

Partner Agency Application for Funding

FY2016

FACE SHEET

Agency Name:	Germanna Community College				
<i>Has the City/ County Funded This Agency in Previous Years?</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address:	2130 Germanna Highway, Locust Grove Va				
Mailing Address/PO Box:	2130 Germanna Highway				
City:	Locust Grove	State:	Va	Zip:	22508
Telephone Number:	540-423-9066	Fax Number:	540-727-3207		
Federal Tax ID #:	54-1268292				
Web Address:	www.germanna.edu				
General Email Address:					
Agency Main Contact:	Dr. David A. Sam	Title:	President		
Telephone Number:	540 423 9066				
E-Mail Address:					

Agency General Information

Agency Mission:

As a public, comprehensive community college, Germanna provides accessible, quality educational and training opportunities that meet our communities' changing learning needs.

This Mission is achieved through:

- courses, programs, and services that enable students to gain access to and succeed in higher education;
- associate degrees and courses that prepare students to advance to and succeed in four year colleges and universities;
- training and services to develop successful employees who meet employers' specific needs;
- training, associate degrees, and certificates for students to enter and succeed in the workplace; and services and support for community and economic development.

Number of years agency has been in operation: 43 years

Localities Served: Caroline, Culpeper, King George, Madison, Orange, Spotsylvania, and Stafford Counties and City of Fredericksburg (Amounts below reflect FY16 budget request from all localities.)

Agency Financial Information

	List Programs	Personnel Expenses	Benefits	Operating Expenses	Total Program Budget
1.	Education, Training Local Operating Funds				\$148,679
2.	Maintenance Reserve				\$ 17,770
3.					
4.					
5.					
Agency Administration:					
Capital Outlay:					\$290,500
Total Agency Budget:					\$456,949

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

Agency administrative expenses are covered with State operating funds and are not part of our budget that is being requested.

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.)

For FY 2016 the capital outlay request is \$290,500. These funds are used for current facility construction and future construction of college buildings.

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.)

Agency administrative expenses, including personnel expenses, are covered with State operating funds and are not part of our local operating budget that is being requested

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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	0	7,962	41,761
Fredericksburg	43,325	43,325	45,949
King George	448	448	734
Spotsylvania	214,606	229,457	234,688
Stafford	81,638	76,070	104,366
United Way			
Grants			
Client Fees			
Fundraising			
Other <i>(explain below)</i>	14,894	14,385	29,451
Total Agency Budget for PD16	354,911	371,647	456,949

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

The amounts above consist of funding requests in three categories; Operating Funds, Maintenance Reserve and Capital Outlay. The amounts shown in "other" are funding requests made to localities not covered by this application.

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BUDGET EXPLANATIONS

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.

The College, with all other state agencies, is preparing for budget reductions of up to 5% of our state general fund appropriations for the fiscal year ending June 30, 2015 and an additional 2% for (for a total of 7%) the fiscal year ending June 30, 2016. It is believed these reductions will not affect current operations but will prevent us from adding new programs and services.

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.

N/A

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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.

Funding requests consist of three categories; Operating, Maintenance Reserve and Capital Outlay. Each category FY16 funding request is shown by locality below:

City of Fredericksburg:

Operating Fund request: \$8,949

Maintenance Reserve:\$2,000

Capital Outlay: \$35,000

Caroline County:

Operating Fund request: \$7,070

Maintenance Reserve:\$691

Capital Outlay:\$34,000

King George County:

Operating Fund request: \$0

Maintenance Reserve:\$734

Capital Outlay: \$0

Spotsylvania County:

Operating Fund request: \$58,082

Maintenance Reserve:\$5,106

Capital Outlay: \$171,500

Stafford County:

Operating Fund request: \$49,432

Maintenance Reserve:\$4,934

Capital Outlay:\$50,000

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PROGRAM INFORMATION

Program Name:	Page
Germanna Community College	

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:	Education and Training	Is this a new program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Contact:	Stephen Barber	Title:	Assoc. VP Financial Services
Telephone Number:	540-423-9066		
E-Mail Address:	sbarber@germanna.edu		

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

Germanna Community College's primary purpose is to offer educational enrichment and advancement. The college provides college transfer programs, occupational/technical programs, and workforce development programs leading to associates degrees, certificates, career studies certificates, and continuing education units. In addition to courses and programs for college credit, Germanna's Workforce and Community Education Center advances the quality of life in the community by providing life-long learning opportunities intended to enhance personal, economic and regional development.

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.)*

Germanna Community College uses a variety of methods to assess local needs for education, training and services. The requested funds will be used to support needs not covered by State fund such as student activities, student projects, and local scholarships. In addition funds will supplement building construction for future buildings and renovation/maintenance/repair of current facilities.

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

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PROGRAM INFORMATION

Program Name:	Page
Germanna Community College	

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
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United Way			
Grants			
Client Fees			
Fundraising			
Other	14,894	14,385	29,451
Total Program Budget for PD16	354,911	371,647	\$456,949

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 amounts requested above represent three funding categories; Operating, Maintenance Reserve and Capital Outlay. The amounts listed in "other" are funding requests to localities not covered by this application.

Funding is based on the number of people served by the college for each locality adjusted annually by the Consumer Price Index. The college uses local funds to fund activities and needs not fully funded by State appropriations.

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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.

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PROGRAM INFORMATION

Program Name:

Page

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:

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PROGRAM INFORMATION

Program Name:

Page

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.)*

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SERVICE DATA

Program Service Data: **Service Period:** _____ **to** _____

Locality Served	Total Served		Gender		Race					
	FY2014	FY2016*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian	Other
Fredericksburg	552	552								
Caroline	442	442								
King George	382	382	Information in this area not needed							
Spotsylvania	3662	3662								
Stafford	3127	3127								
Other	2,083	2,083								
Total	10,248	10,248								

**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	Information in this area not needed												
Spotsylvania													
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: