sure that Kayla was continuing with her drug treatment, even picking her up when Kayla couldn't find a ride. Once her baby - a healthy boy - was born, her FSW helped Kayla plan for their future. Kayla made a goal of getting a job so that she could support her son and be independent but it was difficult because of felony conviction. Her FSW connected her with job placement programs and local employers, and introduced Kayla to a connection who hired her on the spot. Kayla is proud of the progress she's made since joining Healthy Families and can't wait to tackle her next goal of going back to school. Chloe was happy and scared when she got pregnant. Then, 6 months into her pregnancy, she learned her son would be born with a cleft lip and palate. Chloe worried about the potential developmental and medical challenges facing her child. When Chloe's infant son was rushed to the NICU for dehydration due to feeding challenges, she knew she needed some support. So she was grateful when a friend told her about Healthy Families. Chloe's Family Support Worker helped her get connected with the Parent Education Infant Development program, which provides early intervention services for children with developmental challenges. Her FSW provided support and encouragement through her son's many surgeries and hospital stays and helped Chloe learn about how to help him with feeding and speech challenges. Chloe says "because of Healthy Families, I've had someone in my life who supported me and pushed me to do what I needed to make life better for me and my son".</p>	

<b>Agency Name:</b>	<b>Healthy Families Rappahannock Area (HFRA)</b>		
<b>Goals &amp; Objectives</b>			
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, along with a space for the most recently collected data for that program objective. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Please note the data collection period for each objective's outcome data.			
<b>Program Goal 1</b>			
Promote the development of healthy parent development through intensive (weekly, one-hour) home visiting services.			
<b>Objective 1a:</b>		<b>Most Recent Outcome Data for Objective 1a:</b>	
1. 1,000 Families at risk of child maltreatment are screened 2. 288 parents received an initial home assessment to determine risk factors and connect them to community resources		1. 1,046 families screened for child maltreatment 2. 356 parents received an initial home assessment to determine risk factors and connect them to community resources	
		<i>Data Collection Period for 1a:</i>	July 1, 2014- June 30, 2015
<b>Objective 1b:</b>		<b>Most Recent Outcome Data for Objective 1b:</b>	
1. 95% of participants will have no founded case of abuse or neglect after receiving at least 6-months of home visiting services 2. 85% of participants will demonstrate positive parent-child interaction after 1 year of participation		1. 98% of participants will have no founded case of abuse or neglect after receiving at least 6-months of home visiting services 2. 96% of participants will demonstrate positive parent-child interaction after 1 year of participation	
		<i>Data Collection Period for 1b:</i>	July 1, 2014- June 30, 2015
<b>Program Goal 2</b>			
Improve maternal and child health through preventive practices and measures			
<b>Objective 2a:</b>		<b>Most Recent Outcome Data for Objective 2a:</b>	
1. 75% of prenatal enrollees will make 80% of prenatal care visits on schedule 2. 85% of prenatal enrollees will deliver babies weighing at least 5 ½ pounds		1. 90% of prenatal enrollees will make 80% of prenatal care visits on schedule 2. 96% of prenatal enrollees will deliver babies weighing at least 5 ½ pounds	
		<i>Data Collection Period for 2a:</i>	July 1, 2014- June 30, 2015
<b>Objective 2b:</b>		<b>Most Recent Outcome Data for Objective 2b:</b>	
1. 90% of target children will be screened for developmental delay 2. 85% of the target children will have a primary health care provider		1. 89% of target children will be screened for developmental delay 2. 99% of the target children will have a primary health care provider	
		<i>Data Collection Period for 2b:</i>	July 1, 2014- June 30, 2015



<b>Agency Name:</b>	<b>Healthy Families Rappahannock Area (HFRA)</b>	
<b>Outcomes Explanation &amp; Goal Updates for FY2017</b>		
<i>Please note below if you feel you have met your goals and objectives for the data reported above. If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case. Also, please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported above. If you are restating the goals or objectives for FY2017, please include those below.</i>		
<b>Explanation &amp; Overview</b>		
<b>Goal 1</b>	<b>Goal 2</b>	
<b>Objective 1a</b>	<b>Objective 2a</b>	
All goals met	All goals met	
<b>Objective 1b</b>	<b>Objective 2b</b>	
All goals met	Goal 2b.1 was missed by 1% and is currently being monitored	
<b>Updates for FY2017</b>		
<b>Goal 1</b>	<b>Goal 2</b>	
Promote the development of healthy parent development through intensive (weekly, one-hour) home visiting services.	Improve maternal and child health through preventive practices and measures	
<b>Objective 1a</b>	<b>Objective 2a</b>	
1. 1,000 Families at risk of child maltreatment are screened 2. 288 parents received an initial home assessment to determine risk factors and connect them to community resources	1. 75% of prenatal enrollees will make 80% of prenatal care visits on schedule 2. 85% of prenatal enrollees will deliver babies weighing at least 5 ½ pounds	
<b>Objective 1b</b>	<b>Objective 2b</b>	
1. 95% of participants will have no founded case of abuse or neglect after receiving at least 6-months of home visiting services 2. 85% of participants will demonstrate positive parent-child interaction after 1 year of participation	1. 90% of target children will be screened for developmental delay 2. 85% of the target children will have a primary health care provider	

# Regional Agency Funding

Fiscal Year 2016	Stafford		Spotsylvania		Fredericksburg		King George		Caroline		Total Governmental Funding
	Agency	Adopted	Agency	Adopted	Agency	Adopted	Agency	Adopted	Agency	Adopted	
Community Agency Name	Request	Budget	Request	Budget	Request	Budget	Request	Budget	Request	Budget	
DisAbility Resource Center	26,543	25,279	29,106	27,720	22,076	21,025	8,400	8,400	10,500	10,000	92,424
Feed Fred	4,536	-	29,030	-	56,246	-	907	-	-	-	-
Fredericksburg Area Food Bank	14,128	12,625	22,000	-	13,000	5,000	2,678	2,678	8,150	-	20,303
Healthy Families Rappahannock Area	9,432	7,200	21,168	16,000	10,530	9,000	3,454	-	2,880	-	32,200
Lloyd F. Moss Free Clinic - Operating	18,360	18,360	27,200	22,800	13,600	12,000	4,624	4,624	4,216	-	57,784
Mental Health America of Fredericksburg	11,816	11,253	24,936	23,000	12,826	12,215	2,000	-	4,000	-	46,468
Micah Ecumenical Ministries	20,000	20,000	20,000	20,000	20,000	20,000	1,500	-	1,500	-	60,000
Northern VA 4-H Educational and Conference Center	1,000	-	2,000	2,000	-	-	2,228	2,228	1,000	1,000	5,228
Piedmont Dispute Resolution Center	8,000	7,652	-	-	-	-	-	-	-	-	7,652
Rappahannock Area Agency on Aging	27,946	27,946	31,885	31,885	7,880	7,880	12,616	12,616	30,000	30,000	110,327
Rappahannock Area Court Appointed Special Advocates	4,500	4,500	23,000	20,000	11,000	8,000	4,500	4,500	-	-	37,000
Rappahannock Big Brothers Big Sisters	6,350	5,850	5,500	5,000	10,500	10,000	-	-	-	-	20,850
Rappahannock Council Against Sexual Assault	18,000	15,033	22,000	21,000	5,000	4,140	1,500	500	1,000	1,000	41,673
Empowerhouse	49,243	48,748	49,243	66,243	49,243	14,350	9,848	9,848	12,310	1,500	140,689
Rappahannock Emergency Medical Services Council, Inc.	39,191	12,955	36,411	12,000	8,104	7,100	7,093	4,782	8,549	8,453	45,290
Rappahannock Legal Services	32,445	32,445	28,684	26,684	29,380	29,380	4,403	4,403	1,500	1,500	94,412
Rappahannock Refuge, Inc. (Hope House)	11,000	11,000	16,500	16,500	18,660	18,660	-	-	1,000	-	46,160
Rebuilding Together (Christmas in April)	6,000	3,490	8,500	7,000	6,000	-	-	-	-	-	10,490
Redcross	3,000	-	2,000	2,000	2,000	-	1,500	-	1,500	-	2,000
S.E.R.V.E., Inc.	49,999	48,768	-	-	-	-	-	-	-	-	48,768
Volunteer & Information Services of the United Way	2,737	2,737	3,000	-	3,000	3,000	1,560	1,560	500	-	7,297
Safe Harbor	6,000	3,000	7,000	7,000	5,500	5,000	5,000	1,000	5,000	-	16,000
Stafford Junction	42,000	18,000	1,500	-	-	-	-	-	-	-	18,000
Stafford Farmers Market	4,500	-	-	-	-	-	-	-	-	-	-
Fredericksburg Regional Boys/Girls Club	11,000	-	25,000	-	45,000	24,230	-	-	-	-	24,230
Rappahannock Community College	-	-	-	-	-	-	5,385	5,385	-	-	5,385
King George Optimist Club/PTSA	-	-	-	-	-	-	600	600	-	-	600
Greater Fredericksburg Habitat for Humanity	-	-	20,000	7,000	-	-	-	-	-	-	7,000
Lake Anna Advisory Committee	-	-	2,500	1,750	-	-	-	-	-	-	1,750
Lake Anna Civic Association	-	-	7,000	4,300	-	-	-	-	-	-	4,300
John J. Wright Educational and Cultural Center Meseum	-	-	27,000	20,000	-	-	-	-	-	-	20,000
SECA	-	-	12,000	12,000	-	-	-	-	-	-	12,000
Caroline's Community of Promise	-	-	-	-	-	-	-	-	43,070	32,500	32,500
Caroline Literacy Council	-	-	-	-	-	-	-	-	4,000	4,000	4,000
Caroline Rotary Senior Gala	-	-	-	-	-	-	-	-	1,000	10,000	10,000
Caroline County Fair- Halloween	-	-	-	-	-	-	-	-	500	500	500
Caroline Chamber of Commerce	-	-	-	-	-	-	-	-	7,500	7,500	7,500
<b>Community Agency Sub Total</b>	<b>427,726</b>	<b>336,841</b>	<b>504,163</b>	<b>371,882</b>	<b>349,545</b>	<b>210,980</b>	<b>79,796</b>	<b>63,124</b>	<b>149,675</b>	<b>107,953</b>	<b>1,090,780</b>
<b>Intergovernmental Agency</b>											
Chaplin Youth Group Home Commission/RAOOY	218,612	218,612	234,253	232,253	41,211	41,215	20,750	20,750	4,400	-	512,830
Chaplin Youth Group Home Commission VJCCCA \$	-	-	-	-	-	-	-	-	-	-	-
Fredericksburg Regional Alliance	135,141	55,080	125,555	107,497	27,945	5,200	24,460	24,460	29,481	29,841	222,078
George Washington Regional Commission	91,936	85,378	85,770	85,108	22,977	22,980	20,735	20,735	23,965	23,965	238,166
Germanna Community College - Operating	54,366	26,070	63,188	63,188	10,949	8,325	734	734	7,761	7,070	105,387
Germanna Community College - Capital	50,000	50,000	171,500	166,394	35,000	35,000	-	-	34,000	-	251,394
Rappahannock Area Community Service Board	336,111	311,514	366,133	320,368	232,124	215,005	88,546	82,611	106,012	98,770	1,028,268
Rappahannock Area Health District	535,937	535,937	647,569	647,569	414,280	414,280	308,415	308,415	275,404	275,404	2,181,605
Tri-County/City Soil and Water Conservation District	23,544	21,404	25,071	22,792	2,200	2,000	35,473	35,473	-	-	81,669
Thurman Brisben Homeless Shelter	87,993	71,250	64,675	64,675	94,523	72,710	5,200	4,000	1,300	1,300	213,935
<b>Intergovernmental Agency Sub Total</b>	<b>\$1,533,640</b>	<b>\$1,375,245</b>	<b>\$1,783,714</b>	<b>\$1,709,844</b>	<b>\$881,209</b>	<b>\$816,715</b>	<b>\$504,313</b>	<b>\$497,178</b>	<b>\$482,323</b>	<b>\$436,350</b>	<b>\$4,835,332</b>
<b>Grand Total</b>	<b>\$1,961,366</b>	<b>\$1,712,086</b>	<b>\$2,287,877</b>	<b>\$2,081,726</b>	<b>\$1,230,754</b>	<b>\$1,027,695</b>	<b>\$584,109</b>	<b>\$560,302</b>	<b>\$631,998</b>	<b>\$544,303</b>	<b>\$5,926,112</b>

# Partner Agencies' Programs

Stafford County FY17 Adopted Budget

Agency	Program Name	Program Funding	Program Description
Capital Hospice dba Capital Caring	Point of Hope Camp	\$ 4,400	Serves young people ages 6-14 who have suffered the loss of a loved one. There is no cost for the camp to the children.
disAbility Resource Center	Core Services and Community Education	\$ 26,543	The only cross disability, cross life-span agency that provides a wide array of free services in the community.
Empowerhouse	Domestic violence housing support	\$ 27,268	Residence to provide for the safety and protection of domestic violence victims and their children.
	24 hour domestic violence hotline	\$ 2,992	Provides local access to a trained worker which provides open communication to those isolated by domestic violence.
	Domestic violence education and support	\$ 16,970	Free, confidential services including: risk assessment, education on impact, safety planning, legal remedies, and support groups.
	Children exposed to domestic violence	\$ 2,578	Community based children services that provide educational, teen groups, and individual support.
Fredericksburg Area Food Bank	Pantry Distribution	\$ 5,212	Serves as a distribution center for 73 partner agencies throughout planning district 16.
	Mobile Pantry	\$ 4,802	Delivers nutritious perishable and non-perishable food to low-income/food insecure individuals and families at 10 sites throughout planning district 16.
	Food for Life	\$ 2,611	Works to alleviate hunger for the elderly and disabled by delivering a box of nutritious food, along with fresh produce, hygiene items, and SNAP information.
Healthy Families Rappahannock Area	Healthy Families Rappahannock Area	\$ 9,432	An evidenced-based home visiting program that advances healthy child development by reducing child maltreatment and increasing positive parenting in the first three to five years of a child's life.
Lloyd F. Moss Free Clinic	Medical Care	\$ 9,520	Provides medical care for those without insurance who are experiencing a chronic illness.
	Dental Care	\$ 4,760	Provides critical care to adults to include oral examinations, extractions, fillings, oral surgery, and dental hygiene.
	Pharmacy Care	\$ 4,760	Dispenses medications from the clinic's licensed pharmacy to patients who cannot afford or do not have transportation to fill prescriptions.
Mental Health America of Fredericksburg	Helpline	\$ 1,583	The only mental health information and referral service that improves access for those seeking help by connecting them with appropriate resources.

# Partner Agencies' Programs

Stafford County FY17 Adopted Budget

Agency	Program Name	Program Funding	Program Description
	Senior Visitors	\$ 12,000	Provides socialization, companionship, client needs management, support and community connection to lonely, isolated older adults with or at risk of depression.
Micah Ecumenical Ministries	Cold Weather Shelter	\$ 20,000	Keeps residents of planning district 16 from freezing to death in the winter; provides a full assessment for housing barriers at intake, sets up a plan to re-enter housing and prioritized based on vulnerability.
Piedmont Dispute Resolution Center	Stafford Mediation	\$ 7,652	Provides parties involved with child custody cases an opportunity to reach mutually satisfactory agreements on their own with the assistance of a trained neutral.
Rappahannock Area Agency on Aging	Nutrition	\$ 10,783	Senior Cafes provide nutritionally sound breakfast and lunch meals as well as socialization opportunities, exercise, self-management training, and educational/information presentations.
	CRIA	\$ 5,735	Provides communication, referrals, information, and assistance to individuals in the community who are in need of support to find and access appropriate services and facilities to meet their needs.
	Homemaker	\$ 3,187	Provides support to keep frail older individuals independent and able to remain in their own home and community.
	Transportation	\$ 8,241	Provides access to the Senior Café for those who are no longer able to drive and have no other daytime transit.
Rappahannock Area Court Appointed Special Advocates (CASA)	Rappahannock Area (CASA)	\$ 4,500	Recruits, trains, supervises and supports volunteer advocates who are appointed by local judges to advocate for abused and neglected children, most of whom are in foster care.
Rappahannock Big Brothers Big Sisters	One to One Mentoring	\$ 6,000	Provides children facing adversity with volunteer adult mentors.
Rappahannock Council Against Sexual Assault	Community Outreach	\$ 3,884	Provides a variety of educational services to the general public and to allied professionals.
	Crisis Intervention	\$ 12,600	Provides a 24 hour hotlines and hospital accompaniment to adult and child victims of sexual violence.
Rappahannock Emergency Medical Services Council, Inc.	Community Awareness and Outreach	\$ 5,612	Provides public education programs which serve to inform the community about types of services available, how best to utilize them, and the importance of prevention in medical well-being.
Rappahannock Legal Services	Rappahannock Legal Services	\$ 32,445	Represents poor people who cannot afford a lawyer in civil legal matters.



# Partner Agencies' Programs

Stafford County FY17 Adopted Budget

Agency	Program Name	Program Funding	Program Description
Rappahannock Refuge Inc., (Hope House)	Transitional Housing	\$ 15,000	Homeless family shelter that focuses on quickly moving children and families off the streets and into housing.
Rebuilding Together (Christmas is April)	Rebuilding Together	\$ 5,000	Supports low-income home and non-profit renovations through the County. Purpose is to provide at no charge critically needed home repair and rehabilitation services to qualifying low income and disabled homeowners.
S.E.R.V.E., Inc.	Emergency Financial and Food Assistance	\$ 64,768	Offers help to low-income families in need of help in a time of crisis. Support is directed at basic needs such as food pantry assistance, utilities, heat, prescriptions, and shelter.
Safe Harbor	Child Advocacy Center	\$ 5,000	Provides a child friendly, community orientated, facility-based program that strengthens the coordinated response to child abuse and reduces the trauma to child victims.
Stafford Junction	Brain Builders	\$ 8,000	An afterschool program that is uniquely focus on educational assistance through one-on-one tutoring to students of low income families with children grades K-12.
	Summer Junction	\$ 11,400	A day camp and enrichment experience to low income children ages 3-15 years in need of proper supervision, nutritious food, physical activities, and continuing learning experiences.
United Way	Tax Prep/Financial Stability	\$ 913	Educates low and moderate income workers about tax credit eligibility, provides free tax preparation services, and provides free financial coaching to individuals and families.
	Information Services	\$ 912	Works to bridge the gap between community services and individuals who can benefit from those services by information the community of local resource, services, and programs available to individual and families.
	Volunteer Services	\$ 912	Promotes volunteer engagement as a means of fostering increase citizen involvement in the community.
Total Community Partner Agencies		<u>\$367,975</u>	