

**2020 APPLICATION FOR GRANT AWARD OF 2021
SHAWNEE COUNTY
SERVICE PROGRAMS FOR THE ELDERLY (SPE)**

Cover Page

Applicant Agency	
Agency Director	
Street Address	
City, State, Zip	
Phone and Email	
IRS Employer ID Number	

Funding from this source (by program):

Program Name(s):

Total Request		

Briefly summarize the program. Identify the cost changes which account for the difference between current funding and requested funding in 60 words or less.

Please number all pages and indicate here which forms are on which page(s)

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FORM 1

AGENCY SUMMARY

1. What is the agency's total budget request contributed by this source as compared to the total agency revenue?

Year	2019	2020	2021
% of Budget Program 1			
% of Budget Program 2			
% of Budget Program 3			
% of Budget Program 4			

2. What is the program's total budget request contributed by this source as compared to the total program revenue?

Year	2019	2020	2021
Program 1			
Program 2			
Program 3			
Program 4			

3. What is the percentage rate of the agency's total budget request contributed by all funding sources?

Sources	% of Budget
Fee for Service	
County	
State	
City	
Federal	
United Way	
Donation	
Fundraising Total	
Misc. Grants	
Other	

FORM 2

AGENCY RESPONSIBILITY – BOARD CONTROL

1. Submit a list of current officers and members of the Board of Directors, including name, address, and position on board.

Attach List

2. Board Composition:

How is the Board representative of community and of people served by your agency? Indicate number of board members in each of the following categories:

	No.	Pct.
Men		
Women		
Black		
Hispanic		
Native American		
White		
Asian		
Persons with Disabilities		
Other		
Total		

3. What has been the average board attendance percentage over the last 3 years?

Year	2018	2019	2020 (YTD)
% of Attendance			

BUDGET FORM 3

CURRENT SERVICES INCOME BY NATURAL ACCOUNT

AGENCY NAME

	2018 Audited Actual	2019 Actual	2020 Proposed Budget	2021 Projected Budget	Foot note
Contributions					
Net Proceeds Fundraising					
Other Funds (list)					
United Way of Greater Topeka					
Fees and Grants from Government Agencies (list)					
Membership Dues					
Program Income					
Sales					
Investment Income					
Miscellaneous					
TOTAL SUPPORT/REVENUE DIRECT					
Percent increase from this source					
Percent increase all other sources					
TOTAL EXPENDITURES (from Form 4)					
Percent increase in Expenditures					
SUBTOTAL – Revenue minus Expenditures					
Inter-fund Transfers & Other Reconciling Items**					
Total Increase (Decrease) in Net Assets*					
Net Assets – Beginning Bal.*					
Net Assets – Year-End Bal.					

*Net Assets include both unrestricted and temporarily restricted funds

** From Form 5

Corporate or Board Officer

Date

If required by submitting agencies by-laws

Budget Form 3 2020

BUDGET FORM 4

CURRENT SERVICES EXPENDITURES BY NATURAL ACCOUNT

AGENCY NAME

	2018 Audited Actual	2019 Actual	2020 Projected Actual	2021 Proposed Budget	Foot note
EXPENDITURES FOR CURRENT SERVICE OPERATIONS					
Salaries:					
Salary Staff					
Hourly Staff					
Employee Health & Retirement Benefits					
Employee Taxes, etc.					
Contractual Services (Audit, etc.)					
Supplies					
Cost of Sales					
Equipment and Other Fixed Assets					
Utilities					
Insurance/Bonding					
Rent or Mortgage					
Maintenance/Repair					
Other (specify)					
Direct Assistance to Clients					
TOTAL EXPENDITURES					

BUDGET FORM 5

AUDITED STATEMENT OF FINANCIAL POSITION

Please replace this page with a copy of your most recent audited Statement of Financial Position. If this is unavailable, please replace with you year-end unaudited Statement of Financial Position.

BUDGET FORM 6
PROFIT AND LOSS STATEMENT

**Please replace this page with the most recent unaudited Profit
& Loss Statement.**

FORM 7

Please provide a position list for 2019 (actual) program labor costs.

Please provide a position list for 2020 (proposed) program labor costs.

Please provide a position list for 2021 (projected) program labor costs.

BUDGET FORM 8

PROGRAM BENEFICIARY STATISTICS ACTUAL DATA FOR 2019

AGENCY NAME

Program Name(s)

1. Unduplicated Count of Program Beneficiaries (TOTAL)							
2. AGE GROUP							
2a.							
2b.							
2c.							
2d.							
2e.							
3. SEX							
3a. Male							
3b. Female							
4. ETHNIC BACKGROUND							
4a. White							
4b. Black							
4c. Hispanic							
4d. Native American							
4e. Asian American							
4f. Not known							
5. Location of Residence List by Zip or Census Tract							
5a.							

5b.							
5c.							
5d.							
5e.							
5f.							
6. INCOME LEVEL							
6a. Below 50% of* Median Income							
6b. Above 50%/Below 80%**							
6c. All Others							
6d. Income Unknown							

PROGRAMS FOR WHICH FUNDING IS REQUESTED FORM 9

PROGRAM(S) INFORMATION

AGENCY NAME:

PROGRAM NAME:

FULL ADDRESS(S) WHERE PROGRAM OCCURS:

(PLEASE COMPLETE THIS FORM FOR EACH PROGRAM FOR WHICH FUNDING IS REQUESTED)

1. Program Name:

2. Program description as you would want the program described to consumers

3. Licensure, Accreditation and/or Certification (Complete if required for program's operation)
 - a. By whom:
 - b. As what:
 - c. Date renewed:

4. Number of years of continuous operation, and anticipated termination date of program (if applicable).

5. Number of years this program had received funding capacity (if applicable).

6. Program Utilization (see instructions)

	Unduplicated Count	Capacity
a. Number of unduplicated individual's actually served in 2019		
b. Projected for 2020		
c. Proposed for 2021		
d. Number not served (on waiting list)		

7. Actual use (daily census) participation rate for the most recent four quarters:

April-June 2019

July-Sept. 2019

Oct.-Dec. 2019

Jan-March 2020

FORM 9A PROGRAM(S) INFORMATION CONTINUED

8. Fee structures/scales (please attach if applicable).

9. What community problem(s) or need(s) does this program address?

10. Who are your client populations?
 - 10a. What are the program outcome goals? (What difference will your program make for participants or the target population?)

 - 10b. What measure(s) or units will be used to compute cost per successful program outcomes?

 - 10c. Specify the cost per unit for program outcomes.

11. Provide justification for the proposed unit costs for outcomes.

FORM 9B PROGRAM(S) INFORMATION CONTINUED

12. List the specific program activities that help the client reach their outcome or goal.

13. Give examples of how client outcome results are used to change or improve the program.

14. Please list community organizations with whom this program collaborates and give examples of how this program works with these organizations to deliver the services efficiently and effectively.

15. What donated goods and/or volunteer services do you receive that add value to this program?

FORM 9C PROGRAM(S) INFORMATION CONTINUED

16. Tell why the program needs the requested support. Summarize the program and cost changes which account for the difference between current funding and the request, if any. Describe how the requested funding relates to program performance and client outcomes.

17. Describe unit of service used to compute unit cost of this program. This is different than outcome cost. Be sure to list total unit cost in the proposed budget by program Form 6 (at the bottom of page).

ACTUAL BUDGET BY PROGRAM(S) 2019 FORM 9D

18.

REVENUE FOR THIS PROGRAM (SHAWNEE COUNTY PROGRAM(S) for the ELDERLY [SPE] GRANT)	Program 1	Program 2	Total for Programs Funded by This Source	All Other Programs & Expenses Not Funded by Source	Foot note
INCOME & REVENUE					
Request from Source					
Contributions Unrestricted					
Contributions Restricted					
Fund Raising & Special Events					
Contributed by Associated Orgs.					
Allocated by United Way					
Government Income (other than this)					
Program Generated Support					
Other Earned Income					
TOTAL REVENUE					
PERCENT THIS SOURCE					
EXPENDITURES FOR THIS PROGRAM					
Salaries					
Employee Health & Retirement Benefits					
Employee Taxes, etc.					
Audit and Contractual Services					
Supplies					
Cost of Sales					
Equipment and Other Fixed Assets					
Insurance/Bonding					
Rent or Mortgage					
Maintenance/Repair					
Direct Assistance to Clients					
Other (specify)					
SUBTOTAL PROGRAM EXPENDITURES					
INDIRECT COSTS					
Unit of service					
Unit cost					

Program Budget Form 9D 2020

*If more than 2 programs copy this page as need for additional programs.

PROPOSED BUDGET PROGRAMS(S) 2020 FORM 9E

19.

REVENUE FOR THIS PROGRAM (SHAWNEE COUNTY PROGRAM(S) For the ELDERLY [SPE] GRANT)	Program 1	Program 2	Total for Programs Funded by This Source	All Other Programs & Expenses Not Funded by This Source	Foot note
INCOME & REVENUE					
Request from Source					
Contributions Unrestricted					
Contributions Restricted					
Fund Raising & Special Events					
Contributed by Associated Orgs.					
Allocated by United Way					
Government Income (other than this)					
Program Generated Support					
Other Earned Income					
TOTAL REVENUE					
PERCENT THIS SOURCE					
EXPENDITURES FOR THIS PROGRAM					
Salaries					
Employee Health & Retirement Benefits					
Employee Taxes, etc.					
Audit and Contractual Services					
Supplies					
Cost of Sales					
Equipment and Other Fixed Assets					
Insurance/Bonding					
Rent or Mortgage					
Maintenance/Repair					
Other (Specify)					
Direct Assistance to Clients					
SUBTOTAL PROGRAM EXPENDITURES					
INDIRECT COSTS					
Unit of service					
Unit cost					

Program Budget Form 9E 2020

*If more than 2 programs copy this form as need for additional programs.

PROJECTED BUDGET PROGRAMS(S) 2021 FORM 9F

20.

REVENUE FOR THIS PROGRAM (SHAWNEE COUNTY PROGRAM(S) For the ELDERLY [SPE] GRANT)	Program 1	Program 2	Total for Programs Funded by This Source	All Other Programs & Expenses Not Funded by This Source	Foot note
INCOME & REVENUE					
Request from Source					
Contributions Unrestricted					
Contributions Restricted					
Fund Raising & Special Events					
Contributed by Associated Orgs.					
Allocated by United Way					
Government Income (other than this)					
Program Generated Support					
Other Earned Income					
TOTAL REVENUE					
PERCENT THIS SOURCE					
EXPENDITURES FOR THIS PROGRAM					
Salaries					
Employee Health & Retirement Benefits					
Employee Taxes, etc.					
Audit and Contractual Services					
Supplies					
Cost of Sales					
Equipment and Other Fixed Assets					
Insurance/Bonding					
Rent or Mortgage					
Maintenance/Repair					
Other (specify)					
Direct Assistance to Clients					
SUBTOTAL PROGRAM EXPENDITURES					
INDIRECT COSTS					
Unit of service					
Unit cost					

Program Budget Form 9F 2020

*If more than 2 programs copy this form as need for additional programs.

SCHEDULE OF POSITIONS AND SALARIES FORM 9G

1 Program Positions and Salaries

Supporting Actual Expenditures and Budget Estimates for Agency Staff

Use this form to list all positions for the proposed program and the percent of time each is costing to the program. If you have only one program and all positions are listed on Form 7, you may omit this form.

PROGRAM NAME

Acct. No.	Classification (List Individual Positions)	2018	2019	2020			
		Audited Actual	Projected Actual	Overall Total Amount Proposed	2021 Percent Charged to SPE Program	Dollar Increase or (Decrease) Over Prior Year	Foot note
	Professional Staff:						
	Subtotals						
	Clerical Staff:						
	Subtotals						

Maintenance Staff:							
	Subtotals						
Other Staff:							
	Subtotals						
Totals							

Form 9G - 2020

*If more programs copy this form as needed for additional programs.

RESULTS FORM 10

Program Results For 2019

Outputs: Number of Activities

Measure	Budgeted Last Year 2019	Actual Last Year 2019	Projected This Year 2020	Proposed New Year 2021	Foot note
Example: # of counseling sessions	200	250	190	200	

How have you used the output data to improve your program?

Outcomes: Client Benefits

Outcome and Indicator	Budgeted Last Year 2019	Actual Last Year 2019	Projected This Year 2020	Proposed New Year 2021	Foot note
Example: "90% of the children graduation from the program will be able to demonstrate all skills in the Ready to Learn Checklist"	79.0%	70.0%	75.0%	80.0%	

How have you used the outcome data to improve your program?

Strategic Plan FORM 11

Please replace this page with a copy of your most current strategic plan.