

Town of Richmond

Request for Special Appropriations

Request for Fiscal Year: 2019

Organization's Name: Front Porch Forum  
Address: PO Box 64781  
City, State, Zip: Burlington, VT 05406  
Website address: https://FrontPorchForum.com

**A. GENERAL INFORMATION**

1. Program Name: Richmond Front Porch Forum

2. Contact Person/Title: Michael Wood-Lewis, co-founder and president

Telephone Number: 802-540-0069 x3

E-mail address: michael@frontporchforum.com

3. Total number of individuals served in the last complete fiscal year by this program:  
2,688 local members of the Richmond FPF

4. Total number of the above individuals who are Town residents: About 96%  
Please attach any documentation that supports this number.

Percent of people served who are Town residents: About 96%

5. Amount of Request: \$100.00

6. Total Program Budget: \_\_\_\_\_ Percent of total program budget  
you are requesting from the Town of Richmond: <1%

7. Please state or attach the mission of your agency: FPF's mission is to help  
neighbors connect and build community.

8. Will the funding be used to:  
X Maintain an existing program \_\_\_\_\_ Expand an Existing Program  
\_\_\_\_\_ Start a new program

9. Has your organization received funds from the Town in the past for this or a similar  
program?  
Yes

If yes, please answer the following:

a. Does the amount of your request represent an increase over your previous  
appropriation? If yes, explain the reason(s) for the increase. No change from  
past.

b. Were any conditions or restrictions placed on the funds by the Selectboard? No  
If yes, describe how those conditions or restrictions have been met.

**B. PROGRAM OVERVIEW**

1. Statement of Need: Identify the issue or need that the program will address (use statistical data to justify the need for the program). To what extent does this need or problem exist in the Town of Richmond? Facilitate communication among neighbors, town government, local businesses and nonprofits.

2. Program Summary:

a. Identify the target/recipients of program services. Specify the number of Town residents your program will serve during the fiscal year and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence. The Richmond FPF has served the vast majority of all Town residents since its inception in 2006.

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b. Identify what is to be accomplished or what change will occur from participating in the program. How will people be better off as a result of participating in the program? Describe the steps you take to make the project known to the public, and make the program accessible and inclusive? Participating on the Richmond FPF often leads folks to feel more connected to their neighbors and to become more involved in their local community. It's available to anyone who can use a web browser or email.

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3. Program Funding:

a. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service.) General support.

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b. List the other agencies to whom you are submitting a request for funds for this program and the amount requested. How would this program be modified should revenues be lost? FPF requests funding from VT towns that get significant value from this free service. If the Town of Richmond withholds its annual \$100 contribution, then we'll likely run a deficit of that amount for 2019.

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**C. ORGANIZATIONAL CAPACITY**

1. Describe your agency's capability to provide the program including its history, previous experience providing this service, management structure and staff expertise. FPF has been providing this free service in all of Chittenden County for 12 years and we've been growing and improving steadily.

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2. How will you assess whether/how program participants are better off? Describe how you will assess program outcomes. Your description should include: what (what kind of data), how (method/tool for collecting the data), from whom (source of data) and when (timing of data collection). We track and study member usage data, member survey responses, and other indicators.

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3. Summarize or attach program and or service assessments conducted in the past two years. See attached member survey results summary.

4. Does your organization have a strategic plan and a strategic planning process in place? Yes If yes, please attach your plan.

The strategic plan should include a mission statement, goals, action steps to achieve the goals, and measures that assess the accomplishments of the goals.

5. What is the authorized size of your board of directors?       
How many meetings were held by the board last year?     

I, the undersigned, confirm the information contained herein is accurate and can be verified as such. I understand and agree that if the requested funds are approved, the disbursement of funds are subject to all conditions established by the Richmond Selectboard.

Signature of Applicant M. Wood-Lewis Date 12/28/2018

Michael Wood-Lewis, co-founder and president  
Print Name of Applicant and Title