



Spotsylvania County

Partner Agency Application for Funding FY 2015

FACE SHEET

Agency Name: John J. Wright Educational & Cultural Center Museum, Inc.	
<i>Has Spotsylvania County Funded This Agency in Previous Years?</i> <input type="checkbox"/> 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, ext 5545
Fax Number:	(540) 582-3945
Federal Tax ID #:	27-2837999
Web Address:	http://www.jjwmuseum.org
General Email Address:	office@jjwmuseum.org
Agency Main Contacts:	Rev. Gilbert Garcia
	Constance Braxton
Title:	Chair, Board of Directors
	Treasurer, Board of Directors
Telephone Number:	(540) 582-5138 Braxton
E-Mail Address:	preachaword@aol.com ; cebraxton20@aol.com

Agency General Information

Agency Mission:

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.

Number of years agency has been in operation: Three

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	Requested from Spotsylvania
1. Exhibits	5000	n/a	7500	12500	3000
2. Long Fingers	1500	n/a	2000	3500	1000
3. Publishing House	10000	n/a	25000	35000	7000
4. Teacher Workshops	2000	n/a	2500	4500	1000
5. AAHT Ambassadors	5000	n/a	8000	13000	3000
Agency Administration:	24500	n/a	10000	34500	7000
Capital Outlay:	0	0	0	0	0
Total Agency Budget:	48000	n/a	55000	103000	22000

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: <i>(include ONE copy of each)</i>	<input checked="" type="checkbox"/> IRS 501(c)(3) Letter	<input type="checkbox"/> Audit Report <i>(with Audit Management Letter)</i>	<input checked="" type="checkbox"/> Current Financial statement	<input checked="" type="checkbox"/> IRS 990
<input type="checkbox"/> Accountant Contact Information	<input checked="" type="checkbox"/> Organizational Chart	<input checked="" type="checkbox"/> Current Board Roster <i>(with contact information)</i>	<input checked="" type="checkbox"/> Agency's Current Strategic Plan	
Agency Director's Signature:	<i>Constance Brayton, Treasurer</i>		Date:	<i>Oct. 11, 2013</i>

Spotsylvania County
Partner Agency Funding Application FY 2015

Agency Name:
John J. Wright Educational & Cultural
Center Museum, Inc.

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):

The quality of our exhibits has transformed our museum from simply a visitor's destination into a first-class "teaching" one and thus, demand for our exhibits and added services has increased. To meet the demand, we must increase staffing from one part-time person who has served for the past three years as executive director, curator, marketing and public relations manager, administrative assistant, webmaster, operations manager and volunteer coordinator, to TWO paid positions, and several volunteer positions with a small stipend.

Please note that overall we are asking for a 20% increase in funding from FY14 to FY15. Now that Board leadership has decided on our strengths and weaknesses, we are focused toward the direction we need to go. As such, we will aggressively fundraise for FY15 to meet our program goals. We also recognize that potential grant funders do not fund human capital; they are focused toward programs. Our request herein reflects our need for Spotsylvania County funding to help us meet our personnel needs.

Capital Outlay:

We are not requesting funding for capital outlay

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Agency Name:

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

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	n/a	n/a	n/a
Fredericksburg	n/a	n/a	n/a
King George	n/a	n/a	n/a
Spotsylvania	14600	17000	22000
Stafford	n/a	n/a	n/a
United Way	n/a	n/a	n/a
Grants	5175	30000	55000
Client Fees/Memberships	n/a	5000	10000
Fundraising	6989	12500	20000
Other <i>(explain below)</i>	356	1350	6500
Total Agency Revenue	28120	65850	113500

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

Gift shop sales

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Agency Name:
 John J. Wright Educational & Cultural
 Center Museum, Inc.

Application Checklist

Items to be completed	Comments:
<input checked="" type="checkbox"/> Face Sheet	
<input checked="" type="checkbox"/> Program Name	Information for five (5) programs is included
<input checked="" type="checkbox"/> Program Purpose/Description	
<input checked="" type="checkbox"/> Justification of Need	
<input checked="" type="checkbox"/> Target Audience	
<input checked="" type="checkbox"/> Service Area	
<input checked="" type="checkbox"/> Service Delivery	
<input type="checkbox"/> Client Fees	
<input checked="" type="checkbox"/> Budget Information	
<input checked="" type="checkbox"/> Goals and Objectives	
<input checked="" type="checkbox"/> Program Goal	
<input checked="" type="checkbox"/> Most Recent Data Chart	

Program Name:
Long Fingers

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:	Long Fingers	Is this a new program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Program Contact:	Terry Miller	Title:	Curator
Telephone Number:	(571) 328-8087		
E-Mail Address:	whisperpress@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 select 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's newest exhibit.

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.)*

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

The target audience is that vast population of Spotsylvania residents who, for their own reasons, are fully engaged in church and proud of their own history, yet do not (and have no plans to) visit the JJW Museum.

Spotsylvania County
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Program Name:

Long Fingers

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

This program is specifically for Spotsylvania

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

Location of the service is inside of the selected church on a bulletin board designated by the church's leadership. The bulletin boards will be changed bi-monthly.

6. 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.

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	n/a	n/a	n/a
Fredericksburg	n/a	n/a	n/a
King George	n/a	n/a	n/a
Spotsylvania	n/a	n/a	1000
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	n/a	2500
Fundraising	n/a	n/a	n/a
Other			
Total Program Budget	n/a	n/a	3500

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.

This is a new program for us, and thus, there is no past to compare. Yet, these changes reflect an expansion of our operations and the realization that our major clients are genuinely in the multi-corners of the county. It is our responsibility to reach out to them.

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:

Entry into 10 churches the first year of operations

Objectives:

1a. Develop a list of potential churches (no more than 30), 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.

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: n/a

Objective 1a.

n/a

Objective 1b.

n/a

Objective 2a.

n/a

Objective 2b.

n/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:

n/a

Program Goal 2:

n/a

Spotsylvania County
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Program Name:

Long Fingers

Program Service Data: _____ to _____

Served	Total Served		Gender		Race				
	FY 2013	FY 2015*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian
urg					n/a	n/a	n/a	n/a	n/a

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

Served	Age Groups								Income Levels			
	0-4	5-10	11-13	14-18	18-25	25-40	40-60	60 +	Under \$10,000	\$10,000 - \$19,000	\$20,000 - \$39,000	\$40,000 - \$59,000
urg												

above information is not available, please indicate why:

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

Spotsylvania County
Partner Agency Funding Application FY 2015

Program Name:

Publishing House

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:	Publishing House	Is this a new program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Program Contact:	Terry Miller	Title:	Curator	
Telephone Number:	(571) 328-8087			
E-Mail Address:	whisperpress@aol.com			

11. 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; pamphlets about a specific issue relevant to the County's history; a 12-month calendar)

12. 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.)*

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 (6) major 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.

Spotsylvania County
Partner Agency Funding Application FY 2015

Program Name:
 Publishing House

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

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

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

The immediate service area is Spotsylvania, but its relevance may exceed the county's boundaries.

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

Writing, layout and design will be conducted by the museum's curator at a geographic location of her choice; publishing will be done in the Commonwealth of Virginia; sale of the publications will be held in the museum and in sites where public speaking engagements allow.

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.)*

	FY 2013 Actual	FY 2014 Budgeted	FY 2015 Projected
Caroline	n/a	n/a	n/a
Fredericksburg	n/a	n/a	n/a
King George	n/a	n/a	n/a
Spotsylvania	n/a	n/a	7000
Stafford	n/a	n/a	n/a
United Way	n/a	n/a	n/a
Grants	n/a	n/a	5000
Client Fees	n/a	n/a	3000
Fundraising	n/a	n/a	20000
Other			
Total Program Budget	n/a	n/a	35000

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.

The increase is in operating expenses. If there is no funding provided for this program, our curator 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 12-month calendar and one "Guide to the Exhibit."

Objectives:

2a.	For the calendar, decide upon the photographs and required narrative to produce the publication no later than October 1, 2014
2b.	For the "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 February, 2015.

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 sold.

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: n/a (new goal)

Objective 1a.

n/a

Spotsylvania County
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Program Name:

Publishing House

Objective 1b.

n/a

Objective 2a.

n/a

Objective 2b.

n/a

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:

n/a

Spotsylvania County
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Program Name:

Publishing House

Program Goal 2:

n/a

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

Served	Total Served		Gender		Race				
	FY 2013	FY 2015*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian
urg									

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

Served	Age Groups								Income Levels			
	0-4	5-10	11-13	14-18	18-25	25-40	40-60	60 +	Under \$10,000	\$10,000 - \$19,000	\$20,000 - \$39,000	\$40,000 - \$59,000
urg												

above information is not available, please indicate why:

We are not a social service agency and thus, do not need to collect data for this program on a granular level.

Spotsylvania County
Partner Agency Funding Application FY 2015

Program Name:
Teacher Workshops

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:	Teacher Workshops	Is this a new program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Program Contact:	Roger Braxton ; Renee Beverly	Title:	Directors, JJW Museum Board
Telephone Number:			
E-Mail Address:	<u>rcbraxtonjr@aol.com; rbeverly_2000@yahoo.com</u>		

21. 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.

22. 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.)*

Teachers seem to be overworked and inundated with paperwork which stifles creativity in learning how to incorporate new material to teach students. We offer incredible 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.

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

Spotsylvania social studies teachers

Spotsylvania County
Partner Agency Funding Application FY 2015

Program Name:
 Teacher Workshops

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

The service area is Spotsylvania.

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

The service will be delivered in Spotsylvania in the museum itself. For the first year, we propose to conduct four workshops in August 2014 and two workshops in January 2015.

26. 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 fee of \$15 per person which covers the cost of breakfast and lunch for participants.

27. 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	n/a	n/a	n/a
Fredericksburg	n/a	n/a	n/a
King George	n/a	n/a	n/a
Spotsylvania			1000
Stafford	n/a	n/a	n/a
United Way	n/a	n/a	n/a
Grants	n/a	n/a	2900
Client Fees	n/a	n/a	600
Fundraising	n/a	n/a	n/a
Other			
Total Program Budget			4500

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.

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

28. 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 no less than three 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, equip workshop participants with one page of external sources used by the museum's curator that he/she may 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.

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

Data Collection Period: n/a (new program)

Objective 1a.

n/a

Objective 1b.

n/a

Objective 2a.

n/a

Objective 2b.

n/a

Spotsylvania County

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Program Name:

Teacher Workshops

30. 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:

n/a

Program Goal 2:

n/a

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

Served	Total Served		Gender		Race				
	FY 2013	FY 2015*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian
urg									

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

Served	Age Groups								Income Levels			
	0-4	5-10	11-13	14-18	18-25	25-40	40-60	60 +	Under \$10,000	\$10,000 - \$19,000	\$20,000 - \$39,000	\$40,000 - \$59,000
urg												

above information is not available, please indicate why:

This is a new program where this type of classification recordkeeping is valuable. We will employ this chart.

Spotsylvania County
Partner Agency Funding Application FY 2015

Program Name:
 AAHT Ambassadors

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:	African American Heritage Trail Ambassadors	Is this a new program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Program Contact:	Rita Vaughan, Rosemary McKinney	Title:	Directors, JJW Museum Board
Telephone Number:			
E-Mail Address:	rrvcmv00@comcast.net; Mummieof3@yahoo.com		

31. 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.

32. 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.)*

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.

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

Area residents and tourists

Spotsylvania County
Partner Agency Funding Application FY 2015

Program Name:

AAHT Ambassadors

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

The geographic service area is Spotsylvania

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

Service will be delivered in Spotsylvania

36. 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.

37. 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	n/a	n/a	n/a
Fredericksburg	n/a	n/a	n/a
King George	n/a	n/a	n/a
Spotsylvania			7000
Stafford	n/a	n/a	n/a
United Way	n/a	n/a	n/a
Grants	n/a	n/a	5640
Client Fees	n/a	n/a	360
Fundraising	n/a	n/a	2000
Other			
Total Program Budget			13000

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.

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 is new and represents operational costs for printing marketing materials and hiring and training tour guides and "ambassadors" to forge relationships with tourism professionals throughout the state.

38. 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 six talks-discussions about the AAHT during the first year

Objectives:

1a.	Develop appropriate marketing materials
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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
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Program Goal 2:

Host three tours of the AAHT during the first 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
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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.)*

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

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

Data Collection Period: n/a (new program)

Objective 1a.

n/a

Objective 1b.

n/a

Objective 2a.

n/a

Objective 2b.

n/a

40. 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:

n/a

Program Goal 2:

n/a

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

Served	Total Served		Gender		Race				
	FY 2013	FY 2015*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian
urg									

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

Served	Age Groups								Income Levels			
	0-4	5-10	11-13	14-18	18-25	25-40	40-60	60 +	Under \$10,000	\$10,000 - \$19,000	\$20,000 - \$39,000	\$40,000 - \$59,000
urg												

above information is not available, please indicate why:

This is a new program where this type of classification recordkeeping is valuable. We will employ this chart.

Spotsylvania County
Partner Agency Funding Application FY 2015

Program Name:
Exhibits

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:	Exhibits	Is this a new program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Program Contact:	Terry Miller	Title:	Curator
Telephone Number:	(571) 328-8087		
E-Mail Address:	whisperpress@aol.com		

41. 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. For FY15, we will continue with a theme of health care (June through December 2014) and our January through June theme is still to be determined.

42. 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.)*

Preparing exhibits and presenting them to the public is our core competence, and frankly, no organization throughout the entire region does it better than we do. 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.

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

Our target audience is the general public including Spotsylvania and surrounding counties/cities residents and tourists to the region

Spotsylvania County
Partner Agency Funding Application FY 2015

Program Name:
Exhibits

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

Service area is Spotsylvania, surrounding cities and counties, and out-of-area visitors looking for a different tourist experience

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

Only viewed inside of the John J Wright Museum, Spotsylvania

46. 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

47. 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	n/a	n/a	n/a
Fredericksburg	n/a	n/a	n/a
King George	n/a	n/a	n/a
Spotsylvania	3000	3000	3000
Stafford	n/a	n/a	n/a
United Way	n/a	n/a	n/a
Grants	0	0	8500
Client Fees/Memberships*	3000	6000	1000
Fundraising	n/a	n/a	n/a
Other			
Total Program Budget	6000	9000	12500

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.

Monies received from memberships and grants from Spotsylvania County government have always funded our exhibits. For FY15, 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.

48. 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 2014 exhibit (celebrating our 4th anniversary from September through December 2014)

Objectives:

1a. Begin the marketing program for the September exhibit in July, 2014 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:

1,500 people to attend our February 2015 exhibit (throughout the month of February) (NOTE: space allows for only two program goals; we have an additional exhibit planned for FY15 which we anticipate another 1,200 visitors; the total of 3,500 is reflected on the final statistical sheet)

Objectives:

2a. Begin the marketing of the February 2015 exhibit on January 2, 2015 through newspaper blogs, articles, mass mailings, radio shows allowing us an opportunity to talk about the exhibit

2b. Promote a student art contest 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.

49. 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 through September 2013

Objective 1a.

531 visitors to date: 312 for February 2013 exhibit; 219 to date for September 2013 exhibit

Objective 1b.

Financial support from 29 individuals and businesses for our 3rd anniversary. We did not meet our goal of 50 for a number of reasons, primarily because we were still in evaluation-mode of the overall direction we want our museum to take. That process did not complete in time for us to devote full attention to soliciting financial support for the 3rd anniversary.

Objective 2a.

We relied on word-of-mouth for our February 2013 exhibit rather than full-scale marketing because we did not have enough financial support to do so.

Objective 2b.

n/a: we did not sponsor a student art contest for this year

50. 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:

JJW Museum leadership chose to take the period July 1, 2012 through June, 2013 to determine the museum's optimal long-term strategy in light of dwindling funding sources. The leadership has further taken July 1, 2013 to the present to evaluate our status in the reorganized programs that reside inside of the John J. Wright building itself. We cut all costs so that we could focus on exhibit quality and the quality of our collateral material.

We are now able to move forward and focus on properly marketing our museum as the strong resource that it is in this community.

Program Goal 2:

We have two exhibits upcoming in the remainder of FY14. February 2014, we introduce the theme of health care which will take us through the first half of FY15 (December, 2015). In March, 2014 we will celebrate National Women's History Month with a special exhibit from March 1-31. We will begin our marketing of both exhibits in December, 2014. This is a test for us to determine the best media outlets and marketing strategy to use going forward.

Spotsylvania County
Partner Agency Funding Application FY 2015

Program Name:
 Exhibits

Program Service Data: **Service Period:** July 1, 2012 to June 30, 2013

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	1260	3500	Unk	Unk	Unk	Unk	Unk	Unk	Unk	unk	
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													
Stafford													
Other													
Total													

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

We are not a social service agency, and thus, have no need to collect data on this granular level. However, we will consider modification of our sign-in procedures so that we can know our market better and determine ways to expand it.