



TOWN OF ORLEANS

19 SCHOOL ROAD ORLEANS MASSACHUSETTS 02653-3699
Telephone (508) 240-3700 ---- Fax (508) 240-3703
<http://www.town.orleans.ma.us>

BOARD OF
SELECTMEN

TOWN
ADMINISTRATOR

HUMAN SERVICES AGENCY FUNDING FOR FISCAL YEAR 2011 REQUEST FOR FUNDING PROPOSAL

DEADLINE FOR SUBMISSION:
December 11, 2009 at 4:30 p.m.

The Town of Orleans is currently soliciting requests from local human services agencies for funding in Fiscal Year 2011 (July 1, 2010 - June 30, 2011). Organizations are invited to submit funding proposals in accordance with this notice and the charge to the Orleans Human Services Advisory Committee as revised on Dec. 7, 2005.

Please provide **TWO COMPLETE COPIES** of the following information. If you use other pages, please submit information in the same order.

Statement of Orleans' Needs for Service

State the needs of Orleans residents that your organization has identified – (case studies would be useful) and how your organization can help meet those needs.

Agency Background

1. Briefly describe the history and mission of your organization.
2. Describe the direct assistance you provide to Orleans residents - programs or treatment methods, types of care or service delivery, frequency of care or services, etc.
3. Describe the highlights of your calendar year 2009 program/service accomplishments.
4. List the primary objectives for these programs in calendar year 2010, and describe how results will be measured.

5. Do any of your programs have waiting lists, and, if so, how many Orleans residents are on the waiting list(s)?

<u>Program Data</u> (calendar year)	Actual 2007	Actual 2008	Actual or Estimated 2009	Projected 2010
Total number of Unduplicated Clients	_____	_____	_____	_____
Number of unduplicated Orleans Residents served	_____	_____	_____	_____
Total number of Units of Service	_____	_____	_____	_____
Number of Units of Service provided to Orleans Residents	_____	_____	_____	_____
Cost per Unit of Service	_____	_____	_____	_____
Total number of Free Care Units provided	_____	_____	_____	_____
Number of Free Care Units Residents provided to Orleans	_____	_____	_____	_____

1. What is your definition of a Unit of Service?

2. What is your definition of a Free Care Unit?

3. Does your organization have a cap on the number of individuals who can be served under Free Care, and if so, what is the cap?

4. Does your organization maintain a sliding fee scale, and if so, what is the scale?

FUNDING

(a) Orleans Funding

FY 2011 requested _____

FY 2010 received _____

FY 2009 received _____

(b) Other Municipal Funding

List the municipal funding granted for fiscal year 2010 from other Cape Cod towns and the number of unduplicated clients that town served in calendar year 2009.

Please include in both copies of your application:

ADDITIONAL REQUIREMENTS

1. Evidence of IRS 501(c)(3) or not-for-profit status.
2. A list of current Board members.
3. A current budget. (Please indicate the budgetary time period.)
4. Document showing the percent of the operating budget that is expended on administrative costs, fund raising, and the percentage of the operating budget that is spent on the delivery of program services.
5. An Audited Financial Statement or an Annual Report.

ADDITIONAL INFORMATION

1. You may be contacted to schedule a meeting to discuss your proposal with the Human Services Committee.
2. The Town reserves the right to contact any applicant for additional information if needed, and to exclude from consideration any funding proposal which does not provide all of the information requested.
3. Requests for funding should be received no later than 4:30 p.m. on December 18, 2009 at the Office of the Town Administrator, Town of Orleans, 19 School Road, Orleans, MA 02653.
4. Questions or requests should be directed to the Town Administrator's office at (508) 240-3700 ext. 415.

Agencies will be notified of action on their requests following the May 2010 Annual Town Meeting.

Contact Person: _____

Position: _____

Request Submitted By:

Printed Name

Title

Signature

Name of Organization: _____

Mailing Address _____

Phone: _____ Fax: _____

Date: _____