



City of Lawrence

2016 Social Service Funding Application – Non-Alcohol Funds

Applications for 2016 funding must be complete and submitted electronically to the City Manager's Office at ctoomay@lawrenceks.org by 5:00 pm on Friday, May 15, 2015. Applications received after the deadline or not following the attached format **will not** be reviewed by the Social Service Funding Advisory Board.

General Information: Each year, the City Commission considers requests for the allocation of dollars to a number of agencies that provide services benefiting the Lawrence community. These funds are to be used to support activities that align with the Community Health Plan which was developed with input from many people throughout the community. The five areas for the plan are listed below:

- Access to healthy foods
- Access to health services
- Mental health
- Physical activity
- Poverty and jobs

More information on the Community Health Plan can be found at <http://ldchealth.org/information/about-the-community/community-health-improvement-plan/>.

Applications will be reviewed by the Social Service Funding Advisory Board at meetings held from 8:00 a.m. to 12:00 p.m. on May 27. **Applicants are asked to make a contact person available by phone at that time in case questions arise.**

Following their review, the Advisory Board will forward recommendations for funding to the City Commission. Recommendations will be based upon the following criteria:

- availability of city funds
- the stated objectives of the applicant's program
- alignment of the program with the Community Health Plan
- the efforts to collaborate and create a seamless system of support for residents
- outcomes that move program participants from total dependency toward measurable levels of independence
- ability to measure progress toward the program objectives and the Community Health Plan
- past performance by the agency in adhering to funding guidelines (as appropriate)

The final decision regarding funding will be made by the City Commission when they adopt the Annual Operating and Capital Improvement Budget in August.

Please note that funds will be disbursed according to the following schedule unless otherwise agreed to in writing:

- First half of funds will not be disbursed before April 1
- Second half of funds will not be disbursed before October 1

Questions? Contact Casey Toomay, Assistant City Manager at ctoomay@lawrenceks.org or at 785-832-3409.



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SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: Lawrence Community Shelter, Inc.
Name of Program for Which Funding is Requested: Bus Passes
Primary Contact Information (must be available by phone 5/27/15 from 8 a.m. to 12:00 p.m.)
Contact Name and Title: Brian E. Blevins, Executive Director
Address: 3655 East 25th Street
Telephone: 785-832-8864 Fax: 785-832-1053
Email: BrianB@lawrenceshelter.org

SECTION 2. REQUEST INFORMATION

- A. Amount of funds requested from the City for this program for calendar year 2016: \$15,600
B. Will these funds be used for capital outlay (equipment or facilities?) If so, please describe: NO
C. Will these funds be used to leverage other funds? If so, how: Each agency will be using these funds to leverage additional funds for bus passes through private donations and other grant opportunities.
D. Did you receive City funding for this program in 2015? If so, list the amount and source for funding (i.e. General Fund, Alcohol Fund, etc.): YES, \$15,600 from the city of Lawrence
1. How would any reduction in city funding in 2016 impact your agency? A reduction in funding would impact the ability of our guests with no or limited income to commute into the community for employment, housing, and health issues.
2. If you are requesting an increase in funding over 2015, please explain why and exactly how the additional funds will be used: No increase requested.

SECTION 3. PROGRAM BUDGET INFORMATION

- A. Provide a detailed budget for the proposed program using the following categories: personnel (list each staff position individually and note if new or existing), fringe benefits, travel, office space, supplies, equipment, other.
Bus Passes (15,600 x \$1)=\$15,600
Program Expense Total = \$15,600
B. What percent of 2016 program costs are being requested from the City? 100%
C. Provide a list of all anticipated sources of funding and funding amount for this program in 2016:
City of Lawrence \$15,600

SECTION 4. STATEMENT OF PROBLEM / NEED TO BE ADDRESSED BY PROGRAM

- A. Provide a brief statement of the problem or need your agency proposes to address with the requested funding and/or the impact of not funding this program. The statement should include characteristics of the client population that will be served by this program. If possible, include statistical data to document this need.
The purpose of these funds is to aid the homeless population in Lawrence who cannot afford public transportation to gain access to public transportation in order to seek and gain employment, find housing, make and keep medical or legal appointments among other activities. Transportation is one of the largest barriers facing the homeless population and these funds will clear obstacles that currently stand in their way.
B. How was the need for this program determined?
C. Why should this problem/need be addressed by the City?
This need should be addressed by the city because as a social service agency and with the clients we serve, the ability to utilize public transportation is imperative for all in job searching, medical appointments, and court dates.
D. How does the program align with the Community Health Plan (see page one)?
It aligns with the program because it falls within the guidelines of transportation.

SECTION 5. DESCRIPTION OF PROGRAM SERVICES

- A. Provide a brief description of the service you will provide and explain how it will respond to the need you

identified in Section 4. The description should include how many clients will be served, and should describe as specifically as possible the interaction that will take place between the provider and the user of the service.

- B. What other agencies in the community are providing similar types of services. What efforts have you made to avoid duplication or coordinate services with those agencies?

Other agencies in the community provide bus passes to clients with no or little income, those agencies include: The Willow Domestic Violence Center, Catholic Charities, and The Salvation Army. We only provide passes to clients at LCS and regularly are in communication with other agencies as to avoid duplication.

SECTION 6. PROGRAM OBJECTIVES

Please provide three specific program objectives for 2016. Objectives should demonstrate the purpose of the program and measure the amount of service delivered or the effectiveness of the services delivered. A time frame and numerical goal should also be included. Examples include, "75% of clients receiving job training will retain their job one year after being hired," "increased fundraising efforts will result in a 15% increase in donations in 2016," "credit counseling services will be provided to 600 clients in 2016," etc. **Applicants will be expected to report their progress toward meeting these objectives in their six-month and annual reports to the City.**

Objective 1: 7500 bus passes used for job seeking opportunities

Objective 2: 5000 bus passes used for health related appointments

Objective 3: 1100 bus passes used for access to court and or legal services

Objective 4: 2000 bus passes used for housing opportunities