

# Partner Agency Application for Funding ~ FY 2019

<b>Agency Name:</b>	Lake Anna Civic Association (LACA)				
Physical Address:	None				
Mailing Address/PO Box:	PO Box 217				
City:	Mineral	State:	Virginia	Zip:	23117
Telephone Number:	703 968-2430	Fax Number:			
Federal Tax ID #:	54-1576137				
Web Address:	www.lakeannavirginia.org				
General Email Address:	LACA@lakeannavirginia.org				
<b>Agency Main Contact:</b>	Kenneth Remmers	Title:	Chairman Water Quality/ Grant Writer		
Telephone Number:	703 968-2430				
E-Mail Address:	Remmerskd@verizon.net				

## 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, community involvement, and water quality.

<b>Number of years agency has been in operation</b>	26
<b>Localities Served</b>	Spotsylvania, Louisa, and Orange counties

## REQUIRED items to be submitted with the application: *(include 1 copy of each)*

X IRS 501(c)(3) Letter
X Audit Report <i>(with Audit Management Letter)</i>
X Current Financial statement
X IRS 990
N/A Accountant Contact Information
X Organizational Chart
X Current Board Roster <i>(with contact information)</i>
X Agency's Current Strategic Plan

# Agency Overview

## Purpose/Description

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/ VDH of samples that exceed quality standards as determined by VA DEQ.

## Justification of Agency and Requested Funding

**Please state clearly why this service should be provided to the citizens of Spotsylvania County and why the County should consider this funding request.**

LACA volunteers do all the labor at no cost including providing boats and fuel at no cost. LACA requests grant funding from the surrounding counties to pay for the laboratory analysis of water samples, maintenance of equipment, calibration supplies, and associated coping cost.

## Program Collaboration

**The following should describe, in detail, examples of collaborative efforts and key partnerships between your agency and other programs or agencies in the area.**

LACA works closely with the tri-county quasi-governmental Lake Anna Advisory Committee (LAAC) who endorses this Water Quality Initiative. LACA also works with the Virginia Department of Environmental Quality (DEQ) as a certified collector of water quality data at Lake Anna. LACA's MOA with DEQ outlines each group's responsibilities and avoids any duplication of efforts. LACA works with the VA Department of Health (VDH) who issues any unsafe warnings with the water quality.

## Collaborative Impact

**Please describe how the community would be impacted if your agency were dissolved or merged with another partner agency.**

Spotsylvania residents and recreational users of Lake Anna would not have the Water Quality information provided by LACA. Any unsafe conditions of the water would not be available and possible health issues could occur. Property values would decline with necessary tax revenue reduced to the county.

## **Agency Overview *cont'd***

### **Program Audience and Service Delivery**

The following should describe the agency'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 agency has specific entry or application criteria, please describe it below.

All the citizens and visitors to Spotsylvania County will have Water Quality data for Lake Anna. This will assure safe recreational use of the water.

### **Community Impact**

Please provide at least two examples of how your services have impacted members of our community.

Algae growths due to high nutrients in the water were reported in several locations in Spotsylvania at Lake Anna. This is traced to the high Total Phosphorous measured in water quality measurements. Dock usage was curtailed and anglers were affected due to low Dissolved Oxygen levels.

High bacteria levels were reported in a few locations at Lake Anna. This affected recreational use for several weeks until levels went down.

### **Client Fees**

Please describe the fees clients must pay for the services provided by your agency, and how those fees are determined.

NONE

# Agency Financial Information

Total Agency Expenditures						
	List Program Title/Name	Salary	Benefits	Operating Expenses	Capital Expenses	Total
Program 1	LACA Water Quality Testing			19,000.00		
Program 2						
Program 3						
Program 4						
Program 5						
<b>Total Agency Expenditures</b>				<b>19,000.00</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 in the Salary/Benefits Costs section under Agency Budget Justifications.*

Total Agency Revenues			
	FY 2017 Actual	FY 2018 Budgeted	FY 2019 Projected
Spotsylvania	5,730.00*	7,000.00*	7,000.00
United Way			
Grants DEQ	4,000.00	4,000.00	5,000.00
Client Fees			
Fundraising			
Other <i>(explain below)</i>	5,000.00*	5,000.00*	7,000.00
<b>Total Agency Revenues</b>	<b>14,730.00</b>	<b>16,000.00</b>	<b>19,000.00</b>

\*Requested \$7,000.00

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

Louisa County actual grant of \$5,000 FY17 and budgeted \$5,000 FY18. Requesting \$7,000 for FY19



**On the following page titled "Agency Budget Justifications", please indicate, in detail, reasons for increases or decreases in the amounts requested for FY 2018. 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 agency. In particular, please describe in detail if any increase is sought for new positions or personnel.**

# Agency Budget Justifications

## Salary/Benefit Costs

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.

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 five years but this can no longer be done.

## Operating Costs

In the box below, provide an overview of the administrative costs detailed on the Total Agency Expenditures table for the agency as a whole. Please provide justification for and specific amounts of operating costs that are defrayed by locality funds. If your agency is requesting an increase or decrease in operating funding, please describe, in detail, the reasons for these changes.

NONE

## Capital Outlay Costs

In the box below, provide an overview of the capital costs detailed on the Total Agency Expenditures table for the agency as a whole. Please provide justification for and specific amounts of capital costs that are defrayed by locality funds.

NONE REQUESTED

## Agency Budget Issues

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.

NONE

## Other Agency Information?

Is there any additional information that the agency would like to provide, and that hasn't already been provided in this application, that will help Spotsylvania County in the review of your application and funding determination?

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, and with Louisa and DEQ support provides the necessary tools to keep this program working.

**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	All	All								
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	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													
<b>Total</b>													

**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:**