

*Partner Agency Application for Funding*

FY2016

**FACE SHEET**

<b>Agency Name:</b>	George Washington Regional Commission				
<i>Has the City/ County Funded This Agency in Previous Years?</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address:	406 Princess Anne St.				
Mailing Address/PO Box:					
City:	Fredericksburg	State:	Virginia	Zip:	22401
Telephone Number:	540-373-2890	Fax Number:	540-899-4808		
Federal Tax ID #:	54-716969				
Web Address:	www.gwregion.org				
General Email Address:					
<b>Agency Main Contact:</b>	Timothy G Ware	Title:	Executive Director		
Telephone Number:	540-373-2890				
E-Mail Address:	ware@gwregion.org				

**Agency General Information**

<b>Agency Mission:</b>	<p>*As the Regional Planning District Commission, the mission of the George Washington Regional Commission is to coordinate planning to ensure economic competitiveness, reduce redundancy in government, improve efficiency, enhance services and improve implementation time of regional projects.</p> <p>* Strategic Plan of the George Washington Regional Commission, adopted September 18, 2006</p>				
<b>Number of years agency has been in operation:</b>	53, 44 years as a Planning District Commission				
<b>Localities Served:</b>	Planning District 16 ( Counties of Caroline, King George, Stafford , Spotsylvania and Fred. City)				

**Agency Financial Information**

List Programs	Personnel Expenses	Benefits	Operating Expenses	Total Program Budget
1. GWRC/FAMPO Work Program (FY 2015)	\$ 592,955	\$ 386,045	\$1,475,800	\$2,454,800
2. Regional Legislative Liaison Program			\$ 25,000	\$ 25,000
3. Homelessness Mgmt Information System			\$ 77,832	\$ 77,832
4. Fredericksburg Continuum of Care			\$ 36,300	\$ 36,300
5.				
<b>Agency Administration:</b>				
<b>Capital Outlay:</b>				
<b>Total Agency Budget:</b>	<b>\$ 592,955</b>	<b>\$ 386,045</b>	<b>\$1,614,932</b>	<b>\$2,593,932</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 under each program budget.

<b>Submission Checklist:</b> <i>(include 1 copies of each)</i>	<input type="checkbox"/> IRS 501(c)(3) Letter	<input checked="" type="checkbox"/> Audit Report <i>(with Audit Management Letter)</i>	<input checked="" type="checkbox"/> Current Financial statement	<input type="checkbox"/> 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	

**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 Commission's total funding request for FY 2016 is **\$245,383**. Of that amount, **\$220,383** is for GWRC's use to provide the required local match for the various federal and state grants the Commission receives to fund its work program, including the FHWA and FTA planning funds for the operation of FAMPO, the DRPT Rideshare grant that funds GWRideConnect, Coastal Zone Management grants that fund the Commission's environmental programs, the Regional Homeless Management Information System (HMIS) and the Fredericksburg Continuum of Care as well as other uses deemed appropriate by the commission.

That amount represents an increase of \$4,003 in the amount requested (for the *Commission's use*) last year. This increase is solely attributable to the Region's increase in population from 2012 to 2013, since the Commission's longstanding formula is to use the provisional population estimate for the previous calendar year – from either the Weldon Cooper Center or the U.S. Bureau of the Census (in this case, the former) – and then multiply that population figure (336,329 in 2013) by the approved per capita local contribution rate of \$0.6433 as was in 2015. To that amount is added **\$25,000** for the Regional Legislative Liaison Program (RLLP) carried out on Planning District 16's behalf by Eldon James & Associates. It should be noted that the RLLP funds are not used by the Commission but merely "pass through" to Eldon James & Associates.

**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.)**

Not Applicable

**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.)**

At this time it appears as if Personnel Expenses will remain fairly stable in FY 2015. If funds allow a request to the GWRC may be made to include a COLA of up to 3%. If funds allow there may be need to increase staffing in the Planning Department by one full-time equivalent.

As GWRC participates in Stafford County's benefit plan there is no anticipated increase in Benefits other than increases due to plan premium hikes.

**Partner Agency Funding Application FY 2016**  
**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
<b>Caroline</b>	\$17,324	\$23,730	\$23,965
<b>Fredericksburg</b>	\$19,526	\$21,740	\$22,977
<b>King George</b>	\$18,300	\$20,404	\$20,735
<b>Spotsylvania</b>	\$59,178	\$85,108	\$85,770
<b>Stafford</b>	\$79,708	\$90,378	\$91,936
<b>United Way</b>			
<b>Grants</b>	\$1,631,951	\$2,352,572	\$2,348,549
<b>Client Fees</b>			(2016 Draft Budget not
<b>Fundraising</b>			Prepared until Spring 2015)
<b>Other</b> <i>(explain below)</i>			
<b>Total Agency Budget for PD16</b>	\$1,825,987	\$2,593,932	\$2,593,932

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

**Partner Agency Funding Application FY 2016**  
**BUDGET EXPLANATIONS**

Agency Name:

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George Washington Regional  
Commission

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.

At the present time the Commission is unaware of any legislative actions which may affect the agency program for the coming year. With the current year state budget deficit there may need to be downward adjustments when notified by state agencies.

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.

Not Applicable

**Partner Agency Funding Application FY 2016**  
**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

**Partner Agency Funding Application FY2016**  
**PROGRAM INFORMATION**

<b>Program Name:</b>	<b>Page</b>
GWRC/FAMPO Annual Work Plan	

A

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.

<b>Program Name:</b>	<b>GWRC/FAMPO Annual Work Program</b>	<b>Is this a new program?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Program Contact:</b>	Tim Ware	<b>Title:</b>	Executive Director
<b>Telephone Number:</b>	(540) 373-2890		
<b>E-Mail Address:</b>	ware@gwregion.org		

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

As the designated Planning District Commission for the region comprising the City of Fredericksburg and the counties of Caroline, King George, Spotsylvania and Stafford, the Commission's work program is carried out on behalf of Stafford and the other four localities in Planning District 16. FY 2016 Commission work program is the following:

- **Urban Transportation Planning** (Under the policy direction of the Fredericksburg Area Metropolitan Planning Org)
- **Environmental Planning** (Coastal Zone Management Program, Regional Stormwater Management)
- **Other Regional Planning** (Regional CoC , Regional All-Hazards Mitigation Plan Update), Local Grant admin)
- **GWRideConnect** (the regional rideshare and transportation demand management program)
- **Planning Support for Localities** (GIS, demographic analysis, land-use and transportation modeling, etc.)
- **Fiscal Agent Services** (Rappahannock River Basin Commission)

**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.)*

- **Urban and Rural Transportation Planning Funds** (FHWA PL, FTA 5303 and FHWA SPR) requiring a 20 percent local match
- **Rideshare Grant** from the Department of Rail and Public Transportation to fund GWRideConnect (20 percent local match)
- **Coastal Zone Management** grants (two) from the Department of Environmental Quality (50 percent local match)
- **Continuum of Care and HMIS** (25 percent local match)

**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.)*

Information in this area not needed

**Partner Agency Funding Application FY 2016**  
**PROGRAM INFORMATION**

<b>Program Name:</b>	<b>Page</b>
GWRC/FAMPO Annual Work Plan	

**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.)*

	<b>FY2014 Actual</b>	<b>FY2015 Budgeted</b>	<b>FY2016 Projected</b>
<b>Caroline</b>	\$ 14,821	\$16,317	\$16,604
<b>Fredericksburg</b>	\$13,103	\$14,584	\$15,736
<b>King George</b>	\$11,998	\$13,421	\$13,775
<b>Spotsylvania</b>	\$48,872	\$69,795	\$70,707
<b>Stafford</b>	\$67,390	\$74,385	\$76,103
<b>United Way</b>			The Commission's 2015
<b>Grants</b>	\$1,591,912	\$2,266,298	Draft Budget will not be
<b>Client Fees</b>			Prepared until Spring 2015
<b>Fundraising</b>			
<b>Other</b>			
<b>Total Program Budget for PD16</b>	\$1,748,096	\$2,454,800	

**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 increase in projected contributions from local government is a result of the manner in which local calculations is calculated. The contribution rate of \$0.6433 is based on per capita population.

**Partner Agency Funding Application FY 2016**  
**PROGRAM INFORMATION**

Program Name:

Page

GWRC/FAMPO Annual Work Plan

**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.**

**Partner Agency Funding Application FY 2016**  
**PROGRAM INFORMATION**

Program Name:

Page

GWRC/FAMPO Annual Work Plan

**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.)*

**Agency Funding Application FY 2016**

**SERVICE DATA**

**Program Name:**

GWRC/FAMPO Annual Work

**Service Data:** **Service Period:** \_\_\_\_\_ **to** \_\_\_\_\_

Served	Total Served		Gender		Race				
	FY2014	FY2016*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian
sburg									
ge									
nia									
	N/A	N/A							

Information in this area not needed

**Include the projected number to be served in each locality for the upcoming fiscal year.**

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
sburg												
ge												
nia												

Information in this area not needed

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

**Partner Agency Funding Application FY2016**  
**PROGRAM INFORMATION**

<b>Program Name:</b>	<b>Page</b>
Regional Legislative Liaison Program	

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.

<b>Program Name:</b>	<b>Regional Legislative Liaison program</b>	<b>Is this a new program?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Program Contact:</b>	Eldon James. Eldon James & Associates	<b>Title:</b>	Principal
<b>Telephone Number:</b>	(540) 775-5422		
<b>E-Mail Address:</b>	Eldon@eldonjamesassociates.com		

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

- To define a regional state legislative agenda for Planning District 16 and it's member localities and to promote the established legislative priorities among the members of the general assembly. Mr. James is a lobbyist who is duly registered as such with the Commonwealth of Virginia.

**13. 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.)*

- To promote the interests of the citizens and local governments of Planning District 16.

**14. 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.)*

Information in this area not needed

**Partner Agency Funding Application FY 2016**  
**PROGRAM INFORMATION**

<b>Program Name:</b>	<b>Page</b>
Regional Legislative Liaison Program	

**15. 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

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

**17. 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.)*

	<b>FY2014 Actual</b>	<b>FY2015 Budgeted</b>	<b>FY2016 Projected</b>
<b>Caroline</b>	\$ 5,000	\$5,000	\$5,000
<b>Fredericksburg</b>	\$5,000	\$5,000	\$5,000
<b>King George</b>	\$5,000	\$5,000	\$5,000
<b>Spotsylvania</b>	\$5,000	\$5,000	\$5,000
<b>Stafford</b>	\$5,000	\$5,000	\$5,000
<b>United Way</b>			
<b>Grants</b>			
<b>Client Fees</b>			
<b>Fundraising</b>			
<b>Other</b>			
<b>Total Program Budget for PD16</b>	\$25,000	\$25,000	\$25,000

**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.**

**Partner Agency Funding Application FY 2016**  
**PROGRAM INFORMATION**

Program Name:

Page

Regional Legislative Liaison Program

**18. 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.)*

**19. 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.**

**Partner Agency Funding Application FY 2016**  
**PROGRAM INFORMATION**

Program Name:

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Regional Legislative Liaison Program

**20. 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:**

**Partner Agency Funding Application FY 2016**  
**PROGRAM INFORMATION**

Program Name:

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Regional Legislative Liaison Program

**21. 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

**22. 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.)*

**Agency Funding Application FY 2016**

**SERVICE DATA**

**Program Name:**

Regional Legislative Liaison P

**Service Data:**

**Service Period:**

**to**

Served	Total Served		Gender		Race				
	FY2014	FY2016*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian
sburg									
ge									
nia									
	N/A	N/A							

Information in this area not needed

**Include the projected number to be served in each locality for the upcoming fiscal year.**

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
sburg												
ge												
nia												

Information in this area not needed

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

**Partner Agency Funding Application FY2016**  
**PROGRAM INFORMATION**

**Program Name:**

**Page**

Regional CoC/HMIS

A

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.

<b>Program Name:</b>	Regional CoC/HMIS	<b>Is this a new program?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Program Contact:</b>	Tim Ware	<b>Title:</b>	Executive Director
<b>Telephone Number:</b>	(540) 373-2890		

E-Mail Address: | ware@gwregion.org

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

As the designated Planning District Commission for the region comprising the City of Fredericksburg and the counties of Caroline, King George, Spotsylvania and Stafford, the Commission's work program is carried out on behalf of Stafford and the other four localities in Planning District 16. FY 2016 Commission work program is the following:

The Regional HMIS is operated and administered by GWRC on behalf of the Fredericksburg Regional Continuum of Care (COC). The HMIS supports the goals of the COC (i.e. to assist homeless persons in obtaining and remaining in permanent housing, increasing skills and/or income, and achieving greater self-determination) by allowing the various human services providers in the region (including the local social services departments) to:

- Better track recipients of support services for the homeless;
- Improve reporting on the region's homeless population;
- Track referrals and reduce or avoid duplication of services;
- Identify homeless persons who are ready for jobs or job training by referring them to prospective employers or job training programs such as those offered by Rappahannock Goodwill and others;
- Identify homeless persons who are ready to move into permanent housing and match them to available housing, and;
- Identify those currently housed who are at imminent risk of losing their housing and providing the appropriate services for that individual or family.
- Moreover, the HMIS is required by an expanding list of federal and state programs to track and report clients served under the expanded definition of "homeless" persons under the federal HEARTH Act.

**24. 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.)*

- An HMIS is required by the U.S. Department of Housing and Urban Development for those regions (such as Planning District 16) that receive federal Supportive Housing Program funds. Moreover, State-funded housing and homeless service programs funded through State funding grants through the Virginia Dept of Housing and Community Development are increasingly requiring the reporting of client demographics and program data through an HMIS. The data collected and shared using the HMIS result in more accurate assessments of unmet needs, which can then be more efficiently and cost-effectively addressed by the COC and its member agencies and providers, including representatives of local government School Boards and Departments of Social Services.

**25. 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.)*

Information in this area not needed

**Partner Agency Funding Application FY 2016**  
**PROGRAM INFORMATION**

**Program Name:** **Page**

Regional CoC/HMIS

**26. 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

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

**28. 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.)*

	<b>FY2014 Actual</b>	<b>FY2015 Budgeted</b>	<b>FY2016 Projected</b>
<b>Caroline</b>	\$ 1,610	\$2,413	\$2,413
<b>Fredericksburg</b>	\$1,423	\$2,156	\$2,156
<b>King George</b>	\$1,302	\$1,983	\$1,983
<b>Spotsylvania</b>	\$5,306	\$10,313	\$10,313
<b>Stafford</b>	\$7,318	\$10,993	\$10,993
<b>United Way</b>			
<b>Grants</b>	\$60,137	\$86,274	\$86,274
<b>Client Fees</b>			
<b>Fundraising</b>			
<b>Other</b>			
<b>Total Program Budget for PD16</b>	\$77,096	\$114,132	\$114,132

**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.**

**Partner Agency Funding Application FY 2016**  
**PROGRAM INFORMATION**

Program Name:

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Regional CoC/HMIS

**29. 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.

**Partner Agency Funding Application FY 2016**  
**PROGRAM INFORMATION**

Program Name:

Page

Regional CoC/HMIS

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

**30. 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.

**Partner Agency Funding Application FY 2016**  
**PROGRAM INFORMATION**

Program Name:

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Regional CoC/HMIS

**31. 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:**

**Partner Agency Funding Application FY 2016**  
**PROGRAM INFORMATION**

Program Name:

Page

Regional CoC/HMIS

**32. 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

**33. 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**

<b>Program Name:</b>	<b>Page</b>
Regional CoC/HMIS	

<b>Program Service Data:</b>	<b>Service Period:</b>		<b>to</b>	
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