

Partner Agency Application for Funding

FY2016

FACE SHEET

Agency Name:	Rappahannock River Basin Commission			
<i>Has the City/ County Funded This Agency in Previous Years?</i>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address:	406 Princess Anne Street, Fredericksburg, VA 22401			
Mailing Address/PO Box:	406 Princess Anne Street			
City:	Fredericksburg	State:	VA	Zip: 22401
Telephone Number:	540-907-2008	Fax Number:	540-899-4808	
Federal Tax ID #:	The RRBC's fiscal agent is GWRC (54-0715969)			
Web Address:	www.RappRiverBasin.org			
General Email Address:	Ejames7@earthlink.net			
Agency Main Contact:	Eldon James	Title:	Coordinator	
Telephone Number:	540-907-2008			
E-Mail Address:	Ejames7@earthlink.net			

Agency General Information

Agency Mission:

Per Code Sec. 62.1-69.27 Commission's purposes and mission shall be to provide guidance for the stewardship and enhancement of the water quality and natural resources of the Rappahannock River Basin. The Commission shall be a forum in which local governments and citizens can discuss issues affecting the Basin's water quality and quantity and other natural resources. Through promoting communication, coordination and education, and by suggesting appropriate solutions to identified problems, the Commission shall promote activities by local, state and federal governments, and by individuals, that foster resource stewardship for the environmental and economic health of the Basin.

Number of years agency has been in operation: 17

Localities Served: 15

Agency Financial Information

List Programs		Personnel Expenses	Benefits	Operating Expenses	Total Program Budget
1.	Rappahannock River Basin	28,200		7,300	35,500
2.					
3.					
4.					
5.					
Agency Administration:					
Capital Outlay:					
Total Agency Budget:		28,200		7,300	35,500

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 under each program budget.

Submission Checklist: <i>(include 1 copies of each)</i>	N/A IRS 501(c)(3) Letter	<input checked="" type="checkbox"/> Audit Report <i>(with Audit Management Letter)</i>	<input checked="" type="checkbox"/> Current Financial statement	N/A IRS 990
<input checked="" type="checkbox"/> Accountant Contact Information	<input checked="" type="checkbox"/> Organizational Chart	<input checked="" type="checkbox"/> Current Board Roster <i>(with contact information)</i>	<input checked="" type="checkbox"/> Agency's Current Strategic Plan	

Partner Agency Funding Application FY 2016
BUDGET EXPLANATIONS

Rappahannock River Basin
Commission

Agency Administrative Expenses:

In the box below, provide an overview of the administrative costs detailed on the face sheet for the agency as a whole. Please provide justification for and specific amounts of administrative costs that are defrayed by locality funds. If your agency is requesting an increase or decrease in administrative funding, please describe, in detail, the reasons for these changes. (The description should not exceed 15 lines of text.)

The Rappahannock River Basin Commission has been operating on essentially the same funding each year since FY1999. The Commission staff supports four Commission meetings and 8 to 10 Technical Committee meetings annually. Administrative costs support those meetings, communications with the Commission and Technical Committee members, the member localities and key regional, state and federal agencies and the Commissions website.

There are no changes from previous years.

Capital Outlay:

In the box below, provide an overview of the capital expenses detailed on the face sheet 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 10 lines of text.)

NONE

Personnel Expenses (General):

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.)

There are no changes planned in personnel expenses.

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BUDGET EXPLANATIONS

Budget Information

Please complete the following chart with the financial information for the agency as a whole. In each area include the budget specifically allocated to your agency from each locality/entity listed below.

	FY2014 Actual	FY2015 Budgeted	FY2016 Projected
Caroline	1,000	1,000	1,000
Fredericksburg	1,000	1,000	1,000
King George	1,000	1,000	1,000
Spotsylvania	1,000	1,000	1,000
Stafford	950	1,000	1,000
United Way	0	0	0
Grants	18,369	20,500	20,500
Client Fees	0	0	0
Fundraising	0	0	0
Other <i>(explain below)</i>	10,043	10,000	10,000
Total Agency Budget for PD16	33,362	35,500	35,500

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

FY2014 Actual: OTHER includes contributions from other member localities and Interest earned.
 FY2015 Budgeted: OTHER includes contributions from other member localities.
 FY2016 Projected: OTHER includes contributions from other member localities.

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BUDGET EXPLANATIONS

Agency Name:

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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.

We do not anticipate any legislative initiatives or issues impacting the Commission

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

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LOCALITY NOTES

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

City of Fredericksburg:

None

Caroline County:

None

King George County:

None

Spotsylvania County:

None

Stafford County:

None

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PROGRAM INFORMATION

Program Name:	Page 6
Rappahannock River Basin Commission	

Each agency submitting a funding request must fill out the following pages for *each program* serving citizens within the region and for which funding is requested. Any incomplete applications or programs that do not have a full application will not be considered for funding. PLEASE do not include any unrequested information. Each locality reserves the right to request additional information once the application has been submitted.

Program Name:	Rappahannock River Basin Commission	Is this a new program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Contact:	Eldon James	Title:	Coordinator
Telephone Number:	540-907-2008		
E-Mail Address:	Ejames7@earthlink.net		

1. Program Purpose/Description: *(the following description should not exceed 10 lines of text)*

The Rappahannock River Basin Commission was created jointly by the General Assembly of Virginia and the Counties and the City of the basin. Local resolutions were passed in 1998 to express support for and participation in the Commission. The Mission and Purpose of the Commission is spelled out in Section 62.1-69.27 of the Code of Virginia: The Commission's purposes and mission shall be to provide guidance for the stewardship and enhancement of the water quality and natural resources of the Rappahannock River Basin. The Commission shall be a forum in which local governments and citizens can discuss issues affecting the Basin's water quality and quantity and other natural resources. Through promoting communication, coordination and education, and by suggesting appropriate solutions to identified problems, the Commission shall promote activities by local, state and federal governments, and by individuals, that foster resource stewardship for the environmental and economic health of the Basin. The Commission's Chair is Joe Grzeika, the representative of the King George Board of Supervisors, the Vice-Chair is Delegate Keith Hodges of the 98th District.

2. Justification of Need: *(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 following should not exceed 10 lines of text, and should include the most recent data available.)*

The Commission will be focusing its work during FY16 on identifying ways member localities can most cost-effectively meet the Ches-Bay TMDL obligation including enhancing private sector investment in water quality improvements. Over the past several years we have identified governmental policies that can enhance the private sector's interest in investing in water quality efforts. The 2009 Symposium (12/9/09) was aimed at developing private sector collaboration to develop bay-friendly commerce and markets. FY11 was focused on encouraging the Ches-Bay WIP to include opportunities to enhance market based approaches. FY12 work efforts continued the work being done to promote flexibility and innovation in pursuing the most efficient Ches-Bay clean up strategies, including significant recommendations to enhancing the nutrient trading program. FY13 focused considerable attention on the impacts of local assumption of the VSMP program. In FY14 the Commission pushed multiple changes in state code to improve VSMP program implementation. In the current year the Commission has recommended the implementation a number of cost-effective water quality practices for member localities.

3. Program Collaboration: *(The following should describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area, and should not exceed 10 lines of text.)*

[Redacted area]

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PROGRAM INFORMATION

4. Program Audience and Service Delivery: (The following should 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. Please do not exceed 10 lines of text.)

Information in this area not needed

5. Client Fees: (Please describe the fees clients must pay for the services provided in this program, and how those fees are determined.)

6. Budget Information: (Please complete the following chart with the financial information for this program. In each area include the dollars specifically allocated/requested for this program.)

	FY2014 Actual	FY2015 Budgeted	FY2016 Projected
Caroline	1,000	1,000	1,000
Fredericksburg	1,000	1,000	1,000
King George	1,000	1,000	1,000
Spotsylvania	1,000	1,000	1,000
Stafford	950	1,000	1,000
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Client Fees	0	0	0
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Other	10,043	10,000	10,000
Total Program Budget for PD16	33,362	35,500	35,500

Please indicate, in detail, reasons for increases or decreases in the amounts requested for FY2016. 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.

The Commission's expenditures are a shared expense of the members. Each locality's share for the FY16 is \$1,000. This share has remained constant since FY99 and represents less than 3% of the RRBC's annual budget.

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PROGRAM INFORMATION

Program Name:

Page

7. Goals, Objectives, & Evaluation: *(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. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Individual descriptions should not exceed 5 lines of text.)*

Program Goal 1:

Objectives:

1a.

1b.

Information in this area not needed

Program Goal 2:

Objectives:

2a.

2b.

Evaluation Method: *(Please describe the method used to measure the above goals/objectives. Please do not exceed 10 lines of text.)*

8. Outcome Data: *(Please give the most recent outcome data for the objectives above. Indicate below what time period the data covers.)*

Data Collection Period:

Objective 1a.

Information in this area not needed

Objective 1b.

Objective 2a.

Objective 2b.

PROGRAM INFORMATION

9. Program Goal Updates: *(Please provide a brief description of the current status of your program goal(s) given your outcome data. For example, if reported data was well below the stated outcome measure, please indicate why you feel that is the case. Also, include how your outcome data will influence or modify the program for the upcoming fiscal year. These descriptions should not exceed 20 lines of text.)*

Program Goal 1:

Information in this area not needed

Program Goal 2:

10. Community Impact: *(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.)*

Information in this area not needed

11. Collaborative Impact: *(Please describe how the community would be impacted if your agency were dissolved or merged with another partner agency. This description should not exceed 20 lines of text.)*

**Partner Agency Funding Application FY 2016
SERVICE DATA**

Locality Served		Total Served		Gender					Race					
		FY2014	FY2016*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian	Other			
Fredericksburg	SEE	ATTACHED												
Caroline	INFO													
King George														
Spotsylvania														
Stafford														
Other														
Total														

Information in this area not needed

*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													
Stafford													
Other													
Total													

Information in this area not needed

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: