

Partner Agency Application for Funding

FY2016

FACE SHEET

Agency Name:	John J. Wright Educational & Cultural Center Museum, Inc.				
<i>Has the City/ County Funded This Agency in Previous Years?</i>					X Yes <input type="checkbox"/> No
Physical Address:	7565 Courthouse Road				
Mailing Address/PO Box:	N/A				
City:	SPOTSYLVANIA	State:	VA	Zip:	22551-2706
Telephone Number:	(540) 582-7583, X-5545	Fax Number:	(540) 582-3945		
Federal Tax ID #:	27-2837999				
Web Address:	http://jjwmuseum.org				
General Email Address:	rcbraxtonjr@aol.com				
Agency Main Contact:	Ms. Constance Braxton	Title:	Treasurer, Board of Directors		
Telephone Number:	540.582.5138 (Constance Braxton)				
E-Mail Address:	Cebraxton20@aol.com				

Agency General Information

Agency Mission:	<p>Our mission is to celebrate Spotsylvania by collaborating with like-minded individuals and organizations to collect, archive, share and facilitate learning about the interactive history of education, culture and civic life of the county's African American citizens. In so doing, we demonstrate how those interactions within the wider population contributed to the richness of Spotsylvania County's development.</p>
Number of years agency has been in operation:	Four
Localities Served:	Spotsylvania primarily; the city of Fredericksburg secondarily; the counties of Caroline, Louisa, Stafford and Orange tertiary.

Agency Financial Information

List Programs	Personnel Expenses	Benefits	Operating Expenses	Total Program Budget
1. Long Fingers	1,500	n/a	2,000	3,500
2. Publishing House	10,000	n/a	25,000	35,000
3. Teacher Workshops	2,000	n/a	2,500	4,500
4. AAHT Ambassadors	5,000	n/a	8,000	13,000
5. Exhibits	5,000	n/a	7,500	12,500
Agency Administration:	24,500	n/a	10,000	34,500
Capital Outlay:	0	0	0	0
Total Agency Budget:	48,000	n/a	55,000	103,000

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>	X IRS 501(c)(3) Letter	<input type="checkbox"/> Audit Report <i>(with Audit Management Letter)</i>	X Current Financial statement	<input type="checkbox"/> IRS 990
X Accountant Contact Information	X Organizational Chart	X Current Board Roster <i>(with contact information)</i>	X 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 quality of our exhibits makes our Museum more than visitor's destination but also an important historical resource. The demand for our services and added services has increased. To meet these demands and to function more efficiently, our need for paid staff is pressing. We are requesting a modest increase in funding to help fund a part-time administrative assistant and a small stipend for a volunteer operations manager.

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.)

We are not requesting funding for capital outlay.

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.)

We do not anticipate any changes in general personnel expenses.

Partner Agency Funding Application FY 2016
BUDGET EXPLANATIONS

**John J. Wright Educational &
 Cultural Center Museum, Inc.**

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	n/a	n/a	n/a
Fredericksburg	n/a	n/a	n/a
King George	n/a	n/a	n/a
Spotsylvania	17,000	22,000	27,000
Stafford	n/a	n/a	n/a
United Way	n/a	n/a	n/a
Grants	30,000	55,000	40,000
Client Fees	n/a	10,000	10,000
Fundraising	12,500	20,000	20,000
Other <i>(explain below)</i>	356	6,500	6,000
Total Agency Budget for PD16	28,120	113,500	103,000

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

Gift Shop Sales

Partner Agency Funding Application FY 2016
BUDGET EXPLANATIONS

Agency Name:

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**John J. Wright Educational &
Cultural Center Museum, Inc.**

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.

No direct impact; however the availability of local funds may have an affect.

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 at this time.

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:

Caroline County:

King George County:

Spotsylvania County:

None

Stafford County:

Partner Agency Funding Application FY2016
PROGRAM INFORMATION

Program Name:	Page 6
Long Fingers	

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:	Long Fingers	<i>Is this a new program?</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Contact:	Constance Braxton	Title:	Treasurer
Telephone Number:	540.582.5138		
E-Mail Address:	Cebraxton20@aol.com		

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

Prepare a series of "traveling" exhibits that will be installed on a single bulletin board in selected churches. One-half of the bulletin board will be history-themed and specific to members of that church. The other half of the bulletin board will have images and information about the JJW museum and the newest exhibit.

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 growth of the JJW Museum depends largely on increased community interest. To get that interest, JJW Museum personnel need to be proactive in promoting the museum where people spend their time, and churches are the preferred location. Increased historical information that is directly relevant to their lives/families is always of interest, and it produces a more engaged populace. If we can combine that information with a targeted display of something that is shown in the museum, we then create not only an engaged populace, but an interested and educated electorate – which should be of great benefit to Spotsylvania County.

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.)*

The target audience is that the population of Spotsylvania residents who, for their own reasons, are fully engaged in church and proud of their own history, yet do not visit the JJW Museum.

Partner Agency Funding Application FY 2016
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.)*

This program is specifically for Spotsylvania.

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

This service is free and open to the public.

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	n/a	n/a	n/a
Fredericksburg	n/a	n/a	n/a
King George	n/a	n/a	n/a
Spotsylvania	1,000	1,000	1,500
Stafford	n/a	n/a	n/a
United Way	n/a	n/a	n/a
Grants	n/a	n/a	n/a
Client Fees	n/a	2,500	2,000
Fundraising	n/a	n/a	n/a
Other	n/a	n/a	n/a
Total Program Budget for PD16	1,000	3,500	3,500

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.

This is an ongoing program for us. These changes reflect an expansion of our operations and the realization that our major clients are in the multi-corners of the county.

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:

Entry into 10 churches the second year of operations.

Objectives:

1a.	Develop a list of potential churches; work the list until members of the JJW Board of Directors choose 10 to target.
1b.	Develop targeted public relations packets to send to churches identified on our list. Mail them, follow up and make appointments for a personal visit and presentation.

Program Goal 2:

10 new institutional and 50 new individual memberships in the JJW Museum

Objectives:

2a.	Develop relationships with leadership of each church; demonstrate the benefits of becoming a member of the JJW Museum; ask directly for their support via an institutional membership.
2b.	Conduct small group meetings with specific groups within each church (i.e., women's ministry; men's ministry, choirs, etc.); demonstrate the benefits of becoming a member of the JJW Museum; ask directly for their support via an individual membership.

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

A verbal analysis with members of the JJW Board of Directors regarding projected versus actual memberships received at the end of each month over a 12 month period.

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: Jan to Sep 2014

Objective 1a.

Developed a list of churches and selected 10 to target.

Objective 1b.

Developed and sent public relations packets to 10 identified churches.

Objective 2a.

Appeals for institutional membership were made during presentations and contacts with church leaders and members.

Objective 2b.

Appeals for individual and family membership were made during presentations to small groups.

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:

The goal to increase memberships is on-going. The list of churches will be reviewed and expanded. Contact will be maintained at churches visited through invitations and newsletters

Program Goal 2:

Small group and personal contacts were productive. Contacts with churches and civic organizations will be on-going. Contacts will be supported through invitations to activities and newsletters. Appeals for memberships and volunteers will be continued.

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.)*

Helping local families discover facts about their history.
Educating the public about the early history of Spotsylvania County, example...Early 1900's voting registration rolls.

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.)*

The Museum provides a unique resource for the history of the community, particularly about a sector of the population not usually considered. If the Museum were dissolved or merged the impact would be diminished.

Partner Agency Funding Application FY 2016
SERVICE DATA

Program Name:	Page
Long Fingers	

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					n/a	n/a	n/a	n/a	n/a	n/a
Caroline										
King George										
Spotsylvania										
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													
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:

We are not a social service agency and thus, do not collect data for this program on a glandular level. We will, however, keep records on the number of people reached.

Partner Agency Funding Application FY2016
PROGRAM INFORMATION

Publishing House

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:	Publishing House	Is this a new program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Contact:	Rene Beverly	Title:	Board Member
Telephone Number:	540.273.3816		
E-Mail Address:	Rbeverly_2000@yahoo.com		

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

Publish and make available to the public for sale the results of our primary research. We will publish one major study each year, and two smaller items (i.e., a guide to one of our exhibits and pamphlets about a specific issue relevant to the County's history.

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.)*

We have more than 1,000 feet of original research about Spotsylvania that we have collected in the past three years. The research is the direct result of preparation for our past six exhibits. There are multiple stories in each of our exhibits and we want to formally document those stories and make them available to the public and to libraries rather than simply file the information in our personal space, or discard it. The benefit to the county is the formal addition of unknown/unpublished material that helps students, teachers and the general public know more about the County.

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.)*

Publishing House

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.)*

Our target audience is (1) adults with an interest in local history; (2) students with a need to conduct research for a school/university paper; (3) independent researchers and genealogists; and (4) libraries and historical associations.

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

Fees for publications will vary and are based on product costs plus an appropriate profit margin.

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.)*

	FY2014 Actual	FY2015 Budgeted	FY2016 Projected
Caroline			
Fredericksburg			
King George			
Spotsylvania		7,000	7,000
Stafford			
United Way			
Grants		5,000	5,000
Client Fees		3,000	3,000
Fundraising		20,000	20,000
Other			
Total Program Budget for PD16		35,000	35,000

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.

The increase is in operating expenses. If there is no funding provided for this program, our researcher will use other means to obtain funding, such as increased grant sources or pricing modifications to cover printing costs.

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:

Produce one major publication of general interest to the public.

Objectives:

1a.	Identify appropriate subject matter, i.e., historic voter registration lists for Spotsylvania County (immediately post-Civil War).
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1b.	Identify appropriate publisher and distributor of our publication.
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Program Goal 2:

Produce two minor publications, i.e., one "Guide to the Exhibit" and pamphlets about a specific issue relevant to the county's history.

Objectives:

2a.	Pamphlet: once the subject matter is chosen, write and edit the narrative, decide upon the format, layout and design the publication, print, prepare marketing materials. Publication Spring, 2015.
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2b.	Guide to the Exhibit: once the subject matter is chosen, write and edit the narrative, decide upon the format, layout and design the publication, print, prepare marketing materials. Publication Spring, 2015.
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Evaluation Method: *(Please describe the method used to measure the above goals/objectives. Please do not exceed 10 lines of text.)*

Success will be measured based on on-time performance and the number of units distributed.

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: (New Goal)

Objective 1a.

Historic voter registration lists for Spotsylvania County was identified as subject matter.

Objective 1b.

Publisher has been selected

Objective 2a.

Pamphlet subject identified

Objective 2b.

Guide for the exhibit was developed for the fall 2014 exhibit. Guide for the spring exhibit is in progress

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:

Publication is in progress. The project will be continued for Spring publication

Time constraints in developing the research were a factor in accomplishing this goal.

Program Goal 2:

Guides for the fall 2014 exhibit was published and received press in the local newspaper. Outline for spring 2015 exhibit is being developed for publication early 2015.

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.)*

The Fall exhibit had over 200 visitors opening night and an increased number of visitors during the course of the exhibit. The exhibit was highlighted on the Museum's website, Facebook pages, Spotsylvania County's website, the Spotsylvania County Schools website, and twice in the local newspaper.

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.)*

The Museum provides a unique resource for the history of the community, particularly about a sector of the population not usually considered. If the Museum were dissolved or merged the impact would be diminished.

Partner Agency Funding Application FY 2016
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										
Caroline										
King George										
Spotsylvania										
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													
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:

We are not a social service agency and thus, do not collect data for this 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.

Program Name:	Teacher Workshops	Is this a new program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Program Contact:	Renee Beverly, Rosemary McKinney	Title:	Members, JJW Museum Board
Telephone Number:	540.273.3816 and 540.582.1022		
E-Mail Address:	rbeverly_2000@yahoo.com and mummieof3@yahoo.com		

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

One-day workshops (four times), by invitation only, that demonstrate to social studies/humanities teachers how the museum's holdings can be used to write curriculum that helps with their SOL instruction.

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.)*

Teachers seem to be overworked and inundated with paperwork which stifles creativity in learning how to incorporate new material to teach students. We offer depth in social studies subject matter and can assist teachers to help students. The benefit to the county is better social studies teachers, possible increase in SOL scores, more engaged students and therefore, the potential for stronger county schools.

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.)*

Collaborations with teachers, historical researchers, and sources f living history.

Teacher Workshops

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.)*

Spotsylvania county social studies teachers and Spotsylvania county The service will be delivered in Spotsylvania in the museum itself. We propose to conduct workshops in Fall 2015 and two workshops in Spring 2016.

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

This program is by invitation only with a minimum fee to cover the cost of breakfast and lunch for participants.

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.)*

	FY2014 Actual	FY2015 Budgeted	FY2016 Projected
Caroline			
Fredericksburg			
King George			
Spotsylvania		1,000	1,000
Stafford			
United Way			
Grants		2,900	2,900
Client Fees			
Fundraising			
Other			
Total Program Budget for PD16		4,500	4,500

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.

Request in funding represents operational costs for this program. The county benefits in having another viable resource for teachers to help students better achieve

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:

Participants leave with written curricula outlines for their students

Objectives:

1a. Workshop leader identifies the curriculum need of each participant before the date of the actual workshop

1b. Using the museum's holdings, workshop instructor prepares his/her subject matter to meet the participants' needs

Program Goal 2:

Museum is viewed as a primary location for curricula development specifically relevant to local history examples for SOLs.

Objectives:

2a. With a copy of VA SOL requirements, equip workshop participants with one page of museum sources he/she may use in curricula development

2b. With a copy of VA SOL requirements, provide workshop participants with one page of external sources to use in curricula development

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

Written evaluation forms given to participants to complete and return to us that will help us improve future workshops.

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: Jan to Dec 2014

Objective 1a.

Curriculum relevant to local history were identified prior to the workshop

Objective 1b.

Relevant museum sources were identified for participants

Objective 2a.

Workshop participants were provided a page of museum sources relevant to their grade or class

Objective 2b.

Workshop participants were provided a page of external sources to use in curricular development

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:

Written curricula were provided for a diverse group of participants using the Museum's resources. Questions and suggestions from participants will help planning future workshops. Participants shared ideas for using resources

Program Goal 2:

Museum and external resources relevant to Virginia SOL requirements were provided to workshop participants. Participants shared ideas for using resources

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.)*

The Fall exhibit had over 200 visitors opening night and an increased number of visitors during the course of the exhibit. The exhibit was highlighted on the Museum's website, Facebook pages, Spotsylvania County's website, the Spotsylvania County Schools website, and twice in the local newspaper.

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.)*

The Museum provides a unique resource for the history of the community, particularly about a sector of the population not usually considered. If the Museum were dissolved or merged the impact would be diminished.

Partner Agency Funding Application FY 2016
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										
Caroline										
King George										
Spotsylvania										
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													
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:

Data not collected in terms of race, age, and income.
 Projection for upcoming year is based on plans to increase the number of participants.

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:	African American Heritage Trail Ambassadors	Is this a new program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Contact:	Roger Braxton and Gilbert Garcia	Title:	Board Members
Telephone Number:	540. 424.6441 and		
E-Mail Address:	rbraxtonjr@aol.com and		

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

To promote the African American Heritage Trail to residents and visitors to the county.

35. 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 County, through the Department of Economic Development & Tourism, has spent a lot of time and money developing the African American Heritage Trail (AAHT). The marketing plan for the county as presented by the contracted consultants does not include attention to the promotion of the rich as well as integrated heritage of African Americans in this county. Rather, it focuses on the county's Civil War heritage. Although important, not everyone is interested in that aspect of the county's history, and in fact, our research informs us that a large percentage of the population simply feels ignored. We want to take the responsibility of marketing the AAHT because (1) our museum is the first and last destination; (2) our curator developed the marketing booklet, poster and rack card for the county; (3) the marketing booklet won a state-wide award for the county (Virgo Award); and (4) our curator has wide-range knowledge of the historical space African Americans occupy in this county and is best positioned to share it with residents and tourists. The county will benefit largely from its African American citizens feeling more a part of the fabric of things, and by increased tourism both from the locals and the wider promotion of the scenic countryside of Spotsylvania.

36. 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.)*

Examples of collaborative efforts and key partnerships:

- a) Spotsylvania County Tourism (Fredericksburg area, regional and state level)
- b) Websites
- c) Civic organizations
- d) Churches

AAHT Ambassadors

37. 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.)*

Area residents and tourists in Spotsylvania county.
 The geographic service area is Spotsylvania and surrounding counties

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

Fees for clients are to be determined based specifically on whether we host bus/van tours. The fee for a bus/van tour is estimated to be \$10 per person. Those who drive their own vehicles will incur no cost.

39. 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			
Fredericksburg			
King George			
Spotsylvania		7,000	7,000
Stafford			
United Way			
Grants		5,460	4,000
Client Fees		360	
Fundraising		2,000	2,000
Other		13,000	
Total Program Budget for PD16		27,820	13,000

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.

This is a very important program to the county and to the county's African American residents because it is not being addressed in the county's overall strategic plan. This funding request represents operational costs for printing marketing materials and hiring and training tour guides and "ambassadors" to forge relationships with tourism professionals throughout the state.

40. 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:

Host talks-discussions about the AAHT during the year

Objectives:

1a.	Develop appropriate marketing materials
1b.	Per discussion, select one or two items from the tour to discuss in depth in small-group settings with local residents and, as opportunities present, with tourism professionals throughout the state

Program Goal 2:

Host three tours of the AAHT during the year

Objectives:

2a.	Secure logistics(including volunteers and training of tour guides) and costs of van/bus tour
2b.	Use marketing with appropriate tourist bureaus and civic organizations to sign up enough visitors for the tours

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

Written evaluation form will be developed, distributed to participants for completion, and retrieved for evaluation to determine our strengths and weaknesses and ways to improve service delivery

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

Data Collection Period: January to December 2014

Objective 1a.

Marketing material being prepared to publicize the tour

Objective 1b.

In depth discussions were held for small groups based on the interests of the group. Materials were shared with tourism professionals.

Objective 2a.

Tour guides were available. Most individuals or groups preferred to use personal vehicles

Objective 2b.

Marketing with tourist bureaus and civic organizations will be ongoing

42. 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:

Tour guide books have distributed to groups and museum visitors. Group talks highlighting various sites on the tour were held. Churches, civic organizations, and tourists have been given information about the tour.

Program Goal 2:

Van costs for the tour is based on mileage and time the van is used. Visitors prefer to use personal vehicles and travel to the sites at their own pace.

Information has been shared with visitors, churches, civic organizations, and tour organizers. This activity is ongoing to increase local traffic as well as tourists.

43. 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.)*

Increased awareness of the history of local sites....especially for residents who are discovering facts about unknown areas of the county.
Awareness of tourists discovering county history, in addition to the popular (Civil War) sites.

44. 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.)*

The Museum provides a unique resource for the history of the community, particularly about a sector of the population not usually considered. If the Museum were dissolved or merged the impact would be diminished.

Partner Agency Funding Application FY 2016
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										
Caroline										
King George										
Spotsylvania										
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													
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:

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:	Exhibits	Is this a new program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Program Contact:	Yvette Blake	Title:	Board Member
Telephone Number:	540.809.9960		
E-Mail Address:	yvette@pfsmobile.net		

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

We are known for the high quality and innovative nature of our exhibits. We currently have a permanent and several different exhibits throughout the year.

46. 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.)*

Preparing exhibits and presenting them to the public is our core competence. We are an asset to the County and will continue to be so through the information we bring to the public. We do not focus on one culture, race, creed or war; rather we recognize the necessity to show all of Spotsylvania’s citizens interacting through difficulties over time in an effort to make a better life. Our exhibits are based in history and law, and thus, have positioned us as a “teaching” museum like none other. Everyone can learn something in our museum.

47. 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.)*

Examples of collaborative efforts and key partnerships:

- a) Local Residents
- b) Civic Organizations
- c) Rappahannock Regional Library
- d) Virginia State Library
- e) Spotsylvania Sunday School Union
- f) Spotsylvania County Government
- g) US Park Service
- h) 23rd US Colored Troops
- i) Social Clubs
- j) Fraternal Organizations

48. 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.)*

Our target audience is the general public including Spotsylvania and surrounding counties/cities residents and tourists to the region
 Exhibits are only viewed inside of the John J. Wright Museum

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

Free and open to the public

50. 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			
Fredericksburg			
King George			
Spotsylvania	3,000	3,000	3,000
Stafford			
United Way			
Grants			
Client Fees	6,000	8,500	8,500
Fundraising		1,000	1,000
Other			
Total Program Budget for PD16	9,000	12,500	12,500

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.

Monies received from memberships and grants from Spotsylvania County government have always funded our exhibits. For FY16, we will make a strong attempt to find foundation grant money because we now have a significant track record of excellence upon which to draw.

51. 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:

800 people to attend our fall 2015 exhibit (celebrating our 5th anniversary from September through December 2015)

Objectives:

1a.	Begin the marketing program for the September exhibit in June, 2015 designed to build excitement about the new exhibit's opening
1b.	Solicit business advertisements and their presence at the opening in support of our 4th anniversary and feature those ads in a souvenir booklet

Program Goal 2:

80 people to attend our January-February 2015 exhibit

Objectives:

2a.	Begin the promoting the January-February 2015 exhibit.
2b.	Promote a student art contest in collaboration with art teachers and are artists in support of the new exhibit.

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

The effectiveness will be measured by actual attendance, evidenced by sign-in sheets for both exhibits and by counting attendees.

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

Data Collection Period: January to October 2014

Objective 1a.

531 total visitors to date:

- a) 312 for February 2014 exhibit
- b) 219 for September 2014 exhibit

Objective 1b.

Financial support from individuals and businesses for our 4th anniversary.

Objective 2a.

February exhibit: invitations, website, and Newsletter.

September exhibit: evites, websites, Facebook pages, newspaper featured article, invitations by the artists, and personal invitations.

Objective 2b.

We did not sponsor a student art contest for 2014. Plans are underway for 2015.

53. 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:

We are now and focusing on properly marketing our museum as the strong resource that it is in this community. Focus on exhibit quality and the quality of our collateral material and involve the community in sharing historical artifacts.

Program Goal 2:

The primary theme for 2015: "A Century of History, Life, and Culture in Spotsylvania."

We have two major exhibits planned for FY15. Our first exhibit focuses on the history of education in Spotsylvania. Our second exhibit will highlight culture.

We will begin marketing our first exhibit in December 2014, soliciting community input relating to personal histories using the website, public service announcements, "save-the-date" flyers, community calendars, and planned events.

54. 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.)

Examples of how your services have impacted members of our community:

- a) Stimulated interest and knowledge in local history.
- b) Serve as a resource for local history.
- c) Serve as a Cultural Center for the community....example, art exhibits and ballet recitals.
- d) 0.
- e) Collaboration of community and area resources, individuals, and services.

55. 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.)

The Museum provides a unique resource for the history of the community, particularly about a sector of the population not usually considered. If the Museum were dissolved or merged the impact would be diminished.

Partner Agency Funding Application FY 2016
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										
Caroline										
King George										
Spotsylvania										
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													
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:

We do not collect data on this level.