

**SEDGWICK COUNTY DEPARTMENT ON AGING
2018 MILL LEVY PROGRAM APPLICATION**

DO NOT CHANGE THE FORMAT OF THIS APPLICATION. OTHER FORMATS WILL NOT BE ACCEPTED.

Aging & Physical Disability Mill Levy: Stacy Nilles (316) 660-5230 or stacy.nilles@sedgwick.gov
Deadline for submitting an application is Noon on Friday, July 14, 2017.
Applications may be emailed to Stacy Nilles or mailed/delivered to:

Sedgwick County Department on Aging
West River Plaza
2622 W. Central, Suite 500
Wichita, KS 67203

Our Mission Statement:

Assisting seniors, caregivers and individuals with disabilities to achieve improved health and greater independence.

FUNDING INFORMATION

CHECK ONE: AGING MILL LEVY REQUEST PHYSICAL DISABILITY MILL LEVY REQUEST

CONTRACT AMOUNT IN 2017 \$ _____ FUNDS EXPENDED TO DATE IN 2017 \$ _____

TOTAL FUNDING REQUEST FOR FISCAL YEAR 2018: \$ _____

AGENCY INFORMATION

AGENCY NAME: _____

AGENCY ADDRESS: _____

PROGRAM NAME: _____

PROGRAM COORDINATOR: _____

PHONE NUMBER FOR PROGRAM COORDINATOR _____

EMAIL FOR PROGRAM COORDINATOR: _____

SIGNING AUTHORITY FOR CONTRACT – NAME & TITLE: _____

PHONE NUMBER FOR SIGNING AUTHORITY: _____

EMAIL FOR SIGNING AUTHORITY: _____

CONTACT INFORMATION (for person completing application)

NAME: _____

PHONE NUMBER: _____

EMAIL: _____

PROGRAM INFORMATION

ESTIMATED NUMBER OF PERSONS TO BE SERVED (unduplicated): _____

DESCRIPTION OF SERVICE UNIT (hour, screening, etc.): _____

NUMBER OF UNITS TO BE PROVIDED: _____

COST PER UNIT OF SERVICE: _____

1) **Program Description** – In 100 words or less, please describe the program for which Mill Levy funds are being requested for 2018. **Only include program information that Aging or PD Mill Levy funds will support in 2018.** _____

2) **Describe the unique characteristics of your program and compare and contrast it with similar services currently being provided in the community. (2 – 3 sentences)** _____

3) **In bullet points describe the need that exists in the community for your program’s services. (Limit to no more than 5 bullets.)**

- _____
- _____
- _____
- _____
- _____

4) How is the need currently being met? (2 – 3 sentences) _____

5) Does your program have other locations? Yes _____ No _____ If no, continue to # 6.

If yes, what are the program site(s) and locations? _____

6) What are the days and hours of program operation? _____

7) Briefly describe your target population. _____

8) What are the client eligibility requirements? (no more than 5 bullets)

- _____
- _____
- _____
- _____
- _____

9) Are clients charged fees for program services? YES _____ NO _____

If no, please skip to question 11.

10) What is the percentage of clients paying fees? _____

11) Do you have a sliding fee scale? YES _____ NO _____
If so, please attach a copy of your sliding fee schedule to this form.

12) Is there a waiting list for services? YES _____ NO _____
If yes, please state the average number of clients on the list _____ and the average wait per client. _____

13) List in bullet points program staff certifications and license required program certification and license if any.

- _____
- _____
- _____
- _____
- _____

14) List in bullet points program staff certifications and licenses (if any).

- _____
- _____
- _____
- _____
- _____

15) List in bullet points the referral sources for the program?

- _____
- _____
- _____
- _____
- _____

16) Do volunteers work directly with the program? YES _____ NO _____

If yes, thinking only about UNPAID volunteers working directly with the program:

Number of volunteers _____ Number of volunteer hours _____

17) If you received funding from Sedgwick County in 2017, how are the dollars being used within the program? Be specific. (Provide information in bullet points.)

- _____

18) How will Sedgwick County dollars be used in this program for the calendar year 2018? Be specific. (Example: What you intend to use the money for and the respective dollar amount – direct assistance to individuals \$29,000; rent and utilities \$12,000.) (Provide information in bullet points.)

- _____

19) Briefly explain how the program would be sustained if mill levy funding for your program were to be eliminated? _____

20) Program Goals/Objectives/Outcomes – What are the specific goals, objectives, and outcomes of this program? - List no more than three (3) goals with corresponding objectives and outcomes.

Goals should be broad and issue oriented statements reflecting an agency’s priorities. Objectives should be clearly defined statements that include steps taken to reach an agency’s goals. Objectives must be measurable, time specific and correspond with a goal. An Outcome is the ultimate result or effect a program has on a person based on documented data. The data should be formally compiled, for example, surveys, comparison studies, pre and post testing. This should be expressed in a measurable form, and include how outcomes will be measured.

GOAL	OBJECTIVE	OUTCOME
<u>Example:</u> To maintain as independent lifestyle as possible by maintenance or improvement of strength.	<u>Example:</u> Provide maintenance level therapy regime prescribed by a physician to address weak muscles in 23 individuals with disabilities in 2013.	<u>Example:</u> 95% will maintain or improve strength of major muscle groups. Data will be collected by therapist in quarterly surveys.

21) If you indicated any change in the program budget from 2017 to 2018, please explain why you are requesting the increase or decrease. Also explain how the change in funding will affect the program/staff/units. *If you were not funded by Mill Levy funds in FY 2017 disregard this question.*

22) What Community & Financial Partnerships have you established over the last year and what do you foresee in FY 2018. Please list the contributors and the amount of the items that have been or will be received. *This should correlate with the Total Operating Budget Information page.* _____

23) Outcome Results – Referring to your 2016 contract, list in bullets all outcomes and explain specific outcome results. *If you were not funded by Mill Levy funds in FY 2016 disregard this question.*

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24) Output Results – Referring to the 2016 contract, list in bullets specific outputs that you achieved in 2016. *If you were not funded by Mill Levy funds in FY 2016 disregard this question.*

Outputs:

-

*(An output indicates the number of people served and the amount of goods and services produced).
Example: A total of 1,658 units of service of case management were provided in 2015.*

ORGANIZATIONAL INFORMATION

1) Please provide a brief history of the organization: (100 words or less) _____

2) How long has the agency been operating in the local community? (1 sentence) _____

3) Please identify any agency affiliations (National, State or Local): (Provide information in bullets.)

-

4) Agency fiscal year (month/year to month/year): _____

5) If your Miscellaneous expense line item is 10% of your operating budget or over \$15,000 for 2017 or 2018, please indicate what comprises this dollar amount. _____

6) Do you have an endowment? _____ YES _____ NO

If yes, provide the endowment balance _____ as of _____ (date).

Are any of these funds restricted? _____ YES _____ NO

7) If yes, please identify the restriction and the respective dollar amount. _____

8) Do you have an operating reserve? _____ YES _____ NO

(An operating reserve is an unrestricted fund balance set aside to stabilize a nonprofit's finances by providing a cushion against future unexpected cash flow shortages, expense or losses. In other words, an operating reserve is a rainy day savings account.)

If yes, provide the operating reserve balance _____ as of _____ (date).

Are any of these funds restricted? _____ YES _____ NO

9) If yes, please identify the restriction and the respective dollar amount. _____

10) What percentage is Sedgwick County Mill Levy compared to your total operating budget?

TOTAL OPERATING BUDGET INFORMATION
(FOR THE AGING/PD MILL LEVY PROGRAM)

AGENCY _____

PROGRAM _____

BUDGET HISTORY	2015	2016	2017	Proposed 2018	% Change 2017to 2018
EXPENSES					
Salaries/Benefits					
Training					
Office Supplies					
Printing					
Postage					
Telephone					
Electric/Gas					
Rent					
Building Maintenance					
Insurance					
Mileage					
Other (please explain)					
TOTAL OPERATING EXPENSES					
Amount funded by Sedg. Co. Aging/PD Mill Levy					
Amount funded by City of					
Amount funded by United Way					
Amount funded by Medicaid					
Amount funded by Participant Contribution/Fund Raising/Donations					
Amount funded by other Sources for this program Please be specific and list each source separately:					

AGING/PD MILL LEVY OPERATING BUDGET INFORMATION
 (EXPENSES THAT ARE PAID FOR WITH AGING/PD MILL LEVY FUNDS ONLY)

AGENCY _____

PROGRAM _____

BUDGET HISTORY	2015	2016	2017	Proposed 2018	% Change 2017 to 2018
EXPENSES					
Salaries/Benefits					
Training					
Office Supplies					
Printing					
Postage					
Telephone					
Electric/Gas					
Rent					
Building Maintenance					
Insurance					
Mileage					
Direct Expenses					
Other (please explain)					
TOTAL AGING/PD MILL LEVY EXPENSES					