

<b>Agency Name:</b>	<b>Lake Anna Civic Association (LACA)</b>				
Physical Address:	None				
Mailing Address:	PO Box 217				
City:	Mineral	State:	VA	Zip:	23117
Telephone Number:	703 968-2430	Fax:			
Federal Tax ID #:	54-1576137				
Web Address:	www,lakeannavirginia.org				
General Email Address:	LACA@lakeannavirginia.org				
Agency Main Contact:	Kenneth Remmers	Title:	Charman Water Quality/ Grant Writer		
Telephone Number:	703 968-2430				
E-Mail Address:	Remmerskd@verizon.net				

**Agency Mission:**

The Lake Anna Civic Association mission is to preserve Lake Anna and its watershed as a safe, clean, and beautiful resource through education, advocacy, community involvement, and water quality.

Number of years agency has been in operation: 24

*Localities Served:*

Spotsylvania, Louisa, and Orange counties

**Total Projected Agency Expenses for FY2017**

List Program Title/Name		Salary	Benefits	Operating Expenses	Capital Expenses	Total
Program 1	Water Quality Testing	\$ -	\$ -	\$ 18,000.00	\$ -	\$ 18,000.00
Program 2		\$ -	\$ -	\$ -	\$ -	\$ -
Program 3		\$ -	\$ -	\$ -	\$ -	\$ -
Program 4		\$ -	\$ -	\$ -	\$ -	\$ -
Program 5		\$ -	\$ -	\$ -	\$ -	\$ -
Total Program Budgets		\$ -	\$ -	\$ 18,000.00	\$ -	\$ 18,000.00
Agency Administrative Expenses						\$ -
Total Agency Expenses		\$ -	\$ -	\$ 18,000.00	\$ -	\$ 18,000.00

**Total Agency Revenues**

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
Caroline	\$ -	\$ -	\$ -
Fredericksburg	\$ -	\$ -	\$ -
King George	\$ -	\$ -	\$ -
Spotsylvania	\$ 4,300.00	\$ 4,300.00	\$ 7,000.00
Stafford	\$ -	\$ -	\$ -
United Way	\$ -	\$ -	\$ -
Grants	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00
Client Fees	\$ -	\$ -	\$ -
Fundraising	\$ -	\$ -	\$ -
Other*	\$ 4,300.00	\$ 4,300.00	\$ 7,000.00
<b>Total Agency Revenues</b>	\$ 12,600.00	\$ 12,600.00	\$ 18,000.00

*\*Detail below what revenues are included under "Other", in the table above:*

<b>Agency Name:</b>	<b>Lake Anna Civic Association (LACA)</b>
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**Agency Administrative Expenses Overview**

In the box below, provide an overview of the administrative costs detailed on the Agency Overview Tab, in the Total Projected Agency Expenses table for the agency as a whole. If your agency is requesting an increase or decrease in administrative funding, please describe, in detail, the reasons for these changes. Please provide justification for and specific amounts of administrative costs that are defrayed by locality funds (as detailed in the chart below). (Do not exceed 15 lines of text.)

Laboratory cost for analysis of samples for E-coli, Total Phosphorous, Total Nitrogen, and Chlorophyll A have gone up significantly and these cost were absorbed for the last five years but this can no longer be done.

**Administrative Revenue**

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
Caroline			
Fredericksburg			
King George			
Spotsylvania			
Stafford			
United Way			
Grants			
Client Fees			
Fundraising			
Other*			
<b>Total Agency Revenues</b>	\$ -	\$ -	\$ -

*\*Detail below what revenues are included under "Other", in the table above:*

**Agency Capital Expenses Overview**

In the box below, provide an overview of the capital costs detailed on the Agency Overview Tab, in the Total Projected Agency Expenses table, for the agency as a whole. Please provide justification for and specific amounts of capital costs that are defrayed by locality funds. (The description should not exceed 15 lines of text.)

None

**Agency Name:** Lake Anna Civic Association (LACA)

**Salary & Benefit Expenses Overview**

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.  
(The description should not exceed 10 lines of text.)

None increased

**Budget Issues**

Please detail below any legislative initiatives or issues that may impact the agency for the upcoming year. 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.

No legislative initiatives or issues are expected

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.

No other needs or concerns

**Agency Name:** Lake Anna Civic Association (LACA)

**Locality Notes**

*Please use the spaces below to provide any locality specific notes or statements that may be relevant to your application.*

City of Fredericksburg

Caroline County

King George County

Spotsylvania County

Spotsylvania County has been a good partner in providing grant funds for LACA Water Quality at Lake Anna. This partnership, along with the LACA volunteers provides the necessary funding to keep this program working for the benefit of all citizens of the county, Only request that the Board of Supervisors provide needed funding of \$7,000 versus the provided \$4,300 for the past 5 years even though increase has been requested for several years.

Stafford County

<b>Agency Name:</b>	<b>Lake Anna Civic Association (LACA)</b>		
Program Name:	Water Quality Testing	<i>Is This a New Program?</i>	<i>No</i>
Program Contact:	Kenneth Remmers	Title:	Charman Water Quality/ Grant Writer
Telephone Number:	703 968-2430		
E-Mail Address:	Remmerskd@verizon.net		

**Projected Program Expenses for FY2017**

Program Name	Salary	Benefits	Operating Expenses	Capital Expenses	Total
Water Quality Testing			\$ 18,000.00		\$ 18,000.00

**Program Revenues**

	FY 2015 Actual	FY 2016 Budgeted	FY 2017 Projected
<b>Caroline</b>			
<b>Fredericksburg</b>			
<b>King George</b>			
<b>Spotsylvania</b>	\$ 4,300.00	\$ 4,300.00	\$ 7,000.00
<b>Stafford</b>			
<b>United Way</b>			
<b>Grants</b>	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00
<b>Client Fees</b>			
<b>Fundraising</b>			
<b>Other*</b>	\$ 4,300.00	\$ 4,300.00	\$ 7,000.00
<b>Total Agency Revenues</b>	\$ 12,600.00	\$ 12,600.00	\$ 18,000.00

***\*Detail below what revenues are included under "Other", in the table above:***

Louisa County actual grant of \$4,300 FY15 and budgeted \$4,300 FY16. Requesting \$7,000 for FY17

In the box below, please indicate, in detail, reasons for increases or decreases in the amounts requested for FY 2017. 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 program. In particular, please describe in detail if any increase is sought for new positions or personnel.

Laboratory cost for analysis of samples for E-coli, Total Phosphorous, Total Nitrogen, and Chlorophyll A have gone up significantly and these cost were absorbed for the last five years but this can no longer be done.

**Client Fees**

In the box below, please describe the fees clients must pay for the services provided by this program. Please also include how those fees are determined and if any scales are used, or if determinations are made on an ability to pay basis. This description should not exceed 10 lines of text.

none

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**Program Purpose / Description**

In the box below, provide an overview of the program. The description should not exceed 10 lines of text.

Provide residents and users of Lake Anna an early warning system for water quality by regular sampling of water from 30 locations around the lake to form a comparative data base of trends in water quality and to notify VA DEQ of samples that exceed quality standards as determined by DEQ.

**Justification of Need**

In the box below, please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request. If this is a new program, be sure to include the benefit to the region for funding a new request. The description should not exceed 10 lines of text.

Volunteers do the work but expenses are incurred in performing lab annalysis of samples and maintenance and calibration supplies for the equipment are required in accordance with DEQ guidelines.

**Target Audience and Service Delivery**

In the box below, describe the program'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 program has specific entry or application criteria, please describe it below. In the second box, list the actual numbers served, along with the projected numbers to be served during the upcoming fiscal year. The description should not exceed 10 lines of text.

Residents and recreational users of Lake Anna

<b>Number of Individuals Served</b>			<i>Please use the columns to the left to provide the actual numbers of individuals served in this program during FY2015, and the projected numbers of individuals to be served in FY2017.</i>
<i>Locality</i>	<i>FY2015 (Actual)</i>	<i>FY2017 (Projected)</i>	
<i>Fredericksburg City</i>			
<i>Caroline County</i>			
<i>King George County</i>			
<i>Spotsylvania County</i>	<i>all</i>	<i>all</i>	
<i>Stafford County</i>			
<i>Other Localities</i>			
<b>Total Served</b>	<b>0</b>	<b>0</b>	

<b>Agency Name:</b>	<b>Lake Anna Civic Association (LACA)</b>
<b>Program Collaboration</b>	
In the box below, describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area. The description should not exceed 10 lines of text.	
<p>Joint County, DEQ, and Dept of health effort</p>	
<b>Collaborative Impact</b>	
In the box below, describe, in detail, how the community would be impacted if your agency were dissolved or merged with another partner agency. The description should not exceed 10 lines of text.	
<p>Water Quality data of Lake Anna would not be available. Water quality could degrade and property values would then decline with necessary tax revenue reduced to the counties.</p>	
<b>Community Impact</b>	
In the box below, please provide at least two examples of how your services have impacted members of our community. This description should not exceed 20 lines of text.	
<p>Warning issued after high E-coli measures in upper lake area, Retest after two weeks showed levels were safe for recreational activities again. State of the Lake showing all trends of water quality was presented to BOS. Data is on line for all citizens to check water quality in their locality.</p>	

<b>Agency Name:</b>	<b>Lake Anna Civic Association (LACA)</b>	
<b>Goals &amp; Objectives</b>		
Please provide the following information regarding the goals and objectives for your program. Space has been provided for two goals, with two objectives per goal, along with a space for the most recently collected data for that program objective. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Please note the data collection period for each objective's outcome data.		
<b>Program Goal 1</b>		
Sample and obtain lab annalysis of Lake Anna Water at 30 locations through the high use period of the year (April thru October)		
<b>Objective 1a:</b>	<b>Most Recent Outcome Data for Objective 1a:</b>	
Recruit and train volunteers to do the testing	New volunteers have been brought on and trained during one of the four training sessions	
	<i>Data Collection Period for 1a:</i>	
<b>Objective 1b:</b>	<b>Most Recent Outcome Data for Objective 1b:</b>	
Obtain funding to support testing annalysis and maintenance of equipment	Grants received from Spotsylvania and Louisa County as well as DEQ.	
	<i>Data Collection Period for 1b:</i>	
<b>Program Goal 2</b>		
<b>Objective 2a:</b>	<b>Most Recent Outcome Data for Objective 2a:</b>	
	<i>Data Collection Period for 2a:</i>	
<b>Objective 2b:</b>	<b>Most Recent Outcome Data for Objective 2b:</b>	
	<i>Data Collection Period for 2b:</i>	

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<b>Outcomes Explanation &amp; Goal Updates for FY2017</b>	
<p><i>Please note below if you feel you have met your goals and objectives for the data reported above. If your outcomes are significantly less than your stated objectives, please note any reasons why this might be the case. Also, please note any changes you plan to make to the program, or the stated goals and objectives, given the data you have reported above. If you are restating the goals or objectives for FY2017, please include those below.</i></p>	
<b>Explanation &amp; Overview</b>	
<b>Goal 1</b>	<b>Goal 2</b>
Objective 1a	Objective 2a
LACA has developed a data base of test results for trend analysis and conducted all notifications of out of range tests with DEQ. DEQ in conjunction with VA Dept Health determine if any further actions are warranted.	
Objective 1b	Objective 2b
At least 30 volunteers are available.	
<b>Updates for FY2017</b>	
<b>Goal 1</b>	<b>Goal 2</b>
Data base has been updated with year 2015 data	
Objective 1a	Objective 2a
Full funding of \$20,000 is obtained to support the program	
Objective 1b	Objective 2b
Volunteer members are fully staffed.	