Myers, Chair
Henson, Vice Chair
Ellinger
Kay
Ford
Lawless
Stinnett
McChord
Lane

A G E N D A
Social Services & Community Development Committee
August 14, 2012
11:00 A.M.

The social services and community development committee, to which shall be referred matters relating to the department of social services and its divisions, and any related partner agencies and the division of community development, related partner agencies, and other matters relating to community development and economic development

Council Rules & Procedures, Section 2.102 (1)

CY 12 Meeting Schedule
September 18
October 16
November 20
December 4

Social Services &
Community Development Committee

Tuesday, April 17, 2012
11:00 AM, Council Chambers

Social Services and Community Development Committee

April 17, 2012

11:00 A.M., Council Chambers

Minutes & Motions

CM Myers chaired the meeting calling it to order at 1:00 pm with all members present, except CM Lawless.

A motion by CM Ellinger to approve the minutes from the March 20, 2012 meeting, seconded by CM Beard, passed without dissent.

1. Community Development Section 108 Loan Program

This presentation was given by Irene Gooding, Community Development Dir. Ms. Gooding explained this program to be a mechanism that HUD provides communities to maximize funding; usually can be used five times over a 20 year period. It has been estimated that on July 1, 2012 the Community Development Block Grants (CDBG) will allocate about $1.9 million to Lexington. This money can be used for improvements to public facilities and can also be used for large economic development projects. Ms. Gooding stated that borrowing through the 108 program will not add to the bond debt. The loan is set at a fixed AAA rate. CDBG rules, along with environmental review requirements apply. It is subject to prevailing wage law, underwriting guidelines, imminent domain restrictions, and public benefit standards. The projects will also be monitored to reassure that HUD requirements are met. All projects must benefit low-moderate income residents and must be feasible. If project is appropriate with local HUD officials then it can be sent to DC to the federal level. Once this is approved, the money can be borrowed. This will not create revenue and will either have to be paid back from the General Fund or future CDBG revenues.

Several Council Members asked questions and made statements. CM Ford stated this is an impressive program and asked if other cities within the state were utilizing these funds. Ms. Gooding stated that Covington and Hopkinsville are using the funds but there was nothing recently found in Louisville. It was also mentioned that the state is also a CDBG recipient. CM Ford stated this should be a no-brainer for Council to decide to work with administration to have a new tool to work with. He also stated that he was not endorsing any particular project, although his district could benefit from these funds, but rather endorsing that the Committee adopt and endorse the 108 Program.

CM Myers asked if there were additional standard requirements other than the normal ones in the CDBG program. Ms. Gooding stated that because of the

economy the project has to be financially feasible and there is an expectation to be sustained within a two-year timeframe. CM Myers also asked if the program would affect any future CDBG funds. It was answered that it is looked at annually. He also asked if both programs could be used at the same time or if one would stop the other. The answer was no because each program is setup for different groups. Ms. Gooding stated that however good this program is for Lexington, there are still some issues that must be addressed including relocation of utilities, staff capacity, and the impact on the neighborhood during the project are just a few. Ms. Gooding stated that HUD establishes the regulatory minimums and that there can be special economical projects required.

CM Kay asked questions in order to clarify in his mind the borrowing and paying back process.

A motion by CM Ford to initiate the application to HUD to implement the 108 Loan Program, seconded by CM Ellinger, passed by a 6-2 vote; No: CMs Lane and Stinnett.

2. Senior Citizens' Center Task Force

CAO Moloney gave an update on a location for a new senior citizen's center. CM Myers asked for a timeframe of their work and CAO Moloney stated that there is a meeting tomorrow and within the next 2 weeks, a decision could be made about the location. It was asked if decisions were made, if there could be a closed session in order to update all Council. CM Stinnett asked if the task force had already made a decision on the 'best' location. CAO Moloney said no decision yet but they have looked at one specific location and thought that it might be best because of the square footage included. CM McChord asked if the task force was also looking at the programming. Comm. Mills stated that there will be another task force or committee formed for that task. It will be based off the 2008 building program list received. They are envisioning this to be a multi-purpose usage building and CM McChord suggested they look at private partners and their services to assist with this task. CM Myers asked how many partner agencies are still located in the current building. Com. Mills answered that it is down to 5 and new leases are coming before Council soon. ***CM Myers*** added that we should look at having an indoor pool and ***requested for the 2008 list of partner agencies be provided to the Council.***

3. Partner Agency Funding Recommendation Process

Comm. Mills applauded Craig Bencz for his work on the partner agency funding recommendation process. Mr. Bencz explained that the application process and funding decisions were based on programs. He mentioned the members of the work group that made these decisions. He stated how difficult it was to decide who to underwrite and that it was decided not to fund at 100 percent. Agency funding started at 85 percent and was decreased from there. The amount of

funding was awarded based on the requests given to the work group. CM Henson mentioned that the process is not perfect but that it is a good start from what has been done in the past and congratulated Craig. CM Ellinger asked about the programs which did not receive any funds such as the Hope Center. Mr. Bencz stated that because of all the different programs offered by the Hope Center that it was decided to cap them at $666,000. CM Kay said that he was interested in the scoring sheet and asked about the future plans of the group. He also stated that he would like to see the process for next year refined and done immediately. He requested to speak again and wanted to follow-up about the needs assessments: a weighted process, what the relative needs are and if there is funding for those needs. CM Myers asked about the scoring system and said that because of it, it shows the need for needs assessments. Mr. Bencz said that overall the process went well but there will be some things that they will look closer at next year. CM Myers asked if there was trouble getting people to serve and Mr. Bencz answered yes because there were so many applications received; but this is part of the process that is being looked at for possible improvement.

4. Committee Referral Items

There was no discussion of these items.

A motion by CM McChord to adjourn the meeting, seconded by CM Beard, passed without dissent.

The meeting was adjourned at 11:58 am.

completed by J. Williams

FY14 Social Services Partner Agency Process Revisions

Social Services & Community Development Committee

August 14, 2012

Objectives

- Progress Review
- Summary of Improvements to Application & Scoring Instrument
- Committee Consideration Items

Progress Update

- Online survey to review committee members & all applicant agencies – completed late April/early May
- Discussion group to improve application and scoring instrument – completed in June
- Committee consideration/adoption of amendments – August 14th
- Begin Needs Assessment and refine Funding Priorities
  - Project starts Fall Semester 2012 (August)
  - Implementation for FY15 application (fall 2013)

Survey Results

- Of 17 Applicant Agencies (65% response rate) that responded...
  - 65% learned about the funding application through Listserv or other email
  - 71% are in favor of placing a limit on the amount of funding an agency can request in total
  - 100% are in favor of continuing a "paperless" application process

Survey Results

- Of 13 Reviewers (57% response rate) that responded...
  - 77% had reviewed grants prior to this one
  - 69% agreed that the review process was effective at ranking applications
  - 54% would have preferred receiving paper copies of scoring sheets and applications.

Process Improvement Workgroup

- Made up of FY13 application reviewers:
  - CM Henson, CM Kay, Phyllis MacAdam, Elizabeth Combs
- Focus: Improvements to application and scoring instrument
- Used experience as reviewers & applicant/reviewer surveys to guide changes

Application Changes

- New requirement: Requests cannot exceed 20% of Agency's previous FY budget
- Removed redundant questions
- Program Logic Model: Removed "Inputs" column, and example will be provided
- Financials will be summarized by staff for reviewers

Scoring Instrument Changes

- Simplified scoring instrument – less questions, clarified wording/criteria
- Added weighting – 140 points possible
- Removed points related to agency's time of operation, and amount of request as a percentage of budget (now a requirement)
- Division of Budgeting staff to score financial performance trends

Scoring Rubric Revisions

FY13:

Application Completeness	10 pnts (10%)
Organizational Capacity	10 pnts (10%)
Program Approach	25 pnts (25%)
Outcome Measurement	25 pnts (25%)
Budget	15 pnts (15%)
Diversity of Funding	15 pnts (15%)
Total Possible Points	**100 pnts**

FY14 (Proposed):

Application	10 pnts (7.1%)
Mission Statement	5 pnts (3.6%)
Program Approach	60 pnts (42.9%)
Program Measures	30 pnts (21.4%)
Budget	20 pnts (14.3%)
Diversity of Funding	15 pnts (10.7%)
Total Possible Points	**140 pnts**

Funding Priorities

- FY13 Funding Priorities:
  - Services for Sr. Citizens
  - Mental Health & Substance Abuse Services
  - Positive Youth Development
  - Violence Prevention
  - Public Health
  - Basic Human Needs
  - (Funding required by Statute or LFUCG Ordinance)

- Recommendation: Retain existing funding priorities until Needs Study is complete

Tentative FY14 Schedule

- August 2012 – Committee approval of amendments to application and scoring instrument
- September 2012 – FY13 Funding Advertised
- **October 17, 2012 (Tentative) – Mandatory Preapplication Meeting**
- **January 16, 2013 (Tentative) – Application Deadline**
- February 2013 – Review Committees Meet (Presentations & Scoring)
- March 2013 – Partner Agency Funding Allocation Workgroup Meets
- March 2013 – Recommendations presented to Social Services & Community Development Committee
- March 2013 – Funding Recommendations to Mayor

Committee Actions

- Approval of proposed schedule & FY14 application and scoring instrument
- Discussion re: caps for requests by number of programs and total dollar amount
  - Funding cap for FY13 = $666,000 (38% of total funding)
  - No cap on number of applications per agency in FY13
- Future consideration: Funding by priority need category (after completion of Need Study)

Questions?

Department of
Social Services

Partner Agency Funding Application
FY 2014 (July 1, 2013 – June 30, 2014)

All applicant agencies **MUST**:

1. Attend the following pre-application meeting:
   Pre-Application Workshop
   (date/time TBA)
   (location TBA)

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

5. Submit requests for **no more than 20%** of the Agency's previous fiscal year budget. Agencies less than one year old will use their current fiscal year budget to meet this requirement.

Application Submittal Deadline:
5:00 P.M., Wednesday, January 16, 2013
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 FY2014 (July 1, 2013 – June 30, 2014). 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, 2013 through June 30, 2014.

2.3 Pre-Application Workshop

All applicants **must** attend one pre-application workshop. The Department of Social Services will conduct one or more workshops 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 responses to 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 "FY14 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 16th, 2013 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
6. Basic human needs
7. Agency funding required by State Statute or LFUCG Ordinance

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 2013. 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 2014 (July 1, 2013 – June 30, 2014)

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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
- ☐ Basic human needs
- ☐ Agency funding required by State Statute or LFUCG Ordinance

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

_____
Date

_____
Board Secretary Typed Name

_____
Date

Section 2: Program 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 State Statute and/or 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 **Agency's** previous fiscal year budget does this application represent? _____%
(Requests for more than 20% of the Agency's previous fiscal year budget will not be accepted)

How many full time and part-time positions are required to run the **Program**? _____ Full-Time (current – FY13)
_____ Part-Time (current – FY13)

Are any new positions proposed for the **Program** for FY14? ☐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 FY14? ☐Yes ☐No If yes, please describe in detail, and include the total dollar amount of LFUCG funding applied for or expected:

Does your agency utilize any office or program space in an LFUCG owned building? ☐Yes ☐No If yes, please describe in detail, including building address, approximate square footage utilized by your agency, rent/lease fees charged by LFUCG, and any other costs (monthly utilities, etc.) reimbursed to LFUCG:

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

Section 3: Program Narrative

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. **PLEASE PROVIDE EVIDENCE OF PAST SUCCESS OF THIS PROGRAM (MEASURED OUTCOMES)***

*Does not apply to newly created programs

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

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

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

7. **Poverty Reduction**: How will the program reduce poverty and/or improve the quality of life in Fayette County?

8. **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?

9. **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?_____

10. **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?

11. **Waiting List:** Is there currently a waiting list for any **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. Briefly describe the efforts currently being made to reduce the length of time an individual waits for services.

12. **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)

13. **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:

Long-Term Program Goals:

ACTIVITIES – Services provided to the participants	OUTPUTS – How much of the services will be provided to how many	OUTCOMES – Measurable benefits for participants

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

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.

Activities - Describe what the program does with its resources – 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.***

SUMMARY -- Revenue & Expenditures

Exhibit A -- Revenue

Agency Revenue	Program Revenue	Program as % of Agency Revenue
FY13 $0	FY13 $0	#DIV/0!
FY14 $0	FY14 $0	#DIV/0!

Exhibit B -- Expenditures

Agency Expenditures	Program Expenditures	Program % of Agency Expenditures
FY13 $0	FY13 $0	#DIV/0!
FY14 $0	FY14 $0	#DIV/0!

AGENCY REVENUE

EXHIBIT A
FY 2014

AGENCY NAME: _____

Note: Full-Year Data Only

REVENUE	(1) FY 2012 ACTUAL REVENUE PER AUDIT (07/01/2011-06/30/2012)	(2) FY 2013 BUDGET (07/01/2012 06/30/2013	(3) FY 2014 PROJECTED BUDGET (07/01/2013-06/30/2014)
		Round to the Nearest Ten Dollars	
Urban County Government - Partner Agency Funding [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)			
State of Kentucky			
Federal Government			
United Way			
Fees for Services			
Private Contributions			
Interest Income			
Other Sources (Please Specify)			
TOTAL REVENUES	$ -	$ -	$ -

PROGRAM REVENUE

EXHIBIT A-1
FY 2014

PROGRAM NAME: _____

Note: Full-Year Data Only

REVENUE	(1) FY 2012 ACTUAL REVENUE PER AUDIT (07/01/2011-06/30/2012)	(2) FY 2013 BUDGET (07/01/2012 06/30/2013	(3) FY 2014 PROJECTED BUDGET (07/01/2013-06/30/2014)
		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)			
State of Kentucky			
Federal Government			
United Way			
Fees for Services			
Private Contributions			
Interest Income			
Other Sources (Please Specify)			
TOTAL REVENUES	$ -	$ -	$ -

AGENCY EXPENDITURES

EXHIBIT B
FY 2014

AGENCY NAME: _____

Note: Full-Year Data Only

DESCRIPTION OF EXPENDITURE	(1) FY 2012 ACTUAL EXPENDITURES PER AUDIT (07/1/2011-6/30/2012)	(2) FY 2013 BUDGET (07/1/2012-06/30/2013)	(3) FY 2014 PROJECTED BUDGET (07/1/2013-06/30/2014)
		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.**

PROGRAM EXPENDITURES

EXHIBIT B-1
FY 2014

AGENCY NAME:

PROGRAM NAME:

Note: Full-Year Data Only

DESCRIPTION OF EXPENDITURE	(1) FY 2012 ACTUAL EXPENDITURES PER AUDIT (07/1/2011-6/30/2012)	(2) FY 2013 BUDGET (07/1/2012-06/30/2013)	(3) FY 2014 PROJECTED BUDGET (07/1/2013-06/30/2014)
		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
FOR FY ENDING JUNE 30, 2014

EXHIBIT C
FY 2014

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
FOR FY ENDING JUNE 30, 2014

EXHIBIT C
FY 2014

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
FOR FY ENDING JUNE 30, 2014

EXHIBIT C
FY 2014

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
FOR FY ENDING JUNE 30, 2014

EXHIBIT C-1
FY 2014

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
FOR FY ENDING JUNE 30, 2014

EXHIBIT C-1
FY 2014

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
FOR FY ENDING JUNE 30, 2014

EXHIBIT C-1
FY 2014

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, 2014

EXHIBIT D
FY 2014

AGENCY NAME: Any Agency of Lexington, Inc.

Position	New FY 2013	Budgeted Salary FY 2013	Paid With LFUCG Funds	Paid By Other Sources	New FY 2014	Projected Salary FY 2014	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%	07/01/12
Program Director (FT)		19,800	19,800			20,790	20,790		5.0%	07/01/12
Program Director (FT)	New	18,000	18,000			19,440	19,440		8.0%	12/01/12
Field Representative (FT)		15,000	12,000	3,000		15,750	12,600	3,150	5.0%	07/01/12
Field Representative (PT)					New	7,000	3,500	3,500		
Secretary (FT)		10,500	10,500			11,025	11,025		5.0%	07/01/12
Secretary (FT)		10,500	5,250	5,250		11,025	5,513	5,513	5.0%	07/01/12
EXAMPLE										
TOTAL:		96,800	77,050	19,750		109,180	84,943	24,238	12.8%	

% of FY 2013 salary increases due to:

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

SCHEDULE OF PAYROLL POSITIONS - OVERALL AGENCY
FOR FY ENDING JUNE 30, 2014

EXHIBIT D
FY 2014

AGENCY NAME: _____

Position	New FY 2013	Budgeted Salary FY 2013	Paid With LFUCG Funds	Paid By Other Sources	New FY 2014	Projected Salary FY 2014	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 2013 salary increases due to:

Cost of living increase _____ %

Merit increase _____ %

Other _____ %

AUDIT DATE VERIFY DATE

SCHEDULE OF PAYROLL POSITIONS - OVERALL AGENCY
FOR FY ENDING JUNE 30, 2014

EXHIBIT D
FY 2014

AGENCY NAME: _____

Position	New FY 2013	Budgeted Salary FY 2013	Paid With LFUCG Funds	Paid By Other Sources	New FY 2014	Projected Salary FY 2014	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 2013 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, 2014

EXHIBIT D-1
FY 2014

AGENCY NAME: Any Agency of Lexington, Inc.

PROGRAM NAME: Best Program #1

Position	New FY 2013	Budgeted Salary FY 2013	Paid With LFUCG Funds	Paid By Other Sources	New FY 2014	Projected Salary FY 2014	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%	07/01/12
Program Director (F-T)		25,000	25,000			26,250	26,250		5.0%	07/01/12
Program Director (F-T)	New	20,000	20,000			21,600	21,600		8.0%	12/01/12
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%	07/01/12
TOTAL:		92,160	68,580	23,580		112,368	80,109	32,259	21.9%	

EXAMPLE

% of FY 2013 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, 2014

EXHIBIT D-1
FY 2014

AGENCY NAME: _____

PROGRAM NAME: _____

Position	New FY 2013	Budgeted Salary FY 2013	Paid With LFUCG Funds	Paid By Other Sources	New FY 2014	Projected Salary FY 2014	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 2014 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, 2014

EXHIBIT D-1
FY 2014

AGENCY NAME: _____

PROGRAM NAME: _____

Position	New FY 2013	Budgeted Salary FY 2013	Paid With LFUCG Funds	Paid By Other Sources	New FY 2014	Projected Salary FY 2014	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 2014 salary increases due to:

Cost of living increase _____ %

Merit increase _____ %

Other _____ %

AUDIT DATE VERIFY DATE

Lexington-Fayette Urban County Government

FY 2014 Social Services Partner Agency Application – Scoring Sheet

WEIGHTED SCORE:_____/140

REVIEWER:_____

AGENCY NAME:_____

PROGRAM NAME:_____

Does the Program address at least one (1) of the approved Funding Priorities (page 2 of 16 of application)?

Yes No (circle one)

Application (10 points possible -- weighted)

	High---------- Circle One ----------Low					
1. The application is clearly understandable and sufficiently informative. (Weighting: 2)	5	4	3	2	1	0

Mission Statement (5 points possible)

	High---------- Circle One ----------Low					
2. The agency's Mission Statement is directly tied to the proposed program and priority need.	5	4	3	2	1	0

Mission Statement:

Program Approach (60 points possible -- weighted)

3. The program is innovative and creative. (Weighting: 3)	High----------Circle One----------Low					
	5	4	3	2	1	0
4. The program is accessible throughout Fayette County.	High----------Circle One----------Low					
	5	4	3	2	1	0
5. The program will reduce poverty and/or improve the quality of life in Fayette County. (Weighting: 3)	High----------Circle One----------Low					
	5	4	3	2	1	0
6. The program includes a partnership and collaboration component that will increase the effectiveness of the proposed service. (Weighting: 2)	Circle One					
	Yes (5 points)			No (0 points)		
7. There is a demonstrated demand for the program's services. (Weighting: 3)	High----------Circle One----------Low					
	5	4	3	2	1	0

Program Measures (30 points possible – weighted)

8. The agency has clearly provided evidence that it has the ability to set achievable and measurable outcomes within the one-year funding timeframe. (Weighting: 3)	High----------Circle One----------Low					
	5	4	3	2	1	0
9. Proposed program measurement tools are comprehensive and will accurately measure program performance (Weighting: 3)	High----------Circle One----------Low					
	5	4	3	2	1	0

Budget (20 points possible – 5 points each)

10. **TO BE COMPLTED BY LFUCG STAFF.** The agency's financial performance trends over the past several (at least 3, as available) years demonstrate stability and strength. If the agency is newer than three years, available financial performance will be evaluated. NOTE: There is no penalty for newly formed agencies; the score for this item will be averaged from this section if the agency is newly formed.	High----------Circle One----------Low					
	5	4	3	2	1	0
11. The overall cost per client for the program is reasonable and demonstrates service value and efficiency. (Weighting: 2)	High----------Circle One----------Low					
	5	4	3	2	1	0
12. Indirect costs (e.g. overhead) directly tied to the program are reasonable and demonstrate service value and efficiency.	High----------Circle One----------Low					
	5	4	3	2	1	0

Diversity in Funding (15 points possible – weighted)

13. The agency has a diverse funding base (e.g. leveraging through CDBG, foundation grants, etc.). Agencies with significant diversity in funding will score high on this criterion. (Weighting: 3)	High----------Circle One----------Low					
	5	4	3	2	1	0

Notes:

Question Number	Score	Weighting	Weighted Score
1		x 2	
2		x 1	
3		x 3	
4		x 1	
5		x 3	
6		x 2	
7		x 3	
8		x 3	
9		x 3	
10		x 1	
11		x 2	
12		x 1	
13		x 3	
TOTAL	_____ / 65		_____ / 140

Guide for Evaluators – Partner Agency Selection Committee ("Selection Committee")

Scoring Process

Selection Committees of four (4) to (5) members each will individually review and score the written Partner Agency Funding Application, and will convene as a group to hear oral presentations from each applicant agency. Evaluators may adjust their scores for each applicant agency by **up to ten (10) points** at the conclusion of oral presentations. LFUCG staff will calculate average scores from the evaluators' score sheets, and may exclude individual scores that are significant outliers.

GoodGiving.Net

LFUCG is continuing to streamline the Partner Agency funding process in part through assistance from the Blue Grass Community Foundation's GoodGiving.net initiative. All applicant agencies for FY 2014 are required to have an active profile on GoodGiving.net, and evaluators are encouraged to visit GoodGiving.net and review applicant agency information prior to completing the scoring sheet. The website includes agency overview and program information, as well as management, governance, and financial information for the agency that was previously submitted to LFUCG in hard copy form. The utilization of GoodGiving.net has helped enable LFUCG to create a "paperless" funding process.

Social Services & Community Development Committee Discussion

Agency applications will be ranked in order from highest to lowest average score by LFUCG staff, and scores will be presented to the Social Services Committee for additional consideration. Selection Committee members are encouraged to attend this meeting, which is tentatively scheduled for March (date TBD), 2013 at (time TBD). The meeting will be held in Council Chambers in the Government Center, located at 200 E. Main Street. LFUCG staff will contact Selection Committee members with any changes regarding this meeting.

Funding Decisions

A Partner Agency Workgroup will be convened, and is charged with developing FY14 Social Services Partner Agency funding recommendations to the Mayor and Urban County Council. These recommendations will be closely tied to final Selection Committee scoring. The Mayor and Urban County Council are responsible for final funding level decisions based on scoring and funding recommendations. ***The Selection Committee is not responsible for developing funding recommendations, or for establishing minimum scores for funding eligibility.***

Scoring Notes

The following is intended to provide helpful guidance for evaluators in scoring submitted Partner Agency Funding Applications. Additional questions should be directed to Craig Bencz, Administrative Officer at 859-258-3807 or via email (cbencz@lexingtonky.gov).

Question 1: Applications that provide all required information in a clearly understandable way will score high on this criterion. Applications that do not clearly respond to questions or provide incomplete responses will score lower on this criterion.

Question 2: LFUCG staff will provide evaluators with the agency Mission Statement from GoodGiving.net.

Question 3: Innovation and creativity may be demonstrated through the design of the program, the target audience, the social problem being addressed, program goals, etc. It's important to review the complete funding application and understand the program in its entirety before scoring this question.

Question 4: Accessibility does not refer to Americans with Disabilities Act (ADA) requirements, but rather the ability of residents throughout Fayette County to engage in the proposed program. For example, a program that targets a very specific geographic area within Fayette County may score lower on this question. Information for this criterion is included in *Section 3: Program Summary,* and additional questions can be addressed during the oral presentation.

Question 5: Please refer to question 7 in *Section 3: Program Narrative.*

Question 6: Please refer to questions 6 and 8 in *Section 3: Program Narrative.*

Question 7: Please refer to questions 2(c) and 11 in *Section 3: Program Narrative*, and consider the application as a whole. The applicant can provide evidence of demand for services through providing evidence of need, providing "wait list" information, etc.

Questions 8 and 9: Please refer to *Section 4: Program Logic Model.*

Question 10: This question will be scored by LFUCG staff, and Evaluators will be provided with this information.

Question 11: The approximate cost per client is included on page 5 of 16 of the funding application in *Section 2: Program Summary.*

Question 12: Indirect costs can be found in *Exhibit B-1: Program Expenditures.* Indirect costs are commonly referred to as "overhead", and typically include all costs other than salary and materials needed to support a program. Examples of indirect costs are utility costs, rent, audit fees, administrative staff, maintenance, security, telephone, etc.

Question 13: The Agency's Revenue Statement is located in *Exhibit A*. When scoring this question, consider whether the agency has significant funding diversity to allow program continuation if LFUCG funding or another significant funding source were to be lost.

EXAMPLE OF COMPLETED (WEIGHTED) SCORE WORKSHEET:

Question Number	Score	Weighting	Weighted Score
1	4	x 2	8
2	5	x 1	5
3	4	x 3	12
4	3	x 1	3
5	4	x 3	12
6	5	x 2	10
7	4	x 3	12
8	5	x 3	15
9	4	x 3	12
10	3	x 1	3
11	3	x 2	6
12	4	x 1	4
13	5	x 3	15
TOTAL	53 / 65		117 / 140

Community Needs Assessment:

UK College of Social Work/ Martin School of Public Policy and Administration

August- December, 2012:

- Assessment developed and led by Dr. Diane Loeffler, faculty mentor and Sarah Beth Leukefeld, PhD candidate student liaison
- Assessment to be conducted by four or five MSW students and one Senior undergraduate as an independent study
- Students will provide 1,080 hours of work to DSS over the first semester (equivalent of a PT employee)
- Students will be assigned to the 21 partner agencies currently funded by LFCUG for the purpose of obtaining existing needs assessments or determining assets/deficits
- Protocols will be provided by the Commissioner's office. The College will provide evidence based tools for assessment.
- Students will review the DSS community needs assessment of 2008, the ten year plan to end homelessness and other needs assessments found in the community agencies
- In addition to conducting the needs assessment, the students will intern with: Commissioner, Multicultural Affairs Coordinator, Aging and Disability Services Coordinator
- Students will present at Social Services Committee on December 4: common themes in existing needs assessment and action plan for second semester (January- May 2013)
- Project Budget: $35,000 for one year. $12,000 to Martin School for faculty compensation (one semester); $21,000 to UK College of Social Work for faculty and PhD stipend, $2,000 for operational costs.

For Committee Consideration:

- Meeting with students and faculty to discuss expectations for the presentation early in the semester
- Any particular suggestions for data or questions to considered before moving to the second phase of the assessment

Community Needs Assessment:

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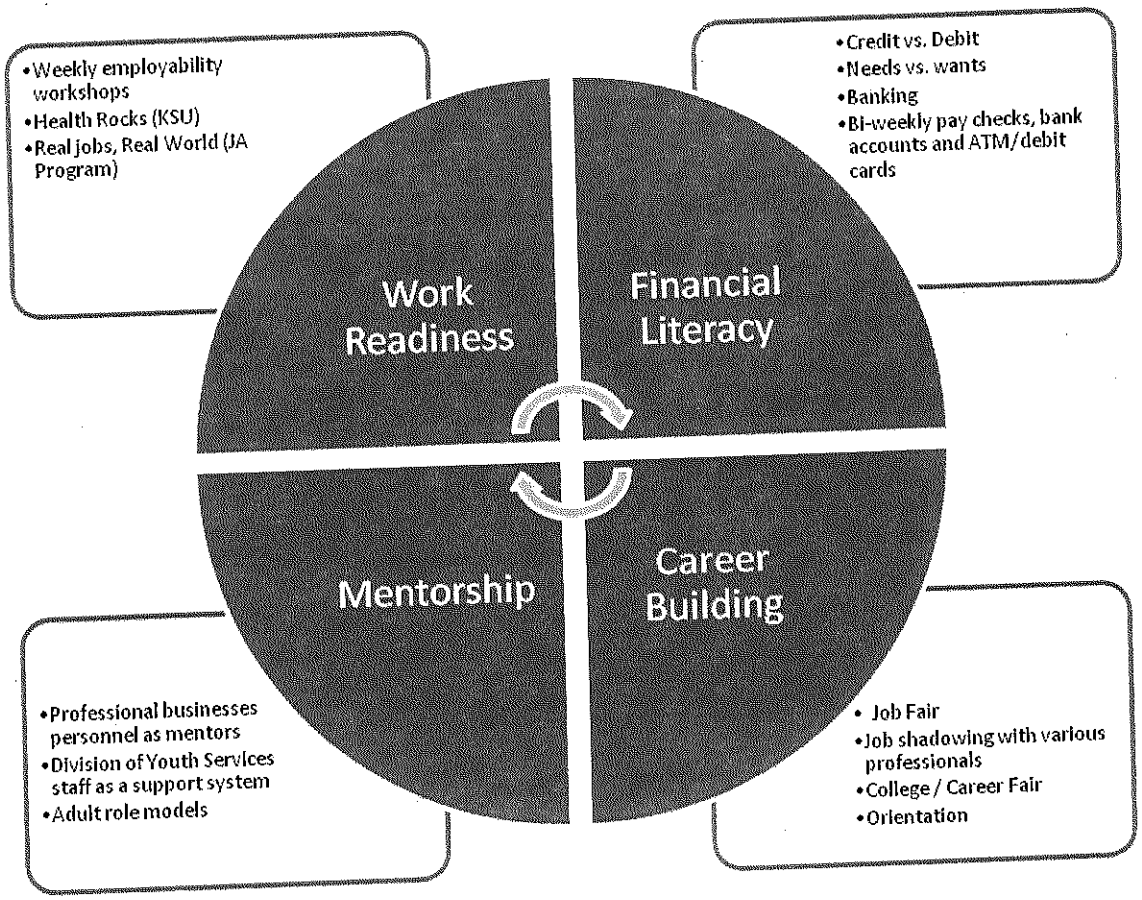
For Committee Consideration:

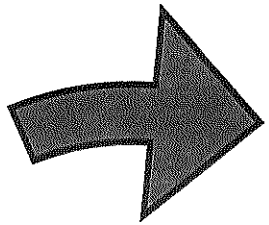
- Meeting with students and faculty to discuss expectations for the presentation early in the semester
- Any particular suggestions for data or questions to considered before moving to the second phase of the assessment

SUMMER YOUTH EMPLOYMENT

2012

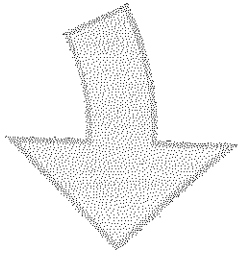

•Weekly employability workshops
•Health Rocks (KSU)
•Real jobs, Real World (JA Program)
•Credit vs. Debit
•Needs vs. wants
•Banking
•BI-weekly pay checks, bank accounts and ATM/debit cards
Work Readiness
Financial Literacy
Mentorship
Career Building
•Professional businesses personnel as mentors
•Division of Youth Services staff as a support system
•Adult role models
• Job Fair
•Job shadowing with various professionals
•College / Career Fair
•Orientation

Annual Program Timeline



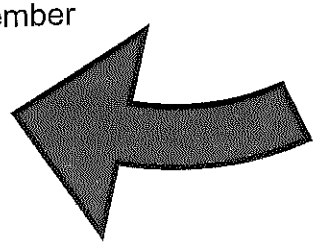
Application & Worksite Development
March to June

- Posting of SYEP notice
- Availability of online application
- Worksite review and approval Process
- Commitment of program funding
- Application Process
- Enrollment& placement of selected participants
- Job Fair
- Youth Orientation
- Worksite Orientation
- Employment Starts (2 – weeks)
- 2 youth Workshops



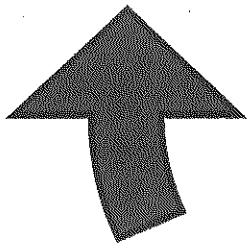
Program Phase
July to August

- Up to 4 weeks of work for participants
- Educational component
- Provided to participants (4 workshops)
- Monitoring of worksites
- 3 Bi-Weekly payrolls
- College/ career fair
- Reception for participants
- Partner Evaluations
- Program end



Program Closeout
September to December

- Closeout visits
- Worksites evaluations
- Compiling data



Program Planning
January to February

- Revisions to application and forms
- Monthly meetings with staff
- Budget & work scope development
- Worksite Development
- Approvals

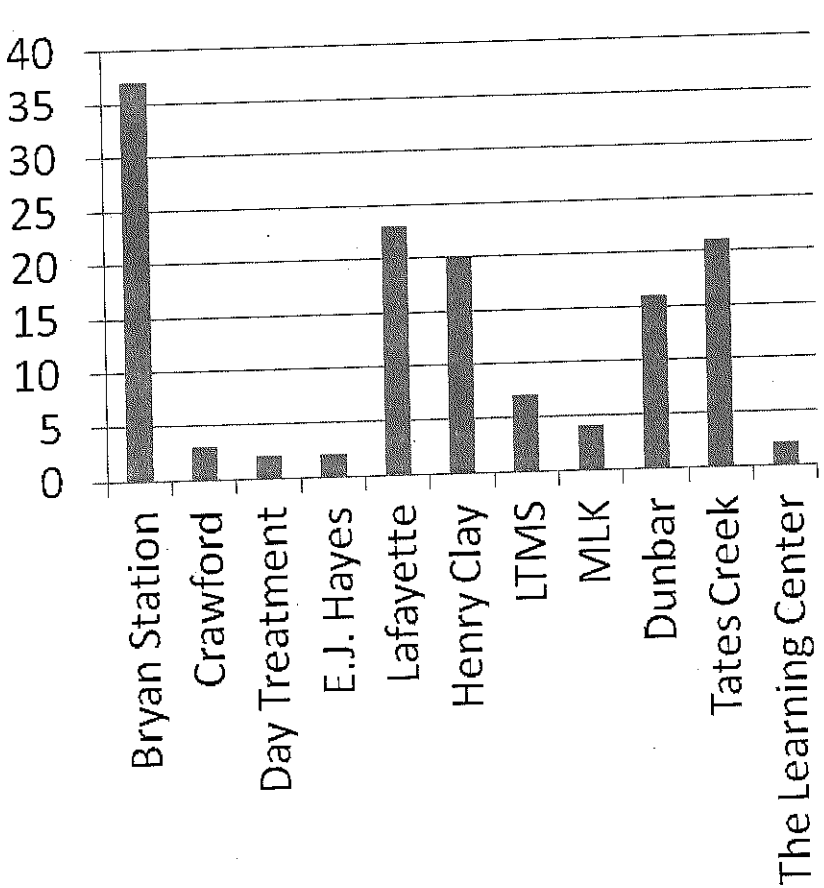
DYS **Division of Youth Services**

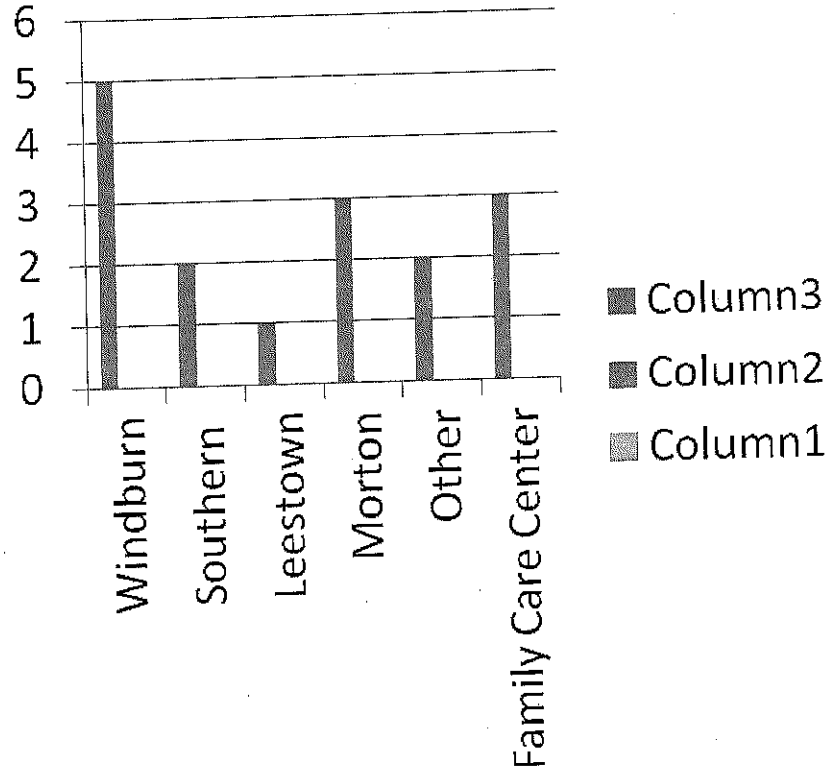
SYEP 2012 Annual Summary

Application Process

- Application on line March 12 – 31, 2012
- Applications received (369 under SYEP code others under another code)
- Required documents: Birth certificates, social security card, picture ID and household income

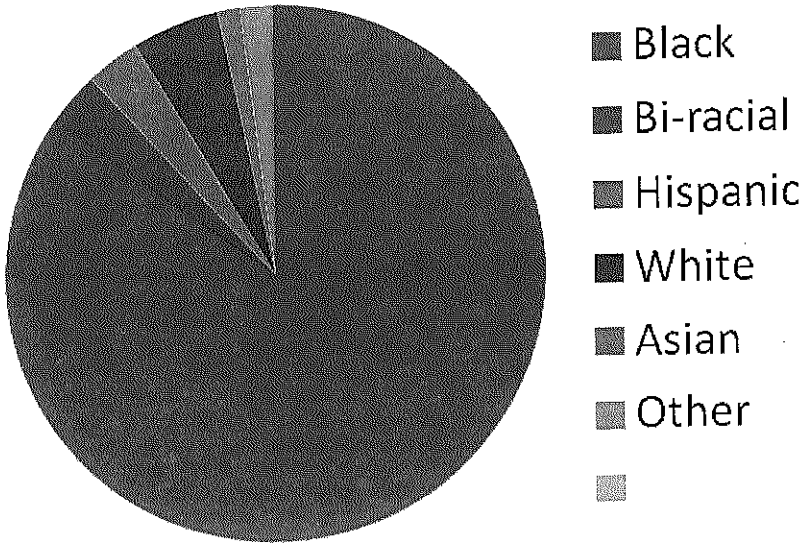
Schools Represented



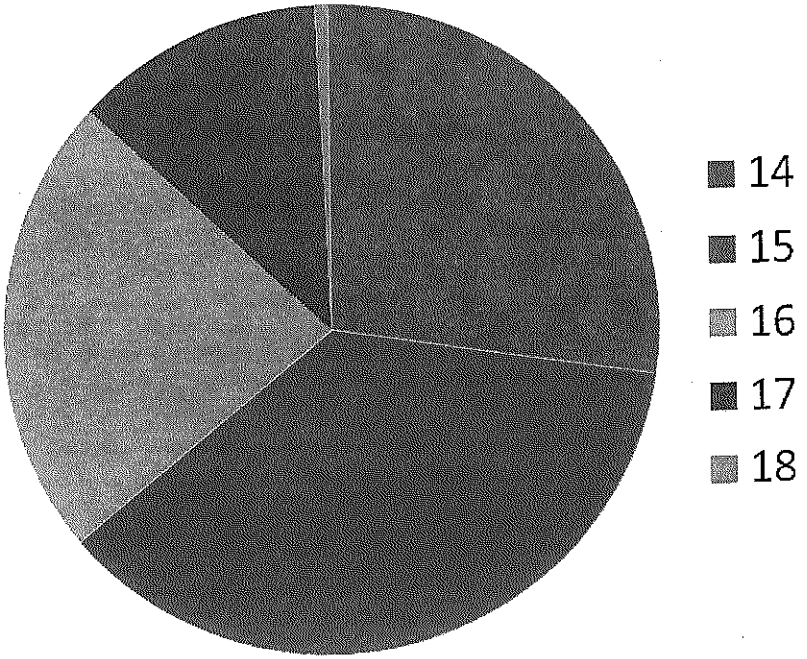


2012 Summer Youth Employment

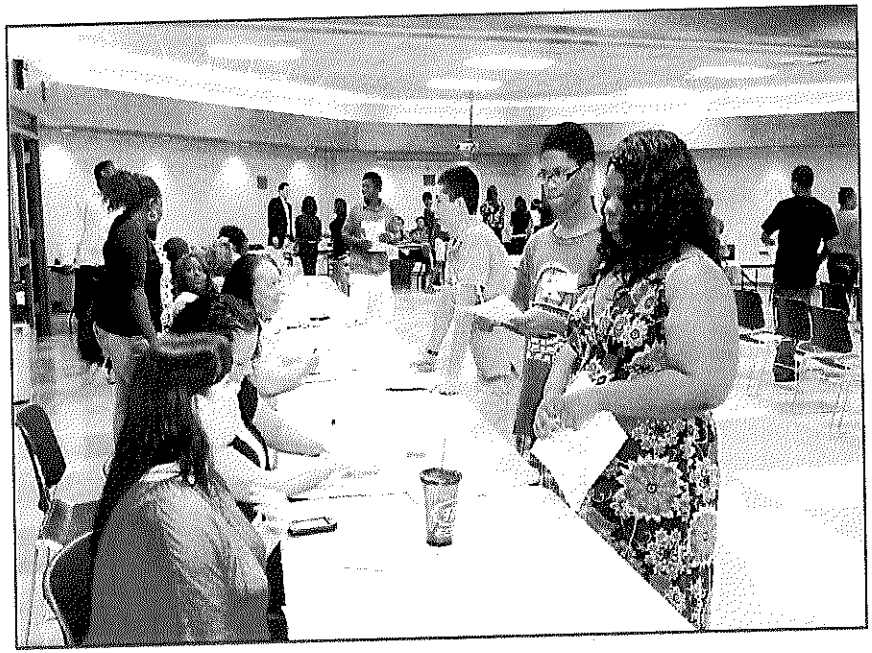
Race



Age



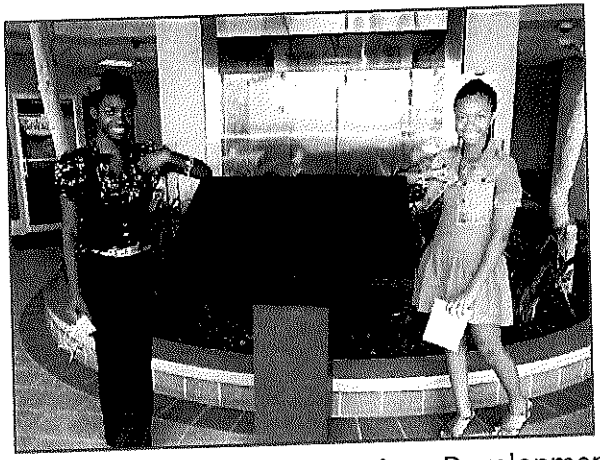
Job Fair
June 5, 2012



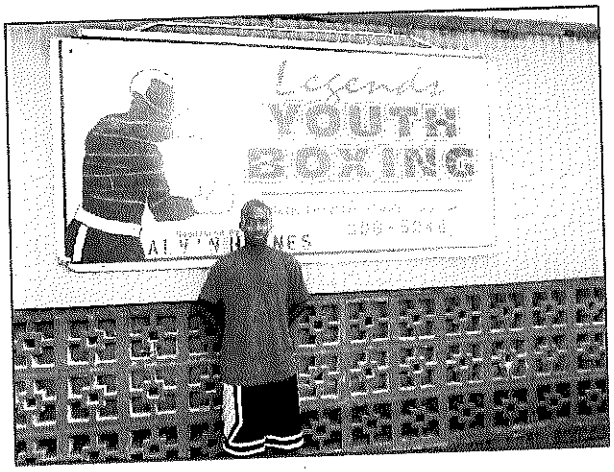
Youth Workshops

Youth Workshops

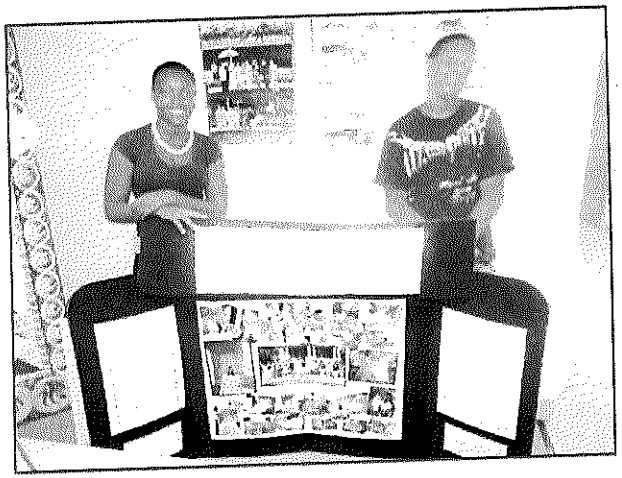
Youth at their Work Sites



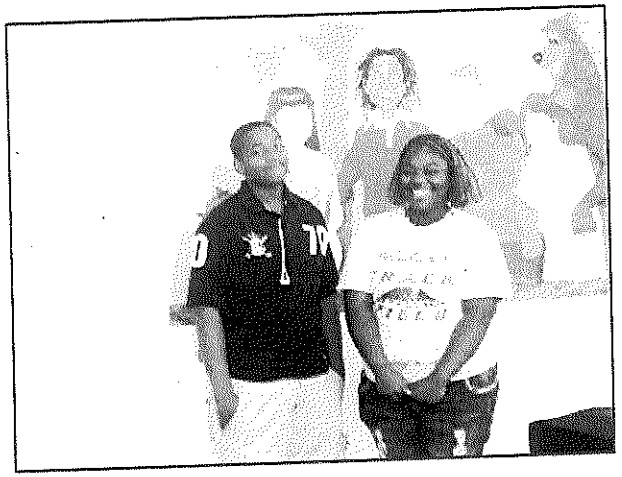
Noela & Haeven - Bluegrass Area Development



Rayshon – Legends Boxing



Imari & Devin – Chrysalis House



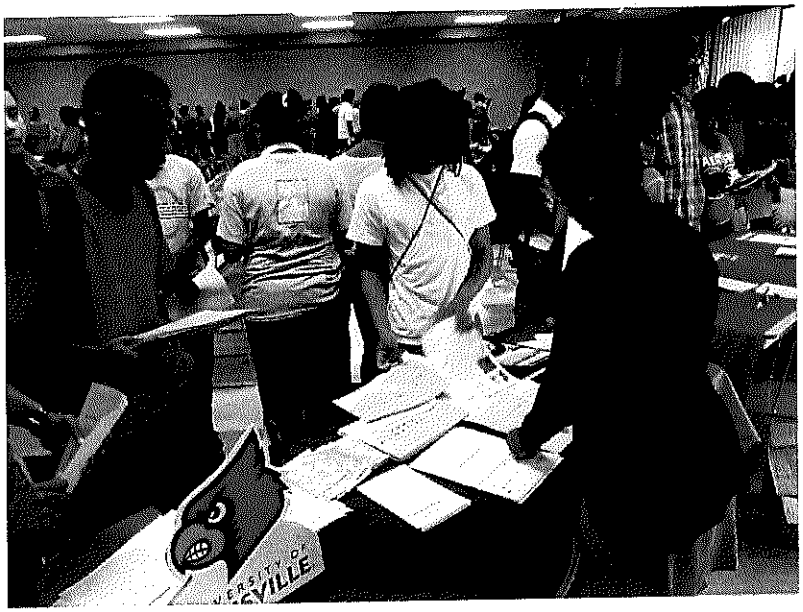
De'Angelo & Arabiah – Kids Unlimited

Dieontae Gillis – Clark Material Handling Company

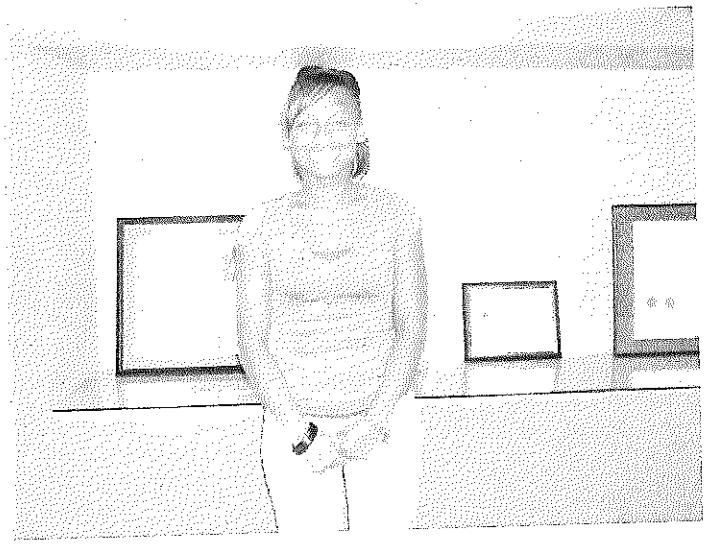
"I have never seen another young man have his work ethic and pride in his work. He assisted the facility maintenance department in many tasks. He was always pleasant, always busy, completed every task given, in a timely manner, and I consider him to be a role model employee for your summer youth program." (Sherry Myers, Human Resource Manger)

College / Career Fair

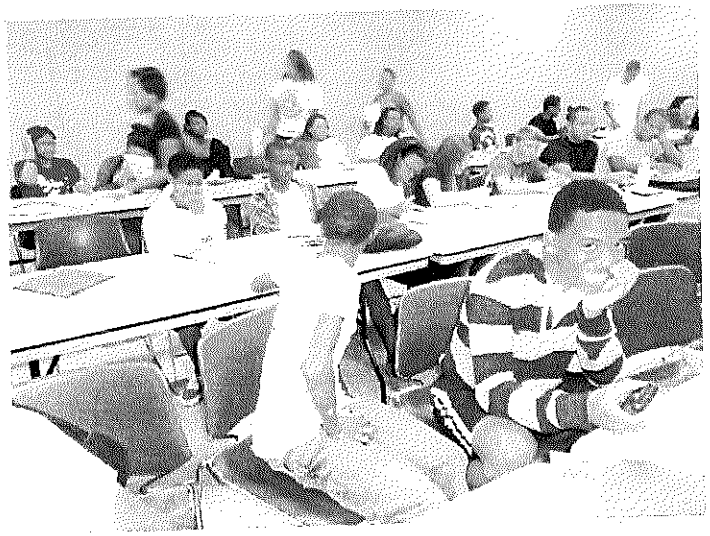
University of Kentucky
Bluegrass Area Development
Georgetown College
University of Louisville
Center of Technical Education
National College
Strayer
KHEAA
The Salon Professional Academy
Job Corp
Western Kentucky University
ITT Technical Institute
Eastern Kentucky University
Indiana Wesleyan University
Bluegrass Community Technical College



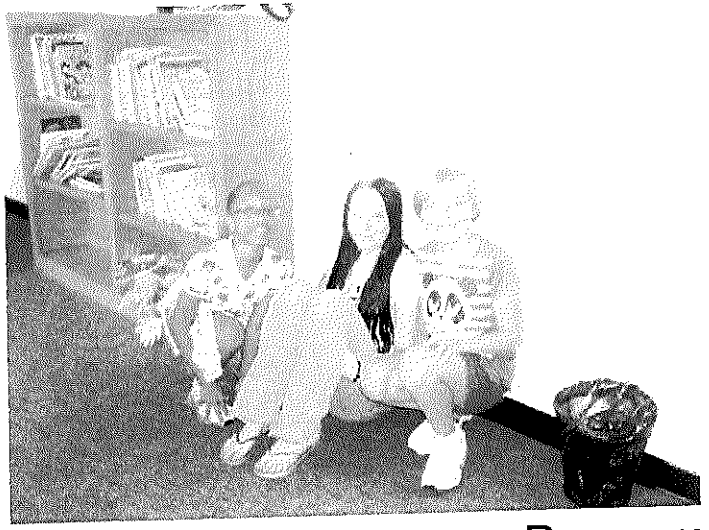
Weneisha Bell - Probation



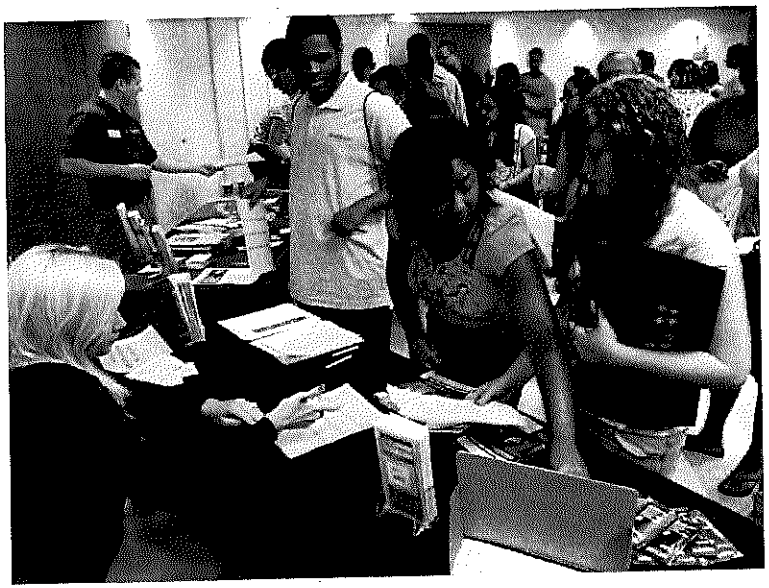
Jasmine – Goodwill Industries

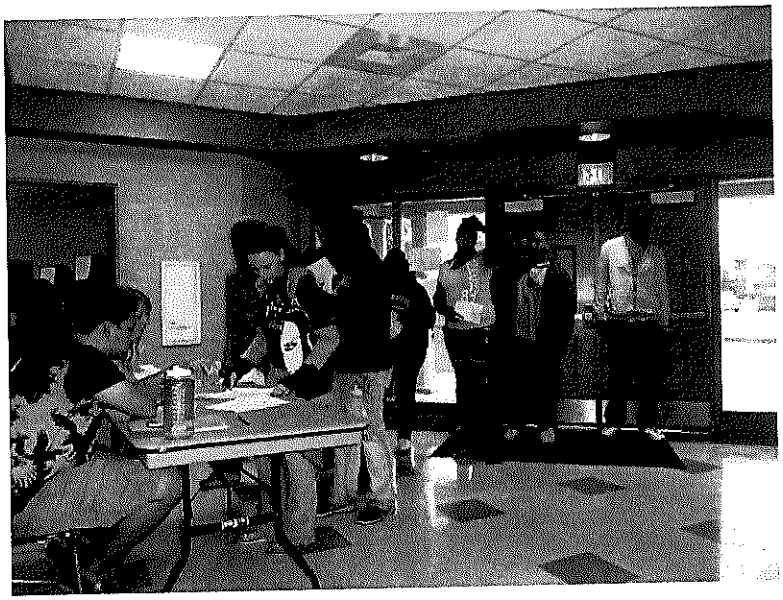


Workshops

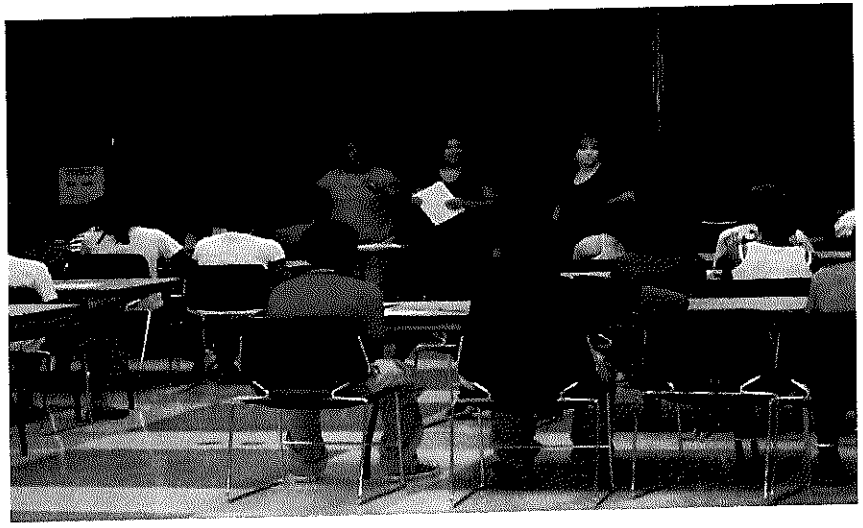


Sierra – Imani Summer Program





Workshop Registration



- Common Good

Data

- Number of youth hired for 2012 – 153 youth
- Number youth dismissed – 4 youth
- Number of worksites – 80 sites
- Number of weeks worked – 6 weeks
- Schools represented – 17 middle/high
- 97% of the youth successfully completed the program

- *Females – 82*
- *Males – 71*

Race

1. *Black - 130*
2. *Bi-racial – 5*
3. *Hispanic – 5*
4. *White – 8*
5. *Asian – 2*
6. *Other - 3*

Social Services Committee Referrals

8.8.12

Item	Referred By	Date Referred	Status
Community Development Block Grant and its Consolidated Plan	Myers	5.25.12	
Vice Mayor appoints a task force to look at the need for a new senior citizen's center	Finance and Social Services Link Committee	8.16.11	Appears to be complete until site is chosen
Discussion on creating a policy recommendation to the full Council around how we fund Partner Agencies specifically with respect to those who want to give raises to their employees	Myers	9.27.11	Completed
Consider the Section 108 loan program and have further follow-up at this Committee about that opportunity	Ford	11.29.11	Completed