SPECIAL SOCIAL SERVICES COMMITTEE AGENDA
August 30, 2011
3:00 P.M., Council Chambers

Members:
Myers – Chair
Henson – Vice Chair
Kay
Ford
Lawless
Stinnett
McChord

1. Policy Presentation: Phased Plan for Partner Agency Funding
   - Craig Bencz, Administrative Officer of Social Services

2. Presentation: FY 2013 Partner Agency Application
   - Craig Bencz, Administrative Officer of Social Services

3. Items Referred to Committee

LFUCG Partner Agency Phased Improvement Plan

Department of Social Services

August 30, 2011

Department of Social Services

BLUE GRASS COMMUNITY FOUNDATION

Objectives

- Guiding principles
- Highlights of New Application & Review Process
- Phased Plan Implementation Timeline

Guiding Principles

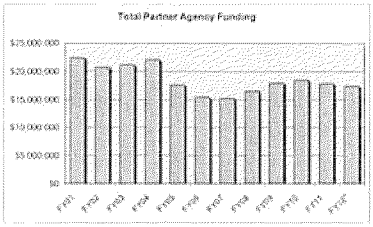
- Responding to quantifiable need
- "How much do we need?", rather than, "How much do we have?"
- Benefit of collaboration with community partners
- Leveraging Partner Agency funding
- Show results through outcome measures and program evaluation

Guiding Principles - Need Study

- Partner with UK in developing a comprehensive Need Study for the community
- Identification and prioritization of objective need-based analytic data
- Year over year comparisons – are we improving?
- Results of study will create ranked program priorities
- Regular updates essential to show progress and track change

Guiding Principles – Funding Leveraging

- Concept: Partnership with an outside agency to identify, apply for, and advocate for additional funding
- Non-general fund dollars
- Allows for potential funding growth regardless of general fund growth
- Shifts the philosophy from what we have to what we need to address issues



Guiding Principles – Outcome Measures

- Big picture: What community/social problems exist that programs will address?
- Use of Program Logic Model to establish goals and track outcomes

Inputs → Activities → Outputs → Outcomes

Guiding Principles – Program Evaluation

- Establishment of three Review Committees to score applications
- Oral presentations by applicants
- Staff Liaisons to contact each agency at least quarterly
- Quarterly reporting by Partner Agencies with emphasis on outcome measurement

Highlights of New Application

- Clear "rulebook"
- Applicants must provide data demonstrating program need in Fayette County
- Funds programs that respond to priority needs, rather than allowing for general agency funding
- Sets expectations for meaningful outcomes
- Objective scoring
- Opportunities for new agencies to apply

Highlights of New Application

- Partnership with Blue Grass Community Foundation for information sharing
- Clear funding information: Agency, Program, Personnel
- Programmatic Information:
  - History (proof of past success)
  - Level of service
  - Wait list

Scoring Committees

- Approximately three committees, reviewing 6-8 applications each
- 6 members per committee
- Non Conflict of Interest Statement
- Objective scoring sheets
- Oral presentations by applicants after preliminary scoring

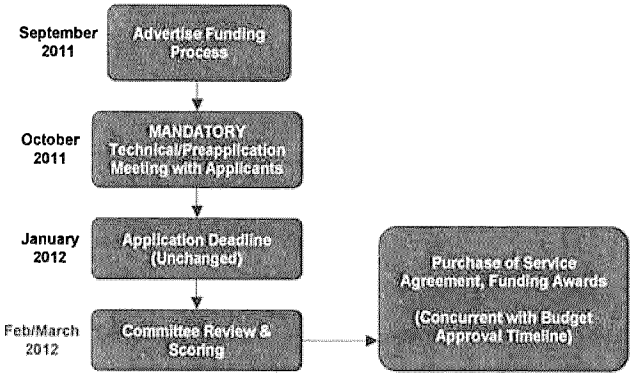
Committee Scoring Rubric

Organizational Capacity	10 pnts
Program Approach	25 pnts
Outcome Measurement	25 pnts
Budget	20 pnts
Diversity of Funding	10 pnts
Total Committee Scoring	90 pnts
Council/Mayor	10 pnts
Total Possible Points	**100 pnts**

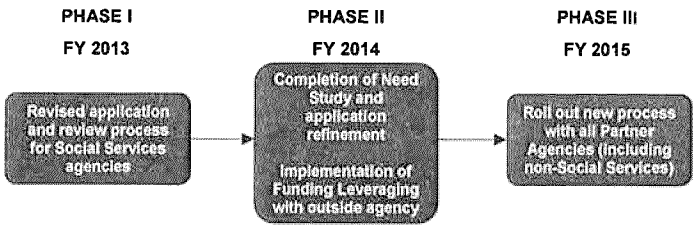
Committee/Council Updates

- Year-end report – Was the program successful?
- Staff will report to Social Services Committee twice annually, with an annual update to the Urban County Council

FY13 Application Process – Social Services



Implementation Timeline



LFUCG Partner Agency Phased Improvement Plan

Department of Social Services

August 30, 2011

Department of
Social Services

Partner Agency FY2013 Funding Information & Application Instructions

All applicant agencies **MUST**:

1. Attend the following pre-application meeting:
   Pre-Application Workshop
   TENTATIVE – October 19th, 2011 – 4:00-5:30 p.m.
   Phoenix Building 3rd Floor Conference Room
   101 East Vine Street

2. Be registered with GoodGiving.Net with a current agency portrait

3. Be a nonprofit organization with 501(c)(3) status.

4. Submit application and supporting documents via email to the following email addresses:
   cbencz@lexingtonky.gov
   tbrown@lexingtonky.gov

Application Submittal Deadline:
5:00 P.M., Wednesday, January 18, 2012
Any applications received after the above submittal deadline, or not meeting the above requirements, will not be considered

Lexington-Fayette Urban County Government
Department of Social Services
200 E. Main Street – Suite 328
Lexington, KY 40507
Office: 859-258-3807

TABLE OF CONTENTS

1.0 GENERAL INFORMATION AND SCOPE OF APPLICATION REQUEST

1.1 Background

Each fiscal year the Mayor and Urban County Council allocate funds for use by various 501(c)(3) non-profit partner agencies. The Lexington-Fayette Urban County Government (hereinafter referred to as "LFUCG") has historically partnered with non-profit agencies for the purpose of providing priority social services to supplement and support the work of the Urban County Government. These agencies are diverse in their missions and work plans, and provide services to the most vulnerable populations in our community.

2.0 GENERAL PROVISIONS

2.1 Purpose

The LFUCG is accepting applications from qualified non-governmental, non-profit agencies with current **501(c)(3)** tax exempt status and with a physical business location in Fayette County (hereinafter, referred to as "Applicant") for Partnership Agency funding for FY2013 (July 1, 2012 – June 30, 2013). This funding is intended to support agency **programs** which respond to the **funding priorities** established herein. **THIS FUNDING IS NOT INTENDED TO SUPPORT GENERAL AGENCY OPERATIONS.**

2.2 Funding Period

The funding period is from July 1, 2012 through June 30, 2013.

2.3 Pre-Application Workshop

All applicants **must** attend the pre-application workshop. The Department of Social Services will conduct a workshop that will provide potential applicants with an overview of the application and review process, instructions on completing the application, and presentation of funding priorities.

2.4 Application Submission

In order to be considered, an application must be received by the deadline, contain the required documents, and respond to one or more established funding priorities. Applications containing any omissions of required information will be considered non-responsive and removed from the funding process. Missing or reworded questions constitute an incomplete application.

If your agency is submitting applications for the funding of more than one program, please note that **a separate application must be completed and submitted for each program.**

Applicants shall submit completed documents via email to the address below, with a subject line referencing "FY13 Partner Agency Funding Application". Non-compliance with submittal instructions may result in the application being rejected.

Complete applications must be delivered in their original or .pdf format by email not later than 5:00 p.m., Wednesday, January 18th, 2012 to cbencz@lexingtonky.gov and tbrown@lexingtonky.gov. Applicants are encouraged to obtain a delivery receipt for proof of email delivery, and will receive a reply email confirming receipt by 5:30 p.m. on the deadline date.

LATE APPLICATIONS WILL NOT BE CONSIDERED.

2.5 Acceptance/Rejection of Applications

The LFUCG reserves the right to reject any applications which may be considered irregular, show serious omission, unauthorized alteration of form, or incomplete.

The LFUCG reserves the right to accept or reject any or all applications in whole or in part, with or without cause, to waive technicalities, or to accept applications or portions thereof which, in the Urban County Government's judgment, best serve the interests of the Urban County Government.

Applications not found to be complete will be considered non-responsive and removed from the process.

2.6 **Requests for Clarification**

The LFUCG reserves the right to request clarification of information submitted and to request additional information (to clarify the information submitted) of the applicant either orally or in writing.

2.7 **Inquiries/Questions**

After thoroughly reading this Request for Application, Applicants must direct any questions to:

Craig Bencz
LFUCG Department of Social Services
200 E. Main Street, Suite 328
Lexington, KY 40513
E-Mail: cbencz@lexingtonky.gov
Work Hours: Mon. – Fri., 8 am – 5 pm
Phone: 859-258-3807
Fax: 859-258-3406

2.8 Addenda

All applicants attending the pre-application meeting and submitting contact information will receive addenda to the original application and supporting materials, as applicable. Questions submitted subsequent to the pre-application meeting and responses/clarification will be provided in the addenda.

Attachment A
General Funding Process Information

1. Funding Priorities

All programs must be categorized within one of the following priority need areas:

1. Services for Senior Citizens
2. Mental health and substance abuse services
3. Positive youth development
4. Violence prevention
5. Public health

2. Mandatory Oral Presentation

In addition to a written application, applicants are required to deliver a 15-minute oral presentation to the Partner Agency Selection Advisory Committee ("Committee"). Oral presentations will be held on dates to be determined in February/March 2012. Applicants will be notified at a later date of their exact scheduled oral presentation time.

3. Scoring/Evaluation

Each Committee member scores each written application and each oral presentation. Average Committee scores determine funding priorities for consideration by the Mayor and Urban County Council.

4. Funding Decision

The Mayor and LFUCG Urban County Council decide award recipients and amounts. There is no guarantee that a program will be recommended for or receive funding, regardless of qualifying score or recommendation by the Committee.

Department of
Social Services

Partner Agency Funding Application
FY 2013 (July 1, 2012 – June 30, 2013)

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1. Attend the following pre-application meeting:
   Pre-Application Workshop
   TENTATIVE – October 19th, 2011 – 4:00-5:30 p.m.
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Lexington-Fayette Urban County Government
Department of Social Services
200 E. Main Street – Suite 328
Lexington, KY 40507
Office: 859-258-3807

Section 1: Agency and Program Information

Agency Information

Agency Name:_____

Agency Type: ☐ Local (Lexington / Fayette County) ☐ Regional ☐ National/International

Mailing Address:_____

Street Address:_____

Phone:_(___)____-_____ext.____ Fax:_(___)____-_____

Does your agency have an active/current profile with Blue Grass Community Foundation's GoodGiving.net?
☐ Yes ☐ No
Note: Agencies ***must*** have profiles with GoodGiving.net to complete this application.

Website Address:_____ Is the information on your website up to date? ☐ Yes ☐ No

Agency Representative – typically the Executive Director (Name, Title, Phone, Email):

_____

Person Completing Application (Name, Title, Phone, Email):

_____

Program Information

Name of program for which funds are being requested:_____

Total Funding Amount Requested: $_____

Please indicate which LFUCG funding priority the subject program addresses:

- ☐ Services for Senior Citizens,
- ☐ Mental health and substance abuse services
- ☐ Positive youth development
- ☐ Violence prevention
- ☐ Public health

Board of Directors Authorization

Our signatures below acknowledge that we are aware that the information contained in this funding proposal is public record. We further certify that this Partner Agency Funding request is consistent with our organization's mission, Articles of Incorporation and Bylaws, and that this application for funding is authorized by our Board of Directors. We attest that at least one authorized agency representative attended the pre-application workshop, and hereby provide LFUCG with permission to review all information submitted by our agency to the Blue Grass Community Foundation (GoodGiving.net) as applicable to this application.

Date of Board meeting when Authorization to Apply for Funding was Given:_____

The following Authorized Agency Representative (Name and Title) attended the pre-application workshop:_____

By typing my name, below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this application.*

**Alternatively, agencies may submit electronic/scanned signatures.*

_____	_____
Board Chair/President Typed Name	Board Secretary Typed Name
_____	_____
Date	Date

Section 2: Executive Summary

Length of time this **Agency** has been operated by the applicant in Fayette County: ____ years, _____ months
Number of years this **Agency** has received Partner Agency Funding from LFUCG: _____ years

Length of time this **Program** has been operated by the applicant in Fayette County: ____ years, _____ months
Number of years this **Program** has received Partner Agency Funding from LFUCG:_____ years

Is this **Agency** required to provide services by LFUCG Ordinance or contract? ☐Yes ☐No If yes, site authority in detail:

How many funding sources does this **Agency** and **Program** currently have? _____ Agency
_____ Program

What percentage of the **Program's** funding does this application represent? _____%

How many full time and part-time positions are required to run the **Program**? _____ Full-Time (current – FY12)
_____ Part-Time (current – FY12)

Are any new positions proposed for the **Program** for FY13? ☐Yes ☐No If yes, please describe in detail:

Will LFUCG Partner Agency Funding be used for any **Agency** salary increase(s), bonuses, or other employee salary incentives? ☐Yes ☐No If yes, please describe in detail:

Has your agency applied or, or expected to receive any other funds from LFUCG in FY2013? ☐Yes ☐No If yes, please describe in detail, and include the total dollar amount of LFUCG funding applied for or expected:

WHAT SOCIAL ISSUE (E.G. COMMUNITY PROBLEM) WAS THIS PROGRAM CREATED TO ADDRESS? WHAT DATA HAS YOUR AGENCY COMPILED TO IDENTIFY THE PROBLEM AND PROPOSE A SOLUTION? (LIMIT RESPONSE TO 250 WORDS)

BRIEF SUMMARY OF PROGRAM
INCLUDE SUMMARY OF PROPOSED FUNDING USE(S) – (LIMIT RESPONSE TO 250 WORDS)

Number of participants the program will serve during the funding period: _____

Approximate cost per participant in the program during the funding period (program budget/total participants): $_____

Days of the week the Program will be conducted:
☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri ☐Sat ☐Sun

Operating Hours:_____

Program Dates (if not continuous/ongoing): _____ to _____

Frequency or Program: ☐Daily ☐Weekly ☐Bi-weekly ☐Monthly ☐Quarterly ☐Yearly ☐Other _____

PLEASE PROVIDE EVIDENCE OF PAST SUCCESS OF THIS PROGRAM (MEASURED OUTCOMES)* -- (LIMIT RESPONSE TO 250 WORDS)

* Does not apply to newly created programs

Section 3: Program Summary

Please limit responses to no more than 250 words per numbered question.

1. **Program Description**: Describe the program in detail. Include the specific services the program will provide, how often, when, how many Fayette County residents will be served, target audience, program goals, etc.

2. **Program History & Need:**
   a. What is the history of this program?
   b. What social problem(s) or issue(s) that exist in Fayette County will the program address? (Provide evidence of problems/issues – responses may refer to the Executive Summary if applicable)
   c. Why is the program needed specifically for Fayette County? Include, in narrative form, relevant statistics and data to support the premise that the program is needed specifically in Fayette County.

3. Program Eligibility **Criteria:** List the criteria participants must meet in order to be accepted into the program.

4. **Participant Contributions**: Are participants required or requested to contribute funds or labor to the program? Provide details of participant contributions.

5. **Program Partners:** List program partners and what each partner will provide to the program (e.g. community partnerships).

6. Proverty **Reduction**: How will the program reduce poverty in Fayette County?

7. **Duplication of Services**: What other agencies in Fayette County, including LFUCG, provide the same or similar services? How is your program unique? How does your agency collaborate with agencies providing the same or similar services?

8. **Number of Clients Served:** Will requested LFUCG funding increase the number of clients who are served by the program in FY2013?
   ☐ n/a
   ☐ Yes. By how much?_____
   ☐ No. If "no", why not?_____

9. **Funding Increase:** If this program is being funded by FY2012 LFUCG Partner Agency Funds, is your current request an increase in the amount of funds received? ☐Yes ☐No

If "yes", why is an increase being requested?

10. **Waiting List:** Is there currently a waiting list for agency services? ☐Yes ☐No

If "yes":

a. Which programs have a waiting list?
b. How many individuals are currently on the list for each program with a waiting list?
c. What is the typical time an individual is on the waiting list before being provided with services?
d. Will the requested funding be used to reduce the number of individuals currently on the list?
e. Describe the efforts currently being made to reduce the length of time an individual waits for services.

11. **Matching Funds.** Will LFUCG Partner Agency Funds be used as matching funds? ☐Yes ☐No

If "yes":

a. What is the source of the funding?
b. What is the total amount of funding through this source?
c. Will LFUCG Partner Agency Funds be the sole source of local match? If not, what other funding sources will be used to meet the match requirement?
d. Ratio of match: _____ : _____ (Match Source: Local Funding)

12. **Leveraged Funds:** Will LFUCG Partner Agency Funds be used to leverage other funds or resources? ☐Yes ☐No

If "yes":

a. What are the sources of these funds or resources?
b. Provide details regarding the leverage arrangement.

Section 4: Program Logic Model – Tracking Outcomes

Important: See Guide following the table for additional information.

AGENCY:	PROGRAM:

Program Summary:

Long-Term Program Goals:

INPUTS - Resources dedicated to the services	**ACTIVITIES – Services** provided to the participants	OUTPUTS – How much of the services will be provided to how many	**OUTCOMES – Measurable benefits for participants**
			1. 2. 3.

Section 4: Program Logic Model

AGENCY:	PROGRAM:

INDICATOR – what shows participant goal status	MEASUREMENT TOOL/APPROACH – tools used to measure Indicators	SAMPLING STRATEGY AND SAMPLE SIZE – simple or random	FREQUENCY AND SCHEDULE OF DATA COLLECTION – when/how often the measurement tools are used

Guide for Completing Section 4

Program Summary - Provide a brief, concise description of the program. Include the number of people/households to be served and the services to be provided.

Long-Term Program Goals – List the long-term goals of the program. What does the program hope to achieve in the long run? In other words, why does the program exist? What changes does it want to make in the community? These long-term goals may not be the same as the Outcomes you list in the table.

Inputs - Describe what it takes to provide the resources the program uses to achieve program objectives. A program uses inputs to support activities. "To carry out our activities, the following resources will be used..." (Examples: Program Coordinator, volunteers, educational materials, classroom)

Activities - Describe what the program does with its inputs – the services it provides to fulfill its mission. Program activities result in outputs. "To address needs effectively, we will carry out the following activities..." (Examples: Classes, group counseling, case management)

Outputs - Describe the program's activities, such as the number of meals provided, classes taught, etc. Another term for "outputs" is "units of service". The program outputs should produce the desired outcomes for the program participants. Outputs are always numbers. "Our activities will produce the following evidence of service delivery..." (Examples: Number of classes taught, number of workshops held, tons of food distributed)

Outcomes – List three Outcomes that your program seeks to achieve during the one-year funding period. These are also known as Intermediate Goals. What are the benefits for participants during or after their involvement with the program? Outcomes must be measurable. "Our activities will lead to the following end results..." (Examples: Increased knowledge, improved skills, change in behavior). Keep in mind that funds are provided for just one year. Do not set goals that cannot possibly be attained. On the other hand, setting goals too low can reflect negatively on the program's anticipated effectiveness and impact. Whatever Outcomes you list, you will be expected to achieve.

Indicator – Indicators are the specific items of information that track a program's effect. Indicators are observable and measurable items or characteristics that indicate a participant's goal status – be it negative or positive. (Examples: Reading grade, personal hygiene, employment status)

Measurement Tool/Approach – Specify what tools you will use to measure the Indicators. (Examples: participant survey, pre- or post- test, staff observation form, interview)

Sampling Size/Strategy – How and/or how many participants will be used to determine outcome status? If it is not possible to have every program participant involved in program measurement, then state how the sampling will be done.

Frequency and Schedule of Data Collection - List the frequency and schedule that the measurements tools/approaches will be employed. (Examples: monthly, quarterly, 4 grading periods)

Section 5: Financials & Payroll (Excel Forms)

Please complete and submit the provided Excel Workbook with this application. General instructions for completion of the Excel Workbook follow.

Exhibit A and A-1

Revenue statements for the overall agency and specific program, respectively. Please enter the amount of funding you are requesting from LFUCG in the highlighted cell on the first row on column three (3), and identify any other LFUCG funding that you receive.

Exhibit B and B-1

Expenditure statements for the overall agency and specific program, respectively.

Exhibit C and C-1

Detail of specific accounts for the overall agency and specific program, respectively. Instructions are included on the spreadsheet.

Exhibit D and D-1

Schedule of payroll positions for the overall agency and specific program, respectively:

1. Report TOTAL salary for each position and indicate the portion paid by LFUCG and the portion paid by other sources.
2. Indicate the effective date of any projected salary increases.
3. Indicate any positions that were new in the FY 2012 budget and any new positions planned for FY 2013.
4. Indicate positions that are to be changed from part-time (PT) to full-time (FT).
5. Include any temporary or seasonal positions.
6. ***Please note that the total of this spreadsheet should match line one (1) of Exhibit B. If not, provide an explanation on Exhibit D.***

REVENUE STATEMENT - OVERALL AGENCY

EXHIBIT A
FY 2013

AGENCY NAME: _____

Note: Full-Year Data Only

REVENUE	(1) FY 2011 ACTUAL REVENUE PER AUDIT (07/01/2010-06/30/2011)	(2) FY 2012 BUDGET (07/01/2011-06/30/2012	(3) FY 2013 PROJECTED BUDGET (07/01/2012-06/30/2013)
		Round to the Nearest Ten Dollars	
Urban County Government - Purchase of Service Agreement [Column 3 is the Amount Requested]	$	$	$
Urban County Government (CDBG Grant)			
Urban County Government (Local Government Economic Assistance Fund Grant)			
Urban County Government - In Kind (Specify: Space, Computer, Custodial, Computer)			
Other LFUCG - (Identify)_____ (Additions to the Purchase of Service Agreement)			
Other LFUCG - (Identify)_____ (Additions to the Purchase of Service Agreement)			
Other LFUCG - (Identify)_____ (Additions to the Purchase of Service Agreement)			
Other LFUCG - (Identify)_____ (Additions to the Purchase of Service Agreement)			
State of Kentucky			
Federal Government			
United Way			
Fees for Services			
Private Contributions			
Interest Income			
Other Sources (Please Specify)			
TOTAL REVENUES	$	$	$

REVENUE STATEMENT - SPECIFIC PROGRAM

EXHIBIT A-1
FY 2013

AGENCY NAME: _____

PROGRAM NAME: _____

Note: Full-Year Data Only

REVENUE	(1) FY 2011 ACTUAL REVENUE PER AUDIT (07/01/2010-06/30/2011)	(2) FY 2012 BUDGET (07/01/2011-06/30/2012)	(3) FY 2013 PROJECTED BUDGET (07/01/2012-06/30/2013)
		Round to the Nearest Ten Dollars	
Urban County Government - Purchase of Service Agreement [Column 3 is the Amount Requested]	$	$	$
Urban County Government (CDBG Grant)			
Urban County Government (Local Government Economic Assistance Fund Grant)			
Urban County Government - In Kind (Specify: Space, Computer, Custodial, Computer)			
Other LFUCG - (Identify)_____ (Additions to the Purchase of Service Agreement)			
Other LFUCG - (Identify)_____ (Additions to the Purchase of Service Agreement)			
Other LFUCG - (Identify)_____ (Additions to the Purchase of Service Agreement)			
Other LFUCG - (Identify)_____ (Additions to the Purchase of Service Agreement)			
State of Kentucky			
Federal Government			
United Way			
Fees for Services			
Private Contributions			
Interest Income			
Other Sources (Please Specify)			
TOTAL REVENUES	$	$	$

EXPENDITURE STATEMENT - OVERALL AGENCY **EXHIBIT B**
FY 2013

AGENCY NAME:

Note: Full-Year Data Only

DESCRIPTION OF EXPENDITURE	(1) FY 2011 ACTUAL EXPENDITURES PER AUDIT (07/1/2010-6/30/2011)	(2) FY 2012 BUDGET (07/1/2011-06/30/2012)	(3) FY 2013 PROJECTED BUDGET (07/1/2012-06/30/2013)
		Round to the Nearest Ten Dollars	
PERSONNEL:			
1. Salaries			
2. Payroll Taxes & Fringe Benefits (FICA, Insurance, Retirement, etc.)			
3. TOTAL PERSONNEL (Lines 1 + 2)	$	$	$
OPERATING:			
4. ***Contractual & Professional Services**			
5. ***Rent or Lease Charges**			
6. Advertising and Recruitment			
7. General Utilities			
8. Telephone			
9. Office Supplies			
10. Postage			
11. Printing and Copying			
12. Household & Food (Incl. Cleaning Supplies)			
13. Repairs & Maintenance (Excluding Vehicles)			
14. Vehicle Repair & Maintenance			
15. Technical Supplies (Incl. Medical Supplies)			
16. ***Travel (Incl. Conferences & Seminars)**			
17. Insurance			
18. ***Dues and Subscriptions**			
19. ***Minor Equipment**			
20. Miscellaneous			
21.			
22. TOTAL OPERATING (Lines 4-21)	$	$	$
CAPITAL:			
23. ***Land/Buildings**			
24. ***Equipment/Vehicles**			
25. TOTAL CAPITAL (Lines 23+24)	$	$	$
26. TOTAL EXPENDITURES (Lines 3, 22, & 25)	$	$	$

*** Please provide detail of these items on Exhibit C.**

EXPENDITURE STATEMENT - SPECIFIC PROGRAM **EXHIBIT B-1**
FY 2013

AGENCY NAME: _____

PROGRAM NAME: _____

Note: Full-Year Data Only

DESCRIPTION OF EXPENDITURE	(1) FY 2011 ACTUAL EXPENDITURES PER AUDIT (07/1/2010-6/30/2011)	(2) FY 2012 BUDGET (07/1/2011-06/30/2012)	(3) FY 2013 PROJECTED BUDGET (07/1/2012-06/30/2013)
		Round to the Nearest Ten Dollars	
PERSONNEL:			
1. Salaries			
2. Payroll Taxes & Fringe Benefits (FICA, Insurance, Retirement, etc.)			
3. TOTAL PERSONNEL (Lines 1 + 2)	$	$	$
OPERATING:			
4. ***Contractual & Professional Services**			
5. ***Rent or Lease Charges**			
6. Advertising and Recruitment			
7. General Utilities			
8. Telephone			
9. Office Supplies			
10. Postage			
11. Printing and Copying			
12. Household & Food (Incl. Cleaning Supplies)			
13. Repairs & Maintenance (Excluding Vehicles)			
14. Vehicle Repair & Maintenance			
15. Technical Supplies (Incl. Medical Supplies)			
16. ***Travel (Incl. Conferences & Seminars)**			
17. Insurance			
18. ***Dues and Subscriptions**			
19. ***Minor Equipment**			
20. Miscellaneous			
21.			
22. TOTAL OPERATING (Lines 4-21)	$	$	$
CAPITAL:			
23. ***Land/Buildings**			
24. ***Equipment/Vehicles**			
25. TOTAL CAPITAL (Lines 23+24)	$	$	$
26. TOTAL EXPENDITURES (Lines 3, 22, & 25)	$	$	$

*** Please provide detail of these items on Exhibit C - 1.**

DETAIL OF SPECIFIC ACCOUNTS - OVERALL AGENCY **EXHIBIT C**
FOR FY ENDING JUNE 30, 2013 **FY 2013**

AGENCY NAME: Any Agency of Lexington, Inc.

USE THIS FORM IF EXHIBIT B (COLUMN 3) HAS AN AMOUNT ON LINES 4, 5, 16, 18, 19, 23, AND/OR 24			
LINE NO.	FY 2013 LINE TOTAL AMOUNT	FY 2013 ITEM AMOUNT	DESCRIPTION OF EACH ITEM OR SERVICE *(USING NAME OF THE ACCOUNT IS NOT SUFFICIENT)*
4	1,500	1,000	Annual Audit
		500	Clerical Help for Rush Periods
5	4,000	4,000	Building Rental
19	1,300	800	Desk
		300	Chair
		200	Calculator
24	2,000	2,000	Computer
			EXAMPLE

DETAIL OF SPECIFIC ACCOUNTS - OVERALL AGENCY **EXHIBIT C**
FOR FY ENDING JUNE 30, 2013 **FY 2013**

AGENCY NAME: _____

USE THIS FORM IF EXHIBIT B (COLUMN 3) HAS AN AMOUNT ON LINES 4, 5, 16, 18, 19, 23, AND/OR 24			
LINE NO.	FY 2013 LINE TOTAL AMOUNT	FY 2013 ITEM AMOUNT	DESCRIPTION OF EACH ITEM OR SERVICE *(USING NAME OF THE ACCOUNT IS NOT SUFFICIENT)*

DETAIL OF SPECIFIC ACCOUNTS - OVERALL AGENCY **EXHIBIT C**
FOR FY ENDING JUNE 30, 2013 **FY 2013**

AGENCY NAME: _____

USE THIS FORM IF EXHIBIT B (COLUMN 3) HAS AN AMOUNT ON LINES 4, 5, 16, 18, 19, 23, AND/OR 24

LINE NO.	FY 2013 LINE TOTAL AMOUNT	FY 2013 ITEM AMOUNT	DESCRIPTION OF EACH ITEM OR SERVICE *(USING NAME OF THE ACCOUNT IS NOT SUFFICIENT)*

DETAIL OF SPECIFIC ACCOUNTS - SPECIFIC PROGRAM **EXHIBIT C-1**
FOR FY ENDING JUNE 30, 2013 **FY 2013**

AGENCY NAME: Any Agency of Lexington, Inc.

PROGRAM NAME: Best Program #1

USE THIS FORM IF EXHIBIT B (COLUMN 3) HAS AN AMOUNT ON LINES 4, 5, 16, 18, 19, 23, AND/OR 24

LINE NO.	FY 2013 LINE TOTAL AMOUNT	FY 2013 ITEM AMOUNT	DESCRIPTION OF EACH ITEM OR SERVICE *(USING NAME OF THE ACCOUNT IS NOT SUFFICIENT)*
4	1,500	1,000	Annual Audit
		500	Clerical Help for Rush Periods
5	4,000	4,000	Building Rental
19	800	400	Desk
		200	Chair
		200	Calculator
24	1,020	1,020	Typewriter
			EXAMPLE

DETAIL OF SPECIFIC ACCOUNTS - SPECIFIC PROGRAM **EXHIBIT C-1**
FOR FY ENDING JUNE 30, 2013 **FY 2013**

AGENCY NAME:

PROGRAM NAME:

USE THIS FORM IF EXHIBIT B (COLUMN 3) HAS AN AMOUNT ON LINES 4, 5, 16, 18, 19, 23, AND/OR 24

LINE NO.	FY 2013 LINE TOTAL AMOUNT	FY 2013 ITEM AMOUNT	DESCRIPTION OF EACH ITEM OR SERVICE *(USING NAME OF THE ACCOUNT IS NOT SUFFICIENT)*

DETAIL OF SPECIFIC ACCOUNTS - SPECIFIC PROGRAM **EXHIBIT C-1**
FOR FY ENDING JUNE 30, 2013 **FY 2013**

AGENCY NAME: _____

PROGRAM NAME: _____

USE THIS FORM IF EXHIBIT B (COLUMN 3) HAS AN AMOUNT ON LINES 4, 5, 16, 18, 19, 23, AND/OR 24			
LINE NO.	FY 2013 LINE TOTAL AMOUNT	FY 2013 ITEM AMOUNT	DESCRIPTION OF EACH ITEM OR SERVICE *(USING NAME OF THE ACCOUNT IS NOT SUFFICIENT)*

SCHEDULE OF PAYROLL POSITIONS - OVERALL AGENCY
FOR FY ENDING JUNE 30, 2013

EXHIBIT D
FY 2013

AGENCY NAME: Any Agency of Lexington, Inc.

Position	New FY 2012	Budgeted Salary FY 2012	Paid With LFUCG Funds	Paid By Other Sources	New FY 2013	Projected Salary FY 2013	Paid With LFUCG Funds	Paid By Other Sources	% Increase	Effective Date of Increase
NOTE: Totals Should Agree with Exhibit B, Line 1, Columns (2) and (3). If not, please provide an explanation.										
Agency Director (FT)		23,000	11,500	11,500		24,150	12,075	12,075	5.0%	07/01/10
Program Director (FT)		19,800	19,800			20,790	20,790		5.0%	07/01/10
Program Director (FT)	New	18,000	18,000			19,440	19,440		8.0%	12/01/10
Field Representative (FT)		15,000	12,000	3,000		15,750	12,600	3,150	5.0%	07/01/10
Field Representative (PT)					New	7,000	3,500	3,500		
Secretary (FT)		10,500	10,500			11,025	11,025		5.0%	07/01/10
Secretary (FT)		10,500	5,250	5,250		11,025	5,513	5,513	5.0%	07/01/10
EXAMPLE										
TOTAL:		96,800	77,050	19,750		109,180	84,943	24,238	12.8%	

% of FY 2012 salary increases due to

Cost of living increase	3.0%
Merit increase	2.0%
Other	3.0%

SCHEDULE OF PAYROLL POSITIONS - OVERALL AGENCY **EXHIBIT D**
FOR FY ENDING JUNE 30, 2013 **FY 2013**

AGENCY NAME: _____

Position	New FY 2012	Budgeted Salary FY 2012	Paid With LFUCG Funds	Paid By Other Sources	New FY 2013	Projected Salary FY 2013	Paid With LFUCG Funds	Paid By Other Sources	% Increase	Effective Date of Increase
NOTE: Totals Should Agree with Exhibit B, Line 1, Columns (2) and (3). If not, please provide an explanation.										
TOTAL:										

% of FY 2012 salary increases due to
Cost of living increas _____ %
Merit increase _____ %
Other _____ %

AUDIT DATE VERIFY DATE

SCHEDULE OF PAYROLL POSITIONS - OVERALL AGENCY **EXHIBIT D**
FOR FY ENDING JUNE 30, 2013 **FY 2013**

AGENCY NAME: _____

Position	New FY 2012	Budgeted Salary FY 2012	Paid With LFUCG Funds	Paid By Other Sources	New FY 2013	Projected Salary FY 2013	Paid With LFUCG Funds	Paid By Other Sources	% Increase	Effective Date of Increase
NOTE: Totals Should Agree with Exhibit B, Line 1, Columns (2) and (3). If not, please provide an explanation.										
TOTAL:										

% of FY 2012 salary increases due to
Cost of living increase _____ %
Merit increase _____ %
Other _____ %

AUDIT DATE VERIFY DATE

SCHEDULE OF PAYROLL POSITIONS - SPECIFIC PROGRAM **EXHIBIT D-1**
FOR FY ENDING JUNE 30, 2013 **FY 2013**

AGENCY NAME: Any Agency of Lexington, Inc.

PROGRAM NAME: Best Program #1

Position	New FY 2012	Budgeted Salary FY 2012	Paid With LFUCG Funds	Paid By Other Sources	New FY 2013	Projected Salary FY 2013	Paid With LFUCG Funds	Paid By Other Sources	% Increase	Effective Date of Increase
NOTE: Totals Should Agree with Exhibit B-1, Line 1, Columns (2) and (3). If not, please provide an explanation.										
Agency Director (F-T		30,000	15,000	15,000		31,500	15,750	15,750	5.0%	07/01/10
Program Director (F-T)		25,000	25,000			26,250	26,250		5.0%	07/01/10
Program Director (F-T)	New	20,000	20,000			21,600	21,600		8.0%	12/01/10
Field Representative (P-T					New	15,000	7,500	7,500		
Secretary (F/T)		17,160	8,580	8,580		18,018	9,009	9,009	5.0%	07/01/10
EXAMPLE										
TOTAL:		92,160	68,580	23,580		112,368	80,109	32,259	21.9%	

% of FY 2012 salary increases due to

Cost of living increase	3.0%
Merit increase	2.0%
Other	3.0%

AUDIT DATE VERIFY DATE

SCHEDULE OF PAYROLL POSITIONS - SPECIFIC PROGRAM
FOR FY ENDING JUNE 30, 2013

EXHIBIT D-1
FY 2013

AGENCY NAME:

PROGRAM NAME:

Position	New FY 2012	Budgeted Salary FY 2012	Paid With LFUCG Funds	Paid By Other Sources	New FY 2013	Projected Salary FY 2013	Paid With LFUCG Funds	Paid By Other Sources	% Increase	Effective Date of Increase
NOTE: Totals Should Agree with Exhibit B-1, Line 1, Columns (2) and (3). If not, please provide an explanation.										
TOTAL:										

% of FY 2012 salary increases due to
Cost of living increase %
Merit increase %
Other %

AUDIT DATE VERIFY DATE

SCHEDULE OF PAYROLL POSITIONS - SPECIFIC PROGRAM
FOR FY ENDING JUNE 30, 2013

EXHIBIT D-1
FY 2013

AGENCY NAME: _____

PROGRAM NAME: _____

Position	New FY 2012	Budgeted Salary FY 2012	Paid With LFUCG Funds	Paid By Other Sources	New FY 2013	Projected Salary FY 2013	Paid With LFUCG Funds	Paid By Other Sources	% Increase	Effective Date of Increase
NOTE: Totals Should Agree with Exhibit B-1, Line 1, Columns (2) and (3). If not, please provide an explanation.										
TOTAL:										

% of FY 2012 salary increases due to
Cost of living increase _____ %
Merit increase _____ %
Other _____ %

AUDIT DATE VERIFY DATE

Lexington Fayette Urban County Government
Social Services Partner Agency Funding Application
Scoring Criteria – Fiscal Year 2013

Scoring of FY13 Partner Agency funding applications will be completed by selection committees made up of Urban County Council members, community leaders, Social Services Advisory Board members, and appointees by the Commissioner of Social Services. Each selection committee will review 6-8 applications.

Agencies submitting funding applications must attend the pre-application meeting (October 2011) and submit a complete application. Each agency will have the opportunity to present their funding request before the selection committee before final scoring is completed. Committee members may adjust their scoring of each application by up to ten points (total) after hearing applicant presentations.

Scoring Criteria (100 points total possible)

Committee Scoring:

Organization Capacity (10 points)

The agency has a demonstrated ability to successfully administer programs and grant funds with little or no threat of program disruption. The following factors will be considered: Evidence that the agency has taken steps to ensure sustainability; demonstration of a strong Board of Directors (or equivalent); and a mission statement that clearly defines the purpose of the organization.

Program Approach (25 points)

The funding application should present a high-quality, realistic, well thought-out program that will clearly have a positive impact on program participants. Resources will be adequately and judiciously utilized, with sound eligibility criteria. A reasonable number of clients are served, and there is a plan to eliminate waiting lists.

A detailed description of the program is provided, with a clearly defined target population. There is a discussion of the overall measurable goals of the program, and discussion of research or evidence that supports the program strategy.

A detailed discussion of partnerships and collaborations with other agencies (as applicable) to achieve program goals is included.

Outcome Measurement (25 points)

Reflects the ability of the agency to set achievable and measurable outcomes, and the ability to accurately measure program performance. Outcomes should be realistic and measurable, and achievable within the funding time frame (one year). Measurement tools should be comprehensive and measure what is intended to be measured.

Budget (20 points)

Rates to what degree the program budget plan is clearly outlined and justified, and rates the degree of value for dollars spent. The overall cost per client is considered in scoring.

Diversity in Funding (10 points)

Rates how well the agency budget projects a diversified funding base and supports program sustainability. The agency's funding stream should be strong and/or diverse enough to ensure against program interruption. The agency should have a vigorous fundraising history and plan.

Urban Council Council/Mayor Scoring

Urban Council Council / Mayor's Review (10 points)

The Urban County Council and/or Mayor will award up to 10 points per application.

Lexington-Fayette Urban County Government
Department of Social Services

NON-CONFLICT OF INTEREST STATEMENT

I, the undersigned, a member of the Selection Committee for **Partner Agency Funding Review** will perform the evaluation under the guidelines, procedures and requirements provided to me by Lexington-Fayette Urban County Government. Further, whether I am an employee of the Lexington-Fayette Urban County Government or a volunteer assisting in the evaluation of the proposal, I represent as follows:

1. I have an interest in seeing that the scoring and evaluation of the agency applications for funding can be supported and defended, and that the recommendation of the Selection Committee will lead to the selection of the agencies with programs most advantageous to the LFUCG, taking into consideration the evaluation factors set forth in the backup.

2. Except as I have disclosed in detail, I neither have nor shall I during the evaluation acquire any personal and/or financial interest, direct or indirect, in any applicant agency or otherwise that would conflict in any manner or degree with my evaluation responsibilities. Members of my immediate family(spouse or children) and other family members who are in my household are subject to the same restriction and disclosure requirements. The nature and extent of such personal and/or financial interests must be disclosed by me to the Commissioner of Social Services for their evaluation of the significance of the personal and/or financial interest on participation in this evaluation.

3. Notwithstanding my termination of employment or other later disassociation from this selection committee, I may not participate in the development of partner agency funding proposals that will subsequently be reviewed by the Selection Committee.

If I should become aware of any situation, which might arise, that could alter any of the representations above, or that might otherwise create the appearance of a conflict or other impropriety, I will notify the Commissioner of Social Services and committee chair immediately, and will abstain from participation in review of the application in question.

Name (print) _____

Title (print) _____

Signature _____

Date _____

Social Services Committee Referrals
08.30.2011

Item	Referred By	Date Referred
Community Development Block Grant and its Consolidated Plan	Myers	5.25.2011
Vice Mayor appoints a task force to look at the need for a new senior citizen's center	Finance and Social Services' Link Committee	8.16.2011