

# Partner Agency Application for Funding ~ FY 2018

<b>Agency Name:</b> Northern Virginia 4-H Educational and Conference Center	
Physical Address:	600 4-H Center Drive
Mailing Address/PO Box:	
City: Front Royal	State: Virginia Zip: 22630
Telephone Number: 540-635-7171	Fax Number: 540-635-6876
Federal Tax ID #: 54-1035176	
Web Address: www.nova4h.com	
General Email Address: Director@nova4h.com	
<b>Agency Main Contact:</b> John W. McCarthy <i>JWC</i>	Title: Center Director
Telephone Number: 540-635-7171	
E-Mail Address: Director@nova4h.com	

## Agency General Information

### Agency Mission

The Northern Virginia 4-H Educational and Conference Center, Inc. is a non-profit organization, dedicated to enriching the development of youth through innovative 4-H camping/training/leadership programs. In addition, the Center offers special camping, retreating and educational experiences to children and adults with special needs. 35

<b>Number of years agency has been in operation</b>	35
<b>Localities Served</b>	Eighteen Northern Virginia counties plus the City of Alexandria

## REQUIRED items to be submitted with the application: *(include 1 copy of each)*

- IRS 501(c)(3) Letter
- Audit Report *(with Audit Management Letter)*
- Current Financial statement
- IRS 990
- Accountant Contact Information
- Organizational Chart
- Current Board Roster *(with contact information)*
- Agency's Current Strategic Plan

# Agency Overview

## Purpose/Description

The Northern Virginia 4-H Educational and Conference Center offers a large variety of programs to many diverse audiences which include residential youth camps (both junior and special interest), environmental educational opportunities to a variety of school divisions, and also team-building experiences on the Ropes Challenge Course. Also educational programs are offered to a variety of adult audiences. The 4-H Center also serves as a Conference Center and provides services which include food, lodging, seminar/meeting room space for clients of all age groups.

## Justification of Agency and Requested Funding

**Please state clearly why this service should be provided to the citizens of Spotsylvania County and why the County should consider this funding request.**

Providing funding to the Northern Virginia 4-H Educational and Conference Center will help Spotsylvania County fulfill its mission statement by being responsive to all Spotsylvania citizens especially youth.

## Program Collaboration

**The following should describe, in detail, examples of collaborative efforts and key partnerships between your agency and other programs or agencies in the area.**

The specific population targeted in Spotsylvania County would be youth, ages 5-19. Adult audiences will also be served.

Spotsylvania County 4-H age youth especially benefit from the wholesome, educational programs offered at the 4-H Center which are designed to help prevent juvenile delinquency.

## Collaborative Impact

**Please describe how the community would be impacted if your agency were dissolved or merged with another partner agency.**

There is no alternate provider beyond other, more remote 4-H Centers. The community would likely due to greater transportation costs and time, have fewer 4-H and other participants.

## **Agency Overview *cont'd***

### **Program Audience and Service Delivery**

**The following should describe the agency's intended audience or client base and how those clients are served. This should include the location of the service and what geographic areas are served or targeted for service. If your agency has specific entry or application criteria, please describe it below.**

The service area of the Northern Virginia 4-H Educational and Conference Center includes 18 Northern Virginia Counties plus the City of Alexandria.

### **Community Impact**

**Please provide at least two examples of how your services have impacted members of our community.**

Research has shown a positive influence on youth development as a result of their participation in 4-H programming. Youth need opportunities in which they can develop and learn these lifeskills. The camping program is one area in which the youth can focus on developing responsibility, leadership and communication skills, among other lifeskills.

### **Client Fees**

**Please describe the fees clients must pay for the services provided by your agency, and how those fees are determined.**

4-H Camping fees are very reasonable. LOCAL GOVERNMENT FUNDING IS NEEDED IN ORDER TO CONTINUE MINIMIZING 4-H CAMPING FEES. Funds are also needed to maintain the 4-H Center.

# Agency Financial Information

## Total Agency Expenditures

	List Program Title/Name	Salary	Benefits	Operating Expenses	Capital Expenses	Total
Program 1						
Program 2						
Program 3						
Program 4						
Program 5						
<b>Total Agency Expenditures</b>						

- If your application includes funding increases for personnel (to include new positions or merit /COLA increases), please check here and explain in detail the need for this type of increase in the Salary/Benefits Costs section under Agency Budget Justifications.

## Total Agency Revenues

	FY 2014 Actual	FY 2015 Budgeted	FY 2016 Projected
Spotsylvania	2,000	2,000	2,000
United Way			
Grants			
Client Fees			
Fundraising			
Other (explain below)			
<b>Total Agency Revenues</b>			

Detail below what is included in the 'Other' category:



**On the following page titled "Agency Budget Justifications", please indicate, in detail, reasons for increases or decreases in the amounts requested for FY 2018. Include whether these changes come from increases in personnel, benefits, or operating expenses. If an increase is being requested, please describe the impact not receiving an increase would have on the agency. In particular, please describe in detail if any increase is sought for new positions or personnel.**

# Agency Budget Justifications

## Salary/Benefit Costs

In the box below, provide an overview of any increases or decreases in general personnel expenses for the agency. This would include any planned or projected merit or COLA increases, or new positions being requested. Also include a description of any changes to agency benefits structure or cost.

Planned 2% COLA on FY 18

## Operating Costs

In the box below, provide an overview of the administrative costs detailed on the Total Agency Expenditures table for the agency as a whole. Please provide justification for and specific amounts of operating costs that are defrayed by locality funds. If your agency is requesting an increase or decrease in operating funding, please describe, in detail, the reasons for these changes.

No increase requested.

## Capital Outlay Costs

In the box below, provide an overview of the capital costs detailed on the Total Agency Expenditures table for the agency as a whole. Please provide justification for and specific amounts of capital costs that are defrayed by locality funds.

No capital funds requested.

## Agency Budget Issues

Please detail below any legislative initiatives or issues that may impact the agency for the upcoming year and how you are planning for them. This could include new legislation that may increase or decrease projected funding at any level (Federal/State/Local), or could affect grants or designated funds as they are currently received. If you are aware of "outside" funding sources that will expire or be reduced on a set cycle or date, please note those below and how you are planning for them.

None anticipated.

Please detail below any identified agency needs or areas of concern that are currently not being addressed in your funding request. This could include training or technical assistance for specific areas, administrative support for a program or service, evaluation of current programs, or consultation for strategic planning, board support, or fundraising.

None anticipated.

## Other Agency Information?

Is there any additional information that the agency would like to provide, and that hasn't already been provided in this application, that will help Spotsylvania County in the review of your application and funding determination?

**Program Service Data:**

**Service Period:**

**Spotsylvania  
4-H Camp**

**to**

Locality Served	Total Served		Gender		Race					
	FY2014	FY2016*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian	Other
Fredericksburg										
Caroline										
King George										
Spotsylvania	88	93	42	52	82	6	2	2		1
Stafford										
Other										
Total										

*\*Please include the projected number to be served in each locality for the upcoming fiscal year.*

Locality Served	Age Groups							Income Levels					
	0-4	5-10	11-13	14-18	19-25	26-40	41-60	60 +	Under \$10,000	\$10,000 - \$19,000	\$20,000 - \$39,000	\$40,000 - \$59,000	Over \$60,000
Fredericksburg													
Caroline													
King George													
Spotsylvania		18	40	35									
Stafford													
Other													
Total													

**Please describe below your data collection methodology and tracking measures. Indicate systems or processes that are used and responsible parties. Please also describe how your projections are determined for the upcoming year. If any of the above information is not available, please indicate why:**

Income info not requested of campers.

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