

TOWN OF SOUTH KINGSTOWN



HUMAN SERVICE AGENCY REQUEST FOR FUNDING FY2010-2011

PART I - GENERAL INFORMATION

1. AGENCY NAME _____

2. ADDRESS _____

3. MAILING ADDRESS (if different from above)

4. TELEPHONE _____

5. CONTACT PERSON _____

6. CHIEF EXECUTIVE OFFICER _____

7. (a) Total amount of funding requested from South Kingstown? _____

(b) For what 12 month period would the funds be budgeted? _____

PART II - AGENCY INFORMATION

(Questions regarding your organizational structure and status. Please attach additional sheets as needed.)

1. Does this Agency have a board of directors? Yes___ No___
 - A. Are any members of the staff on the board? Yes___ No___
 - B. Are any board members paid or remunerated in any way? Yes___ No___
 - C. Does the Agency have any business arrangements with any member of the board? Yes___ No___
 - D. How many times per year does the board meet to conduct the Agency's business? _____
 - E. Does the agency board have minority and/or handicapped representatives? Yes___ No___
 - F. Please attach a list of board members' names and titles, noting any South Kingstown residents.

2. Date of Incorporation _____

3. Does this agency have Federal Internal Revenue Service status as a 501(c) (3) organization: Yes___ No___

4. What is your agency's fiscal year? From _____ To _____

5. Is there an annual report available that describes activities and supporting services in relation to expenses and includes financial statements? *If yes, please attach a copy.* Yes___ No___

6. Has an independent audit of this agency's records and financial statements been conducted in the past 12 months? Yes___ No___
If yes, please attach a copy.
If no, please explain how accountability is maintained.

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7. STAFF

Staff Members	Total	South Kingstown Residents	Other
Full Time Employees			
Part Time Employees			
Volunteers			
Women			
Handicapped			
Minorities			

8. AUTHORIZATION

To the best of my knowledge and belief the information contained in this application is true and correct. I am duly authorized by the appropriate governing body (or organization) to certify this proposal.

Signature of Authorized Representative

Date

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4. Programs - Describe each major program conducted by your agency. *(If there are several programs, attach additional sheets as needed.)*

PROGRAM NAME _____

(a) Program Description:

(b) Number of South Kingstown residents served _____

(c) Goals:

(d) Objectives:

(e) Source of funding for this program:

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5. (a) What other agencies offer services similar to yours?

(b) Please describe what is different or unique about your agency's services or programs.

6. To what other agencies do you refer clients?

PART IV - FINANCIAL INFORMATION

(Please attach additional sheets as needed.)

1. Describe how the requested South Kingstown funding will be used to meet the agency's program goals.

2. If the agency has been previously funded by the Town of South Kingstown, please describe briefly how Town funds have been used.

3. Is the agency eligible for federal or state funding? Yes___ No___

If Yes, is the agency actually receiving such funding? Yes___ No___

If Yes, list source and amounts of funding, as well as programs and services funded. If No, please explain.

4. Does the agency provide its service free of charge? Yes___ No___

If No, answer questions 5 through 8.

If Yes, go to question 9.

5. Does this agency have a sliding fee scale? Yes___ No___

If Yes, please attach a copy of the eligibility requirements and a listing of fees.

If No, please explain:

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6. Does your agency receive third party payment for its services? Yes___ No___
If Yes, list sources and approximate amount from each source.

7. Please provide the following information for South Kingstown clients served (*most recent fiscal period*):

a. Revenues which would be realized if full fees were billed to South Kingstown residents.

\$ _____

b. List fees actually received from or on behalf of South Kingstown residents.

from clients \$ _____

from third party payments _____

from other sources _____

Total fees received from or on behalf of South Kingstown residents. \$ _____

c. Subtract Item B from Item A. Enter result here: \$ _____

8. How many South Kingstown residents were served:

at full fee _____

at reduced fee _____

at no fee _____

TOTAL _____

9. Does the agency receive United Way Funds? Yes___ No___

If Yes, please attach latest Basic Accountability Standards: Beneficiary Data Sheet; Geographic Breakdown Report and Year-end Financial Report.

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10. Describe in detail the consequences of not receiving South Kingstown funding or of receiving only partial funding.

11. Describe the agency's involvement with other funding sources (including other town governments) and why these sources are not adequate.

12. If applicable, provide fund balance from most recent financial audit. \$ _____
_____.

PART V - COMPARATIVE SUMMARY

TOWN	TOTAL PERSONS SERVED FY2008-2009	% OF TOTAL	TOWN FUNDING FY2009-2010	% OF TOTAL TOWN FUNDS FY2009-2010
Block Island				
Charlestown				
Exeter				
Hopkinton				
Narragansett				
North Kingstown				
Richmond				
South Kingstown				
Westerly				
Other				
Total				

PART VI - AGENCY EXPENDITURES (ALL FUNDS)

EXPENDITURE	2010-2011 PROPOSED BUDGET	2009-2010 FISCAL YEAR BUDGET	2008-2009 FISCAL YEAR BUDGET	2007-2008 FISCAL YEAR ACTUAL EXPENDITURES
Personnel				
Operating				
Capital				
Subcontracts				
Other (Includes payments to or on behalf of clients)				
Total				

PART VII - USE OF *SOUTH KINGSTOWN FUNDING* GRANTED TO AGENCY

EXPENDITURE	2010-2011 FISCAL YEAR PROPOSED BUDGET	2009-2010 FISCAL YEAR ADOPTED BUDGET	2008-2009 FISCAL YEAR ACTUAL EXPENDITURES
Salaries			
Employee Benefits			
Professional Fees			
Supplies			
Insurance			
Taxes			
Utilities			
Rent			
Mortgage			
Travel			
Other operating (Specify)			
TOTALS			

PART VIII - AGENCY INCOME FROM ALL SOURCES

	2010-2011 FISCAL YEAR PROPOSED BUDGET	2009-2010 FISCAL YEAR ADOPTED BUDGET	2008-2009 FISCAL YEAR ACTUAL REVENUE
Individual Contributions			
Other Contributions (Unrestricted)			
Agency Fundraising			
Membership Dues			
Third Party Payments			
State & Federal Grants/Contracts			
Total Town Contributions * * <i>see attached</i>			
Investment Income			
Fees, Payments, Receipts			
Other (please specify)			
TOTAL			

NOTE- List the amount of Federal or State funding reductions and the impact this has had on agency services:

