

**TOWN OF ORLEANS**  
**HUMAN SERVICE AGENCY FUNDING FOR FISCAL YEAR 2020**  
**REQUEST FOR FUNDING PROPOSAL**

**DEADLINE FOR SUBMISSION:**  
**4:30 PM, FRIDAY, December 14, 2018**

The Town of Orleans is currently soliciting requests from local human services agencies for funding in Fiscal Year 2020 (July 1, 2019 - June 30, 2020). 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 copies of the FY 2020 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 2020?  
Please describe.
  
5. Does your organization maintain a sliding fee scale, and if so, what is the scale?
  
6. Do any of your programs have waiting lists, and if so, 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 definition of a Unit of Service?

9. What is your definition of a Free Care Unit? 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. 415.
- 4. Agencies will be notified of action on their requests following the May 2019 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 FY2020  
(to be completed by your organization)

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

	FY2019	FY2018	FY2017
AMOUNT FUNDED BY ORLEANS IN PREVIOUS YEARS:			

AMOUNT REQUESTED FROM ORLEANS FOR FY2020:

FY 2020 NUMBER OF UNDUPLICATED ORLEANS CLIENTS PROJECTED:

PLEASE PROVIDE ACTUALS FOR YOUR LAST 3 YEARS:

# 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:

year	year	year

ANNUAL BUDGET: \_\_\_\_\_

FISCAL / CALENDAR YEAR \_\_\_\_\_

NOTES:

**BUDGET BREAKDOWN (%)**

PROGRAM SERVICES \_\_\_\_\_

ADMINISTRATION \_\_\_\_\_

FUNDRAISING \_\_\_\_\_

**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
- Most recent Annual Revenue / Expense Report
- Other funding sources, if any: (Federal, State, Town)