

# Partner Agency Application for Funding

FY 2016

## FACE SHEET

<b>Agency Name:</b> Lake Anna Civic Association	
<i>Has Spotsylvania County Funded This Agency in Previous Years?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Address:	None
Mailing Address/PO Box:	PO Box 217
City:	Mineral
State:	VA
Zip:	32117
Telephone Number:	540 894 9094
Fax Number:	
Federal Tax ID #:	54-1576137
Web Address:	<a href="http://www.lakeannavirginia.org">www.lakeannavirginia.org</a>
General Email Address:	<a href="mailto:LACA@lakeannavirginia.org">LACA@lakeannavirginia.org</a>
<b>Agency Main Contact:</b>	Doug Smith
Title:	President
Telephone Number:	540-894-9094
E-Mail Address:	<a href="mailto:dougsmith@firstva.com">dougsmith@firstva.com</a>

### Agency General Information

**Agency Mission:**

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

**Number of years agency has been in operation:** 23

**Localities Served:** Spotsylvania, Louisa, and Orange Counties

### Agency Financial Information

	List Programs	Personnel Expenses	Benefits	Operating Expenses	Total Program Budget	Requested from Spotsylvania
1.	<b>Water Quality Testing</b>	0	0	20,000	20,000	<b>7,000</b>
2.	<b>Fireworks</b>	0	0	21,000	21,000	<b>0</b>
3.	<b>Newsletter/info</b>	0	0	3,650	3,650	<b>0</b>
4.						
5.						
<b>Agency Administration:</b>		0	0	10,000	10,000	<b>0</b>
<b>Capital Outlay:</b>		0	0	0	0	<b>0</b>
<b>Total Agency Budget:</b>				<b>54,650</b>	<b>54,650</b>	<b>7,000</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>Attachment Checklist:</b> <i>(include 2 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

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**BUDGET EXPLANATIONS**

Agency Name:

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**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.)

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

**Capital Outlay:**

In the box below, provide an overview of the capital expenses detailed on the face sheet for the agency as a whole. Please provide justification for and specific amounts of capital costs that are defrayed by locality funds. (The description should not exceed 10 lines of text.)

None increased

**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.)

None increased

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

Lake Anna Civic Association (LACA)

**Historical Budget Information**

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

	<b>FY 2014 Actual</b>	<b>FY 2015 Budgeted</b>	<b>FY 2016 Projected</b>
<b>Caroline</b>			
<b>Fredericksburg</b>			
<b>King George</b>			
<b>Spotsylvania</b>	4,300	4,300	7,000
<b>Stafford</b>			
<b>United Way</b>			
<b>Grants</b>	10,000	10,000	10,000
<b>Client Fees</b>			
<b>Fundraising</b>	21,000	21,000	21,000
<b>Other</b> <i>(explain below)</i>	13,650	13,650	13,650
<b>Total Agency Revenue</b>	48,950	48,950	51,650

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

Annual Dues from members - - 11,400  
 Advertisements in newsletter – 1,250  
 Contributions (individual) ----- 1,000

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**BUDGET EXPLANATIONS**

Agency Name:

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Lake Anna Civic Association (LACA)

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 legislative initiatives or issues are expected.

Please detail below any identified agency needs or areas of concern that are currently not being addressed in your funding request. This could include training or technical assistance for specific areas, administrative support for a program or service, evaluation of current programs, or consultation for strategic planning, board support, or fundraising.

No other needs or concerns

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**LOCALITY NOTES**

**Agency Name:**

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Lake Anna Civic Association (LACA)

**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:**

Spotsylvania County has been a good partner in providing grant funds for LACA Water Quality at Lake Anna. This partnership, along with the LACA volunteers, provides the necessary funding to keep this program working.

**Stafford County:**

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

Lake Anna Civic Association (LACA)

Each agency submitting a funding request must fill out the following pages for each program serving Spotsylvania County Citizens 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. Spotsylvania County reserves the right to request additional information once the application has been submitted.

<b>Program Name:</b>	<b>LACA Water Quality Testing</b>	<b>Is this a new program?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Program Contact:</b>	Ken Remmers	<b>Title:</b>	Chair, WQT Committee
<b>Telephone Number:</b>	703-968-2430		
<b>E-Mail Address:</b>	remmerskd@verizon.net		

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

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

Work closely with Lake Anna Advisory Committee (LAAC) and their buoy maintenance program in providing an unified approach to Water Quality and Safety to Lake Anna for all residence of the Tri-county.

**2. Justification of Need:** *(Please state clearly why this service should be provided to the citizens of Spotsylvania County and why the Board of Supervisors should consider this funding request. If this is a new program, be sure to include the benefit to the County for funding a new request. The following should not exceed 10 lines of text, and should include the most recent data available.)*

Volunteers do the work but expenses are incurred in performing lab analysis of samples and maintenance and calibration of the equipment needed to collect samples in accordance with DEQ guidelines.

**3. Target Audience:** *(The following should describe the specific population targeted by the program and should not exceed 5 lines of text.)*

Residents and recreational users of Lake Anna

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**PROGRAM INFORMATION**

Lake Anna Civic Association (LACA)

**4. Service Area:** *(Please describe the program's intended geographic service area. This may include entire regions, localities, or specific schools, neighborhoods, etc.)*

Nearly half of the samples collected are in Spotsylvania County, the rest in Louisa County

**Service Delivery:** *(Please state the geographic location of the service, the duration and frequency offered to the clients.)*

Samples are taken every other month April through October

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

**No fees are charged**

**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>FY 2014 Actual</b>	<b>FY 2015 Budgeted</b>	<b>FY 2016 Projected</b>
<b>Caroline</b>			
<b>Fredericksburg</b>			
<b>King George</b>			
<b>Spotsylvania</b>	4,300	4,300	7,000
<b>Stafford</b>			
<b>United Way</b>			
<b>Grants</b>			
<b>Client Fees</b>			
<b>Fundraising</b>			
<b>Other</b>	10,000	10,000	10,000
<b>Total Program Budget for PD16</b>	14,300	14,300	17,000

**Please indicate, in detail, reasons for increases or decreases in the amounts requested for FY 2016. 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 note if any increase is sought for new positions or personnel, please explain in detail.**

Laboratory cost for analysis of samples for E-coli, Total Phosphorous, Total Nitrogen, and Chlorophyll A have gone up significantly and these cost were absorbed for the last four years but this can no longer be done. An increase of \$2,700 to \$7,000 was requested last year and is requested again this year.

**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:**

Sample and obtain lab analysis of Lake water at 30 locations bimonthly through the high use period of the year ( April thru October)

**Objectives:**

1a. Recruit volunteer cadre to do testing

1b. Obtain funding to support testing analysis and maintenance of equipment

**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.)*

We have developed a data base of test results for trend analysis and conducted all notifications of out of range tests to DEQ. DEQ in conjunction with VA Dept Health determine if any further actions are warranted.

**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.**

At least 30 volunteers are available

**Objective 1b.**

Full funding of \$20,000 is obtained to support the program

**Objective 2a.**

**Objective 2b.**

**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:**

LACA has annually provided data to DEQ and tracked water quality trends for the lake. Notifications have been made to DEQ for out of safe range tests and DEQ. So far no notifications to residents have been required.

**Program Goal 2:**

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**SERVICE DATA**

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

Locality Served	Total Served		Gender		Race					
	FY 2013	FY 2015*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian	Other
Fredericksburg										
Caroline										
King George										
Spotsylvania										
Stafford										
Other										
<b>Total</b>										

*\*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	18-25	25-40	40-60	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													
<b>Total</b>													

**If any of the above information is not available, please indicate why:**

No data is collected on the total number of residents that use the lake nor the number of day recreational users that frequent the lake.