

TOWN OF ORLEANS
HUMAN SERVICES ADVISORY COMMITTEE
DRAFT Minutes of 6/28/11
9:30 am Namequoit Room, Orleans Town Hall

Approved: 10/14/11

'11 OCT 14 2:56PM
K. Darling, Asst.
ORLEANS TOWN CLERK

Present: Mary Lyttle, Chair; Arlene Cohen, Gail Meyers Lavin, Robert Singer. **Absent:** Pam Chase, Myra Suchenicz, Asst. Town Administrator (ex-officio), Margie Fulcher, Board of Selectmen liaison.

The meeting was called to order by the Chair at 9:36 am. Gail reported that Pam had a sudden medical issue earlier and might not be able to attend.

Motion to accept the Minutes of June 14, 2011 was made by Gail Meyers Lavin, seconded by Bob Singer, and **voted 4-0-0**.

The June 14th draft of the proposed new FY13 Application/Request for Funding was reviewed. Edits were made, which are incorporated into the third draft attached.

Motion to approve the final draft of the revised three page version of the FY 13 Application/Request for Funding, and to recommend it to the Board of Selectmen after its review and approval of Town Counsel was made by Bob, seconded by Arlene and **voted 4-0-0**.

The Chair asked the Clerk to submit it to Myra Suchenicz, request that the draft be reviewed by Town Counsel, and notify her when his opinion letter or letter with any suggested amendments is received.

Motion to adjourn until such time as the Chair receives Town Counsel's opinion and calls a meeting was made by Arlene Cohen, seconded by Bob Singer, and **voted 4-0 at 10:36 am**.

Submitted by:


Gail Meyers Lavin, Clerk

SUMMARY SHEET
 (to be completed by your organization)
TOWN OF ORLEANS REQUEST FOR FUNDING FY 2013

ORGANIZATION: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT: _____ POSITION: _____

EMAIL: _____

AMOUNT FUNDED BY ORLEANS IN PREVIOUS YEARS:

FY 2011	FY 2010	FY 2009

ORLEANS AMOUNT REQUESTED FOR FY 2012-2013: _____

FY 2013 NUMBER OF UNDUPLICATED ORLEANS CLIENTS PROJECTED: _____

PLEASE PROVIDE ANSWERS FOR <u>YOUR</u> PREVIOUS FISCAL YEARS:	FY 2011	FY 2010	FY 2009
# 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:			

ANNUAL BUDGET: \$ _____

BUDGET BREAKDOWN:

PROGRAM SERVICES: _____ %

ADMINISTRATION: _____ %

FUNDRAISING: _____ %

MONTH YOUR
FISCAL YEAR BEGINS: _____

CHECKLIST

REQUIRED ATTACHMENTS: (PLEASE INCLUDE COPIES OF EACH IN BOTH COPIES OF YOUR APPLICATION)

- ☐ Evidence of IRS 501(c)(3) or not-for-profit status
- ☐ Current list of Board members (indicate Orleans Board member(s))
- ☐ Current organizational budget
- ☐ Proposed budget for use of Orleans funds
- ☐ Most recent Annual Report
- ☐ Other funding sources, if any: (Federal, State, Municipal)

TOWN OF ORLEANS

HUMAN SERVICE AGENCY FUNDING FOR FISCAL YEAR 2013

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 separate sheets to complete your answers, 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 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?

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?
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?

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:

SUMMARY SHEET *to be completed by organization*
~~HUMAN SERVICES ADVISORY COMMITTEE~~
TOWN OF ORLEANS REQUEST FOR FUNDING FY 2013

ORGANIZATION: _____
ADDRESS: _____
TELEPHONE: _____ FAX: _____
CONTACT: _____ POSITION: _____
EMAIL: _____

	FY 2011	FY 2010	FY 2009
ORLEANS AMOUNT FUNDED IN PREVIOUS YEARS:			

ORLEANS AMOUNT REQUESTED FY 2012-2013: _____
FY 2013 NUMBER OF UNDUPLICATED ORLEANS CLIENTS PROJECTED: _____

PLEASE PROVIDE ANSWERS FOR YOUR PREVIOUS FISCAL YEARS:	FY 2011	FY 2010	FY 2009
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ANNUAL BUDGET: \$ _____	BUDGET BREAKDOWN:
	PROGRAM SERVICES: _____ %
MONTH YOUR FISCAL YEAR BEGINS: _____	ADMINISTRATION: _____ %
	FUNDRAISING: _____ %

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4. What are the new or continued services proposed for Orleans residents during its Fiscal Year 2013? Please describe.

~~5. For which services would the requested Orleans funding be allocated?~~

~~5~~ 6. Does your organization maintain a sliding fee scale, and if so, what is the scale?

~~6~~ 7. Do any of your programs have waiting lists, and if so, how many Orleans residents are on which waiting lists?

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Printed Name Title Date

Signature

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10⁰⁵ PM

Draft 6/26/11

6/26 draft w/amends
made on 6/28