Spotsylvania County

Partner Agency Application for Funding FY 2015

FACE SHEET

Agency Name:	Spotsylvania Emergency Concerns Association				
			Has Spotsylvania County Funded This Agency in Previous Years?		☒ Yes ☐ No
Physical Address:	8812 Couthcuse Road				
Mailing Address/PO Box:	P.O. Box 923				
City:	Spotsylvania	State:	Virginia	Zip:	22553
Telephone Number:	(540) 582-2465	Fax Number:	(540) 582-2465		
Federal Tax ID #:	54-1423039				
Web Address:	N/A				
General Email Address:	SECA22553@ gmail.com				
Agency Main Contact:	A. Miller Arritt	Title:	President		
Telephone Number:	(804) 448-3878				
E-Mail Address:	millarritt@yahoo.com				

Agency General Information

Agency Mission:

To provide an organization through which concerned individuals and groups can work together to alleviate local human suffering and meet emergency needs of the citizens of Spotsylvania County without consideration of religious creed or ethnic background. Citizens of Spotsylvania County helping other citizens of Spotsylvania County.

Number of years agency has been in operation:	27 years
Localities Served:	Spotsylvania County

Agency Financial Information

	List Programs	Personnel Expenses	Benefits	Operating Expenses	Total Program Budget	Requested from Spotsylvania
1.	Client Assist.			93,496.00	93,496.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
Agency Administration:				10,477.00	10,477.00	10,500.00
Capital Outlay:					0.00	
Total Agency Budget:		0.00	0.00	103,973.00	103,973.00	10,500.00

☐ ***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.***

Attachment Checklist: *(include ONE copy of each)*	☒ IRS 501(c)(3) Letter	☒ Audit Report *(with Audit Management Letter)*	☒ Current Financial statement	☒ IRS 990
☒ Accountant Contact Information	☒ Organizational Chart	☒ Current Board Roster *(with contact information)*	☐ Agency's Current Strategic Plan	

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Agency Name:
S.E.C.A.

If your agency is requesting an increase or decrease in funding as shown on the Agency Financial Information Chart included on the Face Sheet, please describe, in detail, the reasons for these changes, in each category below for the Agency as a whole. Program specific increases can be given under the program descriptions in the next section. (The individual descriptions should not exceed 20 lines of text.)

Agency Administrative Expenses (*to include funding increases for personnel (new positions, merit and/or COLA increases)*):

INCREASE OF DONATION REQUEST DUE TO INCREASE IN FINANCIAL ASSISTANCE; AND HAVING TO PURCHASE FOOD SUPPLIES DUE TO THE DECREASE OF DONATED FOOD SUPPLIES.

Capital Outlay:

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Agency Name:
S.E.C.A.

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.

	FY 2013 Actual	FY 2014 Budgeted	FY 2015 Projected
Caroline			
Fredericksburg			
King George			
Spotsylvania	9,800.00	10,000.00	10,500.00
Stafford			
United Way	819.00	800.00	900.00
Grants			
Client Fees			
Fundraising	102,012.00	124,000.00	154,800.00
Other *(explain below)*	520.00		
Total Agency Revenue	113,151.00	139,800.00	166,200.00

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

MEMORIAL MONEY IN THE AMOUNT OF $520.00 WAS RECEIVED DURING THE YEAR

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Agency Name:
S.E.C.A.

Application Checklist

	Items to be completed	Comments:
☐	Face Sheet	
☐	Program Name	
☐	Program Purpose/Description	
☐	Justification of Need	
☐	Target Audience	
☐	Service Area	
☐	Service Delivery	
☐	Client Fees	
☐	Budget Information	
☐	Goals and Objectives	
☐	Program Goal	
☐	Most Recent Data Chart	

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Program Name:	Page 5
Client Assistance	

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.

Program Name:	Client Assistance	*Is this a new program?*	☐ Yes ☐ No
Program Contact:	Robert Newton	Title:	Thrift Shop Director
Telephone Number:	(540) 786-6447		
E-Mail Address:	mewt21927@juno.com		

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

S.E.C.A. is a total volunteer organization made up of Spotsylvania County citizens committed to helping other Spotsylvania County citizens with emergency needs such as electricity, water, medicine, food, fuel and shelter. The Spotsylvania Department of Social Services recognizes the need and refers a majority of S.E.C.A.'s clients, along with churches, schools and other service organizations. S.E.C.A. has the ability to act quickly to help citizens that may not be eligible for public assistance or must wait for essential services. The County's investment covers the majority of the operational costs of the Thrift Shop, S.E.C.A.'s prime source of revenue. This allows all proceeds from the Thrift Shop and any donations to be used in client assistance.

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.)*

If received, this money will help offset the administrative costs of our program of assisting clients enabling all donations and proceeds from the Thrift Shop to be designated specifically to help the needy citizens of our County

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

The citizens of Spotsylvania County

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Program Name:
CLIENT ASST.

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

SPOTSYLVANIA COUNTY

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

S.E.C.A. IS LOCATED AT 8812 COURTHOUSE RD. THE OFFICE IS OPEN MONDAY, WEDNESDAY AND FRIDAY TO ASSIST CLIENTS BETWEEN THE HOURS OF 10:00 AM AND 2:00 p.m.

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

N/A

7. 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.)*

	FY 2013 Actual	FY 2014 Budgeted	FY 2015 Projected
Caroline			
Fredericksburg			
King George			
Spotsylvania	9,800.00	10,000.00	10,500.00
Stafford			
United Way	819.00	800.00	900.00
Grants			
Client Fees			
Fundraising	102,012.00	129,000.00	154,800.00
Other	520.00		
Total Program Budget	113,151.00	139,800.00	166,200.00

Please indicate, in detail, reasons for increases or decreases in the amounts requested for FY 2015. 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.

INCREASE IN OPERATING EXPENSES. ANY DECREASE IN FUNDING WILL IMPACT ASSISTANCE AMOUNTS AVAILABLE FOR CLIENTS.

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Program Name:
S.E.C.A.

8. 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:

OUR ABILITY TO MEET THE NEEDS OF OUR COMMUNITY IS BASED ON OUR DONATIONS. WE NEED TO PROMOTE OUR THRIFTSHOP. WE, ALSO NEED TO INCREASE SUPPLY FOR OUR FOOD PANTRY TO ENABLE US TO PROVIDE FOOD FOR OUR CLIENTS

Objectives:

1a.	SOLICIT MORE FOOD DONATIONS FOR THE FOOD PANTRY.
1b.	Erect additional storage space for food and donations.

Program Goal 2:

Objectives:

2a.	
2b.	

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Program Name:
S.E.C.A

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

QUARTERLY REPORTING TO THE SECA BOARD OF DIRECTORS OF THE NUMBER OF CLIENTS HELPED AND THE FINANCIAL ASSISTANCE PROVIDED

9. 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.

LETTERS HAVE BEEN SENT TO THE SUPERINTENDENT OF SPOTSYLVANIA COUNTY SCHOOLS AND ONTO SCHOOL PRINCIPALS FOR THEIR CONTRIBUTIONS OF FOOD FROM FOOD DRIVES.

Objective 1b.

Objective 2a.

Objective 2b.

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Program Name:
S.E.C.A.

10. 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:

DONATIONS INCREASED FROM FY12 OF $45,486.00 to $53,408.00 IN FY13. TOTAL NUMBER OF FAMILIES ASSISTED IN FY13 5463.

Program Goal 2:

N/A

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Program Name:
SECA.

Program Service Data: Service Period: 5/1/12 to 4/30/13

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	5,463		2,495	2,968	2,805	1,988	28	342	68	232
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	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	602	806	410	586	587	997	1,162	313	735	547	272	25	2
Stafford													
Other													
Total													

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