

**SEDGWICK COUNTY DEPARTMENT ON AGING
2022 MILL LEVY PROGRAM APPLICATION**

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

To be considered for funding, your request should be focused on services/programs that address the strategic focus areas outlined in the Department on Aging's 2019-2023 Strategic Plan. These include Comprehensive Coordinated System of Care, Housing, Transportation, Transforming the Perception of Aging and Wellness, and Chronic Illness and the Intersection of Mental Health and Aging.

***Aging & Physical Disability Mill Levy:* Stacy Nilles (316) 660-5230 or stacy.nilles@sedgwick.gov
Deadline for submitting an application is Noon on Friday, August 13, 2021.
Applications may be emailed to Stacy Nilles or mailed/delivered to:**

**Sedgwick County Department on Aging
Ronald Reagan Building
271 West 3rd St. North, Ste 500
Wichita, KS 67202**

*Our Mission Statement:
Assisting seniors, caregivers and individuals with disabilities to achieve improved health and greater independence.*

FUNDING INFORMATION

CHECK ONE: AGING MILL LEVY PHYSICAL DISABILITY MILL LEVY

CONTRACT AMOUNT IN 2021 \$_____ FUNDS EXPENDED IN 2020 \$_____

TOTAL FUNDING REQUEST FOR FISCAL YEAR 2022: \$_____

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): _____

STRATEGIC FOCUS AREA ADDRESSED: _____

1) **Program/Service Description** – In 100 words or less, please describe the program or service for which Mill Levy funds are being requested for 2022. The program/service description must include a description of how the program/service addresses one or more Strategic Focus Areas of the Department on Aging's Strategic Plan. **Only include program/service information that Aging or PD Mill Levy funds will support in 2022.** _____

2) **Describe the unique characteristics of your program/service 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 2020, 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 2022? 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? *Note: These will be measured against the goals and objectives listed in the SCDoA Strategic Plan.* - 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	<u>Example:</u> Provide maintenance level	<u>Example:</u> 95% will maintain or improve

lifestyle as possible by maintenance or improvement of strength.	therapy regime prescribed by a physician to address weak muscles in 23 individuals with disabilities in 2013.	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 2021 to 2022, 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 2021 disregard this question.*

22) What Community & Financial Partnerships have you established over the last year and what do you foresee in FY 2022? 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 2020 contract, list in bullets all outcomes and explain specific outcome results. *If you were not funded by Mill Levy funds in FY 2020 disregard this question.*

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24) Output Results – Referring to the 2020 contract, list in bullets specific outputs that you achieved in 2020. *If you were not funded by Mill Levy funds in FY 2020 disregard this question.*
Outputs:

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*(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 2021 or 2022, 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	2019	2020	2021	Proposed 2022	% Change 2021 to 2022
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 Sedgwick Co. Aging/PD Mill Levy					
Amount funded by City of					
Amount funded by County					
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	2020	2021	Unit Cost	Number of Units	Proposed 2022	% Change 2021 to 2022
EXPENSES						
Salaries/Benefits						
Training						
Office Supplies						
Postage/Printing						
Telephone						
Electric/Gas						
Rent						
Building Maintenance						
Insurance						
Mileage						
Unit rate/service expense						
Unit rate/service expense						
Unit rate/service expense						
Other reimbursable expenses (please explain)						
Other reimbursable expenses (please explain)						
Other reimbursable expenses (please explain)						
Other reimbursable expenses (please explain)						
Other reimbursable expenses (please explain)						
Other reimbursable expenses (please explain)						
Other reimbursable expenses (please explain)						
Other reimbursable expenses (please explain)						
Other reimbursable expenses (please explain)						
TOTAL AGING/PD MILL LEVY EXPENSES						