

TOWN OF ORLEANS  
HUMAN SERVICES ADVISORY COMMITTEE  
Minutes of 3/28/11  
10:00 am Namequoit Room, Orleans Town Hall

Approved: 6/14/11

ORLEANS TOWN CLERK  
IDaily Ass.  
'11 JUN 28 9:26AM

**Present:** Mary Lyttle, Chair; Pam Chase, Arlene Cohen (arrived 10:15 am); Gail Meyers Lavin, Robert Singer, Myra Suchenicz, Asst. Town Administrator (ex-officio) (left for another meeting at 11:05 am).

The meeting was called to order by the Chair at 10:07 am. The committee reviewed the draft cover page Bob had developed after the last meeting, which Gail had formatted onto one page. Using other applications from surrounding towns and grant requirements from various funders, the committee went through the current application, looking for similarities, redundancies, and clarifications, and what the purpose was of each of the questions.

The committee agreed the following:

- To substitute the words "Organization" instead of "Agency" and "Program Costs" instead of "Direct Costs throughout the application
- To move the deadline date for submitting applications possibly to Nov. 1<sup>st</sup>.
- To clarify the application language and emphasize at the beginning and the end where the applications must be received and how they should be addressed.
- To revise Bob's Cover Sheet to review again
- To ask Gail to try a first draft of a new Request for Funding

The remaining discussion related to the wording of a new Request for Funding and is incorporated into the first draft attached.

**The next meeting, to continue the discussion of a revision to the application for FY13, was scheduled for FRIDAY, April 15, 2011 at 10 am in the Namequoit Room.**

**Motion** to adjourn voted 5-0 at 11:30 am.

Submitted by:

  
Gail Meyers Lavin, Clerk

# TOWN OF ORLEANS

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

## 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.

## Organizational Background

1. Mission Statement
2. Briefly describe the history of your organization.
3. 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.
4. Describe the highlights of your calendar year 2010 program/service accomplishments (general? Orleans?).
5. List the primary objectives for these programs in calendar year 2011, and describe how results will be measured.
6. Do any of your programs have waiting lists, and, if so, how many Orleans residents are on the waiting list(s)?

## Program Data (calendar year) Actual or Actual Actual Estimated Projected

2008 2009 2010 2011

Total number of Unduplicated Clients \_\_\_\_\_

Number of unduplicated Orleans Residents served \_\_\_\_\_

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

Total number of Units of Service \_\_\_\_\_

Number of Units of Service provided to Orleans Residents \_\_\_\_\_

Cost per Unit of Service \_\_\_\_\_

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

Total number of Free Care Units provided \_\_\_\_\_

Number of Free Care Units Residents provided to Orleans \_\_\_\_\_

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?

5. Please outline, separately, your administrative and program costs

FUNDING (a) Orleans Funding FY 2012 requested FY 2011 received \_\_\_\_\_ FY 2010

received \_\_\_\_\_ (b) Other Municipal Funding

List the municipal funding granted for fiscal year 2011 from other Cape Cod towns and the number of unduplicated clients that town served in calendar year 2010.

**ADDITIONAL REQUIREMENTS (Please include in both copies of your application):**

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, Form 990.

**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 10, 2010 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.