

TOWN OF ORLEANS
HUMAN SERVICES ADVISORY COMMITTEE
Minutes of 6/14/11
9:30 am Namequoit Room, Orleans Town Hall

Approved: 6/28/11

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K. Dery ASST.
ORLEANS TOWN CLERK

Present: Mary Lyttle, Chair; Pam Chase, Arlene Cohen, Gail Meyers Lavin, Robert Singer.

The meeting was called to order by the Chair at 9:30 am.

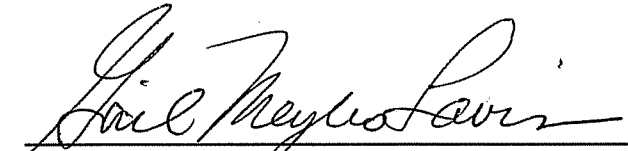
Motion to accept the Minutes of March 28, 2011 was made by Bob Singer, seconded by Pam Chase, and voted 5-0-0.

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

The next meeting, to continue to revise the application for FY13, and if voted, to recommend it to the Board of Selectmen after review by Town Counsel, was scheduled for TUESDAY, June 28, 2011 at 9:30am in the Namequoit Room.

Motion to adjourn was made by Arlene Cohen, seconded by Pam Chase, and voted 5-0 at 10:40 am.

Submitted by:


Gail Meyers Lavin, Clerk

Draft 6/14/11 mtg

TOWN OF ORLEANS

HUMAN SERVICE AGENCY FUNDING FOR FISCAL YEAR 2012 REQUEST FOR FUNDING PROPOSAL

DEADLINE FOR SUBMISSION:

November 4, 2011 at 4:30 p.m.

The Town of Orleans is currently soliciting requests from local human services agencies for funding in Fiscal Year 2013 (July 1, 2012 - June 30, 2013). 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 entire Funding Proposal, including attachments, to the Office of the Town Administrator, Town of Orleans, 19 School Road, Orleans, MA 02653,

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____ PHONE: _____

ORGANIZATIONAL INFORMATION: *(Use a separate sheet to complete your answers, as needed)*

1. Mission Statement:

2. What are the programs you have developed to meet your mission statement?

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. ~~and how they are evaluated.~~

4. What are the new or continued services proposed for Orleans residents during its Fiscal Year 2013? 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 which waiting lists?

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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?

~~Cost per Unit of Service~~
Total number of Units of Service _____

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

~~Total number of Free Care Units provided~~
~~Number of Free Care Units provided to Orleans residents~~

10. 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?

~~11. Does your organization maintain a sliding fee scale, and if so, what is the scale?~~

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.
3. Two complete copies of Requests for funding should be received no later than 4:30 p.m. on Friday, November 4, 2011 at the Office of the Town Administrator, Second Floor, 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.
5. Agencies will be notified of action on their requests following the May 2012 Annual Town Meeting.

ORGANIZATIONAL INFORMATION:

Request Submitted By:

Printed Name

Title

Date

Signature

Name of Organization: _____

Office Locations: _____

Phone

Fax

Email: _____