

COVER PAGE

(Please Print or Type)

NAME OF
AGENCY/ORGANIZATION: _____

FEDERAL Non Profit ID # (ex. 501-C3#): _____

AGENCY/ORGANIZATION
CONTACT PERSON: _____

AGENCY/ORGANIZATION
MAILING ADDRESS: _____

AGENCY PHONE NUMBER: _____

AGENCY FAX NUMBER: _____

AGENCY E-MAIL ADDRESS: _____

AMOUNT OF SENIOR
LEVY FUNDS REQUESTED: _____

_____ CHECK THIS STATEMENT IF YOU ARE APPLYING FOR
SENIOR LEVY DOLLARS TO SUPPORT A ONE-TIME ONLY
EQUIPMENT EXPENSE.

_____ CHECK THIS STATEMENT IF YOU ARE APPLYING FOR
SENIOR LEVY DOLLARS TO SUPPORT ONGOING
ADMINISTRATION AND SERVICES EXPENSES.

ENCLOSURES: Knox County Senior Levy 2010 Application for Funding – 9 Pages
Application Instructions – 4 pages

SENIOR LEVY ADVISORY BOARD PURPOSE STATEMENT

“It is the purpose of the Knox County Senior Levy Advisory Board to recommend the allocation of funds on a non-partisan, non-discriminatory basis for use by Knox County non-profit organizations/agencies for programs that directly serve the county’s senior citizens”.

The Knox County Senior Levy Advisory Board will consider applications for funding senior services during the year April 1, 2010 through March 31, 2011. Non-profit, tax-exempt agencies seeking funds should demonstrate how their services can meet the needs of Knox County’s senior citizens and serve to assist them to remain in independent settings. Services that will be considered by the board include but are not limited to nutrition, transportation, homemaker, chore, health care, and other supportive services for Knox County senior citizens who are 60 years of age or older.

The Application Form is due at the Knox County Commissioners office no later than **4:00 PM on January 14, 2010**. Contact Rochelle Shackle with any questions, 740-393-6703 or rochelleshackle@co.knox.oh.us.

Submit an ORIGINAL and six (6) additional copies of the application to:

**The Knox County Commissioners Office
Attn: Knox County Senior Levy Advisory Board
117 East High Street, Suite #161
Mount Vernon, Ohio 43050**

ADDITIONAL INFORMATION

1. **Note:** Only those applications received on or before January 14, 2010 will be considered for funding during program year 2010 (April 1, 2010 through March 31, 2011).
2. The Knox County Senior Levy Advisory Board (KCSLAB) will schedule hearings to occur beginning in February after review of all received applications. The KCSLAB will schedule the hearings through each agency’s identified contact.
3. The Knox County Senior Levy Advisory Board will review applications of service providers and make recommendations to the Board of County Commissioners for final approval.
4. No question on this application is used for the purpose of limiting or excluding any organization/agency’s consideration for senior levy funds or guaranteeing the appropriation thereof.
5. Please answer all questions on this application to the best of your knowledge. Some questions may not be applicable to your organization/agency please indicate as NOT APPLICABLE – N/A.

STRUCTURE & SCOPE OF SERVICES

1. Provide a copy of documentation to support current tax-exempt status for new Knox County Levy applicants or for those whose information has changed during the last year.
2. Provide a current table of organization starting with a list of your Board of Directors and including the Officers of the organization/agency.
3. Provide a brief summary of organization/agency programs and description of services provided to seniors. Specifically note the needs and programs for which the agency is seeking senior levy funding. (2-page limitation).
4. What are the top three (3) priorities of the organization? How would this change in the event of a funding shortfall?
5. Identify any new or extended programs created in the last year as well as programs that were eliminated during the past year.
6. Submit only one copy of your organization's marketing materials which you distribute to seniors in your organization/agency. (It is not necessary to submit multiple copies of this material with your application.)

STATISTICS

1. What is the number of Knox County seniors your organization assisted in calendar year 2009?
2. What was the geographic area of seniors your organization/agency assisted in 2009? What is the geographic area you intend to serve during 2010?
3. Provide a detailed breakdown of services provided to seniors (e.g. Congregate Meals, Home-delivered Meals, Transportation for medical or socialization purposes, Personal care, Homemaker/Home Health Aide Services, Chore Services, Home Visits, clothing, Health related services, Outreach Programs, Information & Referral advice and assistance, senior volunteer opportunities).
4. Provide a description of your process for tracking and reporting the number of seniors your organization assisted in 2009?
5. Provide an explanation if your organization assisted fewer seniors in calendar year 2009 when compared to the prior calendar year.
6. Provide the projected number of seniors by service that your organization intends to serve during the period April 1, 2010 through March 31, 2011 and how the levy money will be used to assist them. In addition, provide a similar estimate of the number of seniors which you anticipate serving during the period April 1, 2011 through March 31, 2012

COLLABORATION

1. How does your organization/agency cooperate and coordinate with other organization/agencies in the delivery of services?
2. Identify your collaborative partners, the role of each partner and how they benefit your organization/agency.
3. How do you ensure that your organization/agency is accessible for seniors, focusing on issues such as: hours of operation, customer service and location?
4. To what extent will Senior Levy funds granted through this process be used as 'match' to gain additional funding through local, state or federal programs?

PROGRAM QUESTIONS REGARDING MANAGEMENT OF AGENCY RESOURCES

1. Identify and explain any unexpected changes of 10% or more (increase or decrease) in revenue and/or expenses from the previous year and its impact on delivery of services to seniors.
2. What is the organization/agency's plan for generating/increasing other revenue to meet its budgetary needs?
3. Provide a copy of your most recent strategic plan. (3-5 year plan)
4. How do you recruit or encourage volunteers? How are the volunteers utilized? How many volunteers are involved in the delivery of services?
5. Describe how the program utilizes in-kind donations of goods and services.
6. Describe the manner in which your agency solicits donations from seniors.
7. Describe the complete process your agency uses when sub-contracting services to another entity. Points to be addressed include;
 - a. Identify each service to be sub-contracted and your expectations for the service,
 - b. Describe the manner in which you will ensure an open, fair, competitive bid & selection process,
 - c. Provide details on the length of the contract along with beginning and ending dates,
 - d. What standards will you use to ensure that the selected entity is qualified to provide the service,
 - e. What provisions have you made to assure that seniors served by the sub-contractee are both satisfied by the service and are not subjected to abuse or neglect from the sub-contractee,
 - f. Provide assurance that the unit of service is compatible with Senior Levy reporting structure and
 - g. Identify the amount of anticipated consumer donation for each service.

8. Is there a waiting list for any services? _____ YES _____ NO

- If yes, please identify the number of seniors in Knox County waiting for each service.
- How long on average do these individuals remain on the waiting list?
- How are the needs of these individuals being met while on the wait list?
- What is your procedure for moving people from the waiting list?

AGENCY BUDGET

1. Complete the attached 2010 Budget Request Form located on pages 6, 7 & 8. In completing page 6, provide a list of all income sources and amounts which encompass 2009 actual income and 2010 projected income. A separate page 8 is to be completed for each service (e.g. nutrition, transportation, homemaker, chore, clinic visits, assessment visits, etc.) for which senior levy funds are being requested.
2. What date was your organization/agency last audited? A copy of this audit shall be provided. What company or individual(s) conducted the audit? Include their address and phone number.
3. Provide a copy of organization/agency's 2009 Financial Statements, which includes detailed information on how the senior levy money was used.
4. List any asset purchases (e.g. vehicles or computers) which you anticipate will be needed during 2010 and 2011.

KNOX COUNTY SENIOR LEVY BUDGET FORM (2010)

Agency: _____

EXPENSES	2009 Gross Expenses	2009 Senior Levy Expenses	2010 Projected Expenses	2010 Senior Levy Requested Amount	2011 Senior Levy Projected Amount
1. Salaries – attach listing of all positions and costs					
2. Employee benefits – attach listing of all positions and costs					
3. Payroll taxes – attach listing of all positions and costs					
4. Professional fees					
5. Office Supplies					
6. Telephone/ Computer					
7. Postage/Shipping					
8. Occupancy (Rent or Mortgage/Utilities)					
9. Insurance					
10. Travel					
11. Conference & Meetings					
12. Additional costs associated with supplying services (provide itemized list of expenses for each service: e.g. chore).					
13. Employee welfare and volunteer recognition					
14. Printing, Public Relations & Publications					
15. Designated Reserves					
TOTAL:					

KNOX COUNTY SENIOR LEVY BUDGET FORM (2010)

Agency: _____

INCOME	2009 Income	2010 Projected Income
1. Carry-over from prior year – identify all sources below.		
2. Support from Senior Levy		
3. Senior Donations		
4. Proceeds from special events – fundraising		
5. Legacies, Bequests or Endowments		
6. Government grants and/or Contracts		
7. Charitable Donations (United Way or other private sources)		
8. Contract Fees from Services Rendered		
9. Investment Income		
10. Other Income		
TOTAL		

Include all assets which are used towards provision of services e.g. vehicles, buildings, computer/office equipment (attach separate list if needed).

ASSET SCHEDULE	Year Acquired	Depreciable Y/N	Projected Life	Program/Service
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
TOTAL				

Additional Information:

KNOX COUNTY SENIOR LEVY BUDGET FORM (2010) - Agency: _____

Complete this page for each service which is to be funded in whole or in part by Knox Senior Levy dollars.

Service: _____	Income and Costing Projection for program year 2010									
# Units: _____ Unduplicated Count: _____	Carry-over from 2009	Support from Senior Levy	Senior Donations	Proceeds from Special Events	Legacies, Bequests, Endowments	Government grants and/or contracts	Local Charitable Donations e.g. United Way or churches etc.	Contract fees from services rendered	Investment income	Other Income
Personnel:										
- salaries										
- Employee Benefits										
- Taxes, Fees										
Equipment Purchases:										
- Describe below										
Fleet Expenses:										
- lease/purchase payments										
- maintenance costs										
- fuel										
- insurance										
- other costs (describe below)										
Fixed Site costs:										
- lease/mortgage										
- utilities										
- insurance										
- communication/ computing										
- office supplies										
- printing/marketing										
Other General Administration Costs:										
- conferences/meetings										
- Travel										
- Volunteer Recognition										
Other:										

SIGNATURES

I hereby certify that information provided in this application is true and correct to the best of my knowledge.

Organization/Agency Board President or Chairperson

Date

Chief Financial Officer or Treasurer

Date

Executive Director/President

Date

Senior Levy Application Instructions

The Knox County Senior Levy Advisory Board encourages the purchasing of supplies and services from Knox County companies and agricultural producers to serve the local interest. Supporting our farm community and providing fresh local products benefits our seniors, farmers and community and further aids in making Knox County a community taking care of itself.

COVER PAGE

Provide your organization/agency name, non-profit federal tax identification number, name of contact person, agency mailing address, agency phone number, agency fax number, and agency's e-mail address. If your agency does not have a fax number or e-mail address indicate NOT APPLICABLE. Indicate on the line the amount of dollars your agency is requesting from the Knox County Senior levy.

Identify by checkmark if you are requesting senior levy dollars for any one-time equipment purchases.

Identify by checkmark if you are requesting senior levy dollars for any ongoing administration and service expenses.

Submit your application form - ORIGINAL and six (6) additional copies - to the Knox County Commissioners office no later than **4:00 PM on January 14, 2010**.

ADDITIONAL INFORMATION

The additional information page provides the applicant with basic information on the manner and timelines by which the Knox County Senior Levy Advisory Board (KCSLAB) will review the various requests for funding and make recommendation to the Knox County Commissioners. Any non-profit organization or agency which provide programs or services to Knox County's senior citizens who are 60 years of age or older is welcome to apply for senior levy funds. The KCSLAB is seeking to fund services that promote a senior's ability to remain independent in the community. These services could include but are not limited to congregate meals, home delivered meals, health care, transportation, personal care, home visits, chore services, clothing, health related services, outreach programs, information and referral advice and assistance.

STRUCTURE & SCOPE OF SERVICES

Completion of this section will provide information on the organization's structure, tax-exempt status, mission, services provided and the organization's near term future vision.

1. Enclose a single copy of organization/agency tax- exempt document.
2. Complete as requested.
3. Describe the services and programs your organization/agency provides to seniors.
4. List the top three priorities that your organization/agency considers most important. Describe the process that your agency uses to handle unanticipated funding shortfalls.

5. Complete as requested. Describe the basis for seeking any new programming or service expansion and for the loss of any recent programs or service contraction.
6. Provide one sample packet of brochures, newsletters, invitations, etc. that are used by your organization/agency when conducting outreach activities to seniors. KCSLAB will review the single packet of materials during its review process. It is not necessary to provide more than one packet.

STATISTICS

The Knox County Senior Levy Advisory Board is interested in understanding how effective your programs have been. Unduplicated counts of seniors receiving a service as well as counts of service units actually provided allow us to gain an understanding of your reach within your service area. It is useful to provide measures that indicate by service the numbers of seniors who typically receive services daily, monthly, annually as well as having unduplicated counts of seniors. Getting a breakdown of service costs will help the KCSLAB to understand your costs in providing services. Costs should be identified by service in such a manner as to clearly show the organization's total expenses, the amount and percentage paid by the levy and a unit cost for each service during 2009.

Additionally, the KCSLAB is aware that there exists some duplication of services throughout the county. While there are legitimate reasons to encourage consumer choice, the county does not want to incur unnecessary added costs by having multiple, overlapping service providers.

1. Complete as requested.
2. What Knox County area did your organization/agency assist during 2009 and what areas do you anticipate serving in 2010 if given senior levy funding?
3. Detailed means an accurate accounting of services rendered such as: If your organization/agency provided transportation, identify the # of one-way trips and the # of seniors who benefited from the transportation. If your organization/agency provided meals, provide counts of those who benefited from this service.
4. Describe your process for collecting, inputting and reporting the number of seniors your organization assisted.
5. Complete as requested.
6. How many Knox County seniors do you project to serve in 2010 and 2011? Explain in detail if your organization is creating additional activities or programs to assist these seniors.

COLLABORATION

The Knox County Senior Levy was approved to ensure that needed services continue to be available to Knox County senior citizens. Many services that are provided to seniors also receive funding through other agencies and funding streams. In some ways, it is conceivable that the levy funding could be used to gain additional federal and state dollars and/or be used to provide needed services not otherwise available through Older Americans Act, Community Services Block grants or through Medicaid and Medicare. As a service provider, your organization is often competing with other Knox County entities to serve the same population. In this section, the focus is describing how your agency interacts with other entities to assure that services are rendered cost effectively and in a manner that supports consumer choice.

Provide a description of steps your agency takes to assure consumer access to your programs. Identify any obstacles to collaboration that impact your agency and servicing the needs of senior citizens.

Since funds are limited, it is important to assure if service provision results in gaining additional dollars into the county that would otherwise not be available. We are asking that you identify specific areas where Senior Levy funds are used as matching funds for gaining additional program and service dollars. An example would be receiving funds through the Nutrition Services Incentive Program (NSIP). Note the amount of additional funds you anticipate receiving during 2010.

PROGRAM QUESTIONS REGARDING MANAGEMENT OF AGENCY RESOURCES

Explain any significant changes in revenue and/or expenses that occurred during the last year. Describe the impact of these changes on your budget for 2010 and beyond. What changes have you made or are expecting to make to account for any shortfall from prior funding levels you received?

Many organizations make use of volunteers. Describe the manner in which your organization uses volunteers in the delivery or support of senior services.

Describe in detail the process your agency will use when sub-contracting services (e.g. meals, chore and homemaker services) to another agency.

Some services which gained in popularity have identified more need than the amount of service which is available. Usually, an organization will create a waiting list for the service. If your organization experienced a need to create a waiting list, then identify the average number of individuals who waited for each program, the average length of wait for individuals to receive services, and how the needs of these individuals are met while they are waiting for the program. Finally, describe the process used by your agency to determine who next moves off the waiting list.

AGENCY BUDGET

Provide a copy of your most recent audit report.

1. Budget Request Form is located on pages 6, 7 and 8. Page 6 is a description of the organization's expenses. The columns represent recent history as well as anticipated expenses for 2010 and 2011. The Senior Levy columns identify the amounts your agency received during program year 2009 as well as the amount you are seeking for 2010 and a projection of what you hope to receive in 2011. The 2011 figure is only an estimate. All employee lists are to be by position title and **not** include the name of the individual holding each position.

Note that our interest in 2011 is to understand future needs (for example start up costs for new programs or replacement or purchase of vehicles, food storage systems, or computer systems).

Items 1-3 should include all salaries and wages paid to the organization/agency regular and temporary employees and contractors/consultants. Also include Employee Benefits such as retirement, health insurance, life insurance, etc. and all required payroll taxes.

Items 4-11 Administration and overhead: costs should include supplies, telephone, postage and shipping, occupancy, equipment rental maintenance, printing and publications.

Item 12 Specific Program costs: Include related costs for each service that are integral to the delivery of the service. Examples include required trainings for certification activities needed by food preparers or delivery staff, fuel costs for agency-owned vehicles which are used to deliver services. Include all costs of conducting and attending meetings.

Membership Dues: Dues/fees paid to other organizations or cost of dues for individual membership of staff members in organizations relevant to agency function.

Page 7 contains two charts. The first chart is a listing of all funds received as income or carried over from a previous year. For item 1, identify the total amount of carry-over funds. Then use the Additional Information box at the bottom of page 7 to specifically identify each source and amount that comprises your carryover funds. Item 2 "Support from Senior Levy" for 2010 Projected Income should agree with the amount entered on Page 6 Total box for 2010 Senior Levy Requested Amount column. Completion of the 2010 Income Projections column will provide the KCSLAB with an understanding of the impact of levy dollars in the agency's operation. Identify the dollar amount that your organization/agency is holding in reserve for future capital improvements such as repairs and replacement for major capital fixed assets etc. Also include the amount of Senior Levy dollars that have been carried over from previous years.

The second chart identifies all assets that are used by the agency/organization in the provision of services to Knox County seniors. This will serve to identify any major items that support your services program and which would likely need to be replaced at some time in the future. Attach a separate page if more space is needed.

Page 8 is to be completed for each service that you offer for which you are seeking Knox County Senior Levy funding. Include your estimate for the number of units which will be delivered along with an estimate of the unduplicated count of seniors who will receive this service. This information will be used to estimate and compare service costs across the county. The service, service definition and unit measurement are the same as used when submitting reports to the KCSLAB.

Nutrition Services = 1 meal; Transportation (in-county) = 1 one-way trip; Transportation (out of county) = 1 round trip; Homemaker/Inside chore = 1 hour as well as each event; Outside Chore/mowing = either 45 minutes or 1 hour as well as each event;

Senior Health Clinics = 1 consumer visit; RSVP/Foster Grandparent = 1 volunteer hour; Assessment = 1 consumer visit

2. 3. and 4. Complete as requested.

SIGNATURES

Complete as requested.

Knox County Senior Levy

Instructions for 2010 Application – pg. 13