



TOWN OF ORLEANS
HUMAN SERVICE AGENCY APPLICATION FOR FISCAL YEAR 2024
REQUEST FOR FUNDING PROPOSAL

DEADLINE FOR SUBMISSION:
4:30 PM, FRIDAY, December 9, 2022

The Town of Orleans is currently soliciting requests from local human services agencies for funding in Fiscal Year 2024 (July 1, 2023 - June 30, 2024). Nonprofit Organizations are invited to submit funding proposals in accordance with this notice and the charge to the Orleans Human Services Advisory Committee.

Please provide **THREE (3)** fully completed sets of the FY 2024 Funding Proposal, including attachments, to:

Town of Orleans
Attn: Michaela Miteva, Licensing & Procurement Agent
19 School Road, Orleans, MA 02653

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____ **PHONE:** _____

ORGANIZATIONAL INFORMATION (USE SEPARATE SHEETS AS NEEDED)

1. Mission Statement:

2. Describe the NEEDS of Orleans residents that your organization has identified. Case studies would be useful.

3. Describe the DIRECT ASSISTANCE you provide to Orleans residents with the use of our funds, e.g. – programs or treatment methods, types of care or service delivery, frequency of care or services, etc.:

4. What are the NEW services proposed for Orleans residents during Fiscal Year 2024? Please describe.

5. Does your organization maintain a sliding fee scale, and if so, what is the scale? Yes ____ No ____

6. Do any of your programs have waiting lists? Yes ____ No ____
If Yes, how many Orleans residents are on the waiting lists? _____

7. Please **DESCRIBE CLEARLY** how your organization defines its Administrative Costs, Program Costs, and Fundraising Costs under each category below.

a. Administrative Costs: _____

b. Program Costs: _____

c. Fundraising Costs: _____

8. What is your organization's definition of a Unit of Service? Does your Free Care Unit deviate from your standard Unit of Service? Is there a limit on the number of Free Care Units?

ADDITIONAL INFORMATION

1. You may be contacted to schedule a meeting to discuss your proposal with the Human Services Advisory 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 or is not submitted by the deadline.
3. Questions or requests should be directed to the Town Administrator's office at (508) 240-3700 ext. 2415.
4. Agencies will be notified of action on their requests following the May 2023 Annual Town Meeting.

Request Submitted By:

Printed Name Title Date

Signature

Name of Organization: _____

Office Location(s): _____

Phone Fax

Email: _____

SUMMARY SHEET
TOWN OF ORLEANS REQUEST FOR FUNDING FY2024
(to be completed by your organization)

ORGANIZATION: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT: _____ TITLE: _____

E-MAIL: _____

	FY 23	FY 22	FY 21
AMOUNT FUNDED BY ORLEANS IN PREVIOUS YEARS:			

AMOUNT REQUESTED FROM ORLEANS: FY 24 request

FY 2023 NUMBER OF UNDUPLICATED ORLEANS CLIENTS PROJECTED:

PLEASE PROVIDE ACTUALS FOR YOUR LAST FISCAL YEAR:

OF UNDUPLICATED TOTAL CLIENTS SERVED:

OF UNDUPLICATED ORLEANS CLIENTS SERVED:

TOTAL # OF UNITS OF SERVICE:

OF UNITS OF SERVICE TO ORLEANS CLIENTS:

TOTAL # OF FREE CARE UNITS PROVIDED:

OF FREE CARE UNITS PROVIDED TO ORLEANS CLIENTS:

FY 22

ANNUAL BUDGET: _____

BUDGET BREAKDOWN (%)

PROGRAM SERVICES _____

ADMINISTRATION _____

FUNDRAISING _____

FISCAL / CALENDAR YEAR _____

CHECKLIST

REQUIRED ATTACHMENTS: (Please include copies of each in all three(3) copies of your application).

- Evidence of IRS 501(c)(3) or not for profit status
- Current organizational budget
- Proposed budget for use of Orleans funds
- Other funding sources, if any: (Federal, State, Town)