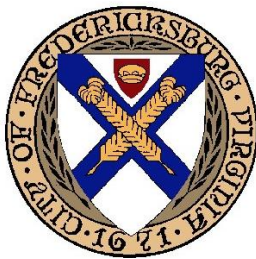# Partner Agency

Application for Funding

City of Fredericksburg

Caroline County

King George County

Spotsylvania County

Stafford County

FY 2013

Guidelines for Completion of Agency Application for Funding

In an effort to make informed decisions and prioritize requests made to local governments, the funding request process for regional agencies has changed, not only in content, but in format as well. Stafford County staff will review program requests more closely to evaluate how programs serve the citizens of Stafford County. In addition County staff will be evaluating outcome measurements for each program requesting funding to determine impact the programs have on Stafford County citizens 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 on Stafford's website http://www.co.stafford.va.us/index.aspx?NID=150. The following pages detail the specific instructions for completing the application documents.

In order for your organization to be considered for funding in FY2013, your application and all supporting information must be submitted to:

Stafford County
P.O. Box 339
Stafford, Virginia 22555
Attention: Budget Office

All applications must be received by December 9, 2011. Please deliver by hand or mail an **original** and **two copies**.

Stafford County's schedule for development of the FY2013 budget is as follows:

- September 9, 2011 – Applications and instructions mailed to partner agencies, application also placed on Stafford County website
- December 9, 2011 – Applications from partner agencies are due by 4:30 p.m.
- March (Date to be Determined) – Recommended budget presented to the Board of Supervisors
- April (Date to be Determined) – Budget Public Hearing at 7:00p.m. at place to be determined
- April (Date to be Determined) – FY2013 Budget approved by the Board of Supervisors.

If there are questions regarding the schedule please contact Donna Olsen, Budget Technician at 540/658-8617.

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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 from Stafford County 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 from Stafford County 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 from Stafford County in lines 1 through 5. Include program expenditures in each of the following categories:

    o Personnel Expenses: This category includes salaries and wages earned by the program's regular full-time and part-time employees.

    o 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.

    o 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.

    o Total Program Budget: This is the total of the personnel, benefits, and operating expenses per program.

    o Requested from Stafford: This is the total amount for this program that you are requesting that Stafford County fund.

    o 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.

    o Capital Outlay: Include the total budget for capital projects, along with the amount requested from Stafford County for this project. Additional information may be required by County Administration to review your application if capital funds are requested.

    o 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 attached to your application. You must submit the original and two copies of the entire application, including all attachments.

- **The FACE SHEET must have the original signature of the Executive Director of the agency.**

Budget Explanations

Insert the agency name at the top of this sheet. Use the two 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 (revenue only).

Application Checklist

Insert the agency name at the top of this sheet. This sheet lists each section of the application that must be completed in order for your application to be reviewed. Before submitting your application, review the checklist, indicating that each section has been completed. Place a check next to each item when it has been completed. Add any comments that may be helpful for staff to know when reviewing your application. Incomplete applications may not be considered for funding.

Program Information

This section of the application must be completed for **EACH** program for which your agency is requesting funding from Stafford County. 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 Stafford County citizens and what needs will be met by funding this program. Include data available that is specific to Stafford County and how the services you have described will meet the needs identified by this data.

- Target Audience: Who will your program target? Describe the intended population the program will reach.

- Service Area: Describe in detail the intended geographic location within Stafford County this program will reach.

- Service Delivery: Describe in detail 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.

    o Locality figures should correspond to any amounts awarded to your agency in each fiscal year, along with the requested amounts for FY2013.

    o United Way: Include your agency's annual allocation and any one-time grants you received.

    o Grants: Include funding you received from any grant agencies, e.g., state, federal, other local governments, private foundations, etc.

    o Client Fees: Include any revenue collected on fees assessed for services.

    o Fundraising: Include fundraising activities, donations, etc. Estimate the amount you plan to raise for FY2013.

    o Other Revenue: Include any other sources of revenue for your agency.

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Program Information *(continued)*

- **Goals, Objectives & Evaluation:** A goal is what you generally want to accomplish with your program. Objectives are <u>measurable outcomes</u> 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?

- **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.

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Partner Agency Application for Funding
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FACE SHEET

Agency Name:	

	Has Stafford County Funded This Agency in Previous Years?	☐ Yes ☐ 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	Requested from Stafford
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.*

Attachment Checklist: *(include 2 copies of each)*	☐ IRS 501(c)(3) Letter	☐ Audit Report *(with Audit Management Letter)*	☐ Current Financial statement	☐ IRS 990
☐ Accountant Contact Information	☐ Organizational Chart	☐ Current Board Roster *(with contact information)*	☐ Agency's Current Strategic Plan	

Agency Director's Signature:		*Date:*	

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If your agency is requesting an increase or decrease in funding as shown on the Agency Financial Information Chart included on the Face Sheet, please describe, in detail, the reasons for these changes, in each category below for the Agency as a whole. Program specific increases can be given under the program descriptions in the next section. (The individual descriptions should not exceed 20 lines of text.)

Agency Administrative Expenses:

Capital Outlay:

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Historical Budget Information

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

	FY2011 Actual	FY2012 Budgeted	FY2013 Projected
Caroline			
Fredericksburg			
King George			
Spotsylvania			
Stafford			
United Way			
Grants			
Client Fees			
Fundraising			
Other *(explain below)*			
Total Agency Revenue			

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

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Application Checklist

Items to be completed	Comments:
□ Face Sheet	
□ Program Name	
□ Program Purpose/Description	
□ Justification of Need	
□ Target Audience	
□ Service Area	
□ Service Delivery	
□ Client Fees	
□ Budget Information	
□ Goals and Objectives	
□ Program Goal	
□ Most Recent Data Chart	

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Each agency submitting a funding request must fill out the following pages for *each program* serving Stafford County Citizens 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. Stafford County reserves the right to request additional information once the application has been submitted.

Program Name:		*Is this a new program?*	☐ Yes ☐ 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 Stafford County and why the Board of Supervisors should consider this funding request. If this is a new program, be sure to include the benefit to the County for funding a new request. The following should not exceed 10 lines of text, and should include the most recent data available.)*

3. **Target Audience:** *(The following should describe the specific population targeted by the program and should not exceed 5 lines of text.)*

4. Service Area: *(Please describe the program's intended geographic service area. This may include entire regions, localities, or specific schools, neighborhoods, etc.)*

5. Service Delivery: *(Please state the geographic location of the service, the duration and frequency offered to the clients.)*

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

7. 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.)*

	FY2011 Actual	FY2012 Budgeted	FY2013 Projected
Caroline			
Fredericksburg			
King George			
Spotsylvania			
Stafford			
United Way			
Grants			
Client Fees			
Fundraising			
Other			
Total Program Budget			

Please indicate, in detail, reasons for increases or decreases in the amounts requested for FY2013. 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 note if any increase is sought for new positions or personnel, please explain in detail.

8. 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.

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

9.   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.

10. 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:

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Program Service Data: | *Service Period:* | to

Locality Served	Total Served		Gender		Race					
	FY2011	FY2013*	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	18-25	25-40	40-60	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													

If any of the above information is not available, please indicate why: