

# TOWN OF RICHMOND, VERMONT

## DISCRETIONARY FUNDING POLICY ADOPTION

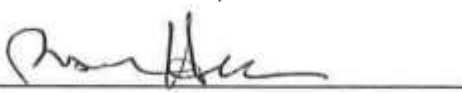
Approved this 2 day of September 2014 and is effective immediately.

  
Taylor Yeates, Chair

  
Ashley Lucht

  
David Sander

  
Chris Granda, Vice Chair

  
Bard Hill

Town of Richmond Selectboard

### 1. What is Discretionary Funding?

Discretionary funding is a duly-appropriated sum of money in the Town's expense budget allocated to an eligible not-for-profit organization by the Selectboard and approved at Town Meeting.

### 2. What Types of Organizations May Receive Discretionary Funds?

Discretionary funds may only be allocated to not-for-profit; community-based social services providers. In order to receive discretionary funds directly, an organization must be incorporated as a not-for-profit and registered with the State of Vermont., unless exempt and have a Federal Employer Identification Number (EIN).

### 3. What Types of Organizations May Not Receive Discretionary Funds?

For-profit entities may not receive discretionary funds, except when the primary non-profit contractor subcontracts with a for-profit entity as part of the delivery of services. Such subcontracts, however, must be only an ancillary part of the program to be funded, not the primary basis for the discretionary award, and must be approved by the contracting agency.

### 4. What are the Restrictions on the Use of Discretionary Funds?

All public funds, however awarded, must be used for a Town purpose. In general, a Town purpose is defined as an activity or service that is open to all members of the public, regardless of race, creed, gender, religious affiliation, etc., without restriction, and which does not promote a particular religion.

Programs and services provided by religious or religiously-affiliated organization must be able to demonstrate that the program is open to non-members, is not a religious program, and does not promote the religion.

Closed membership groups, which are those to which membership is restricted or subject to eligibility based upon prohibited factors, may generally not receive funding.

Groups that serve a particular population, for example, those age 65 and above in a particular community; are not considered a closed membership group, as long as the program is open and accessible to all seniors in the community. Similarly, tenant organizations in public housing may also receive funding, as long as they provide equal access to all residents of the public housing units they serve.

Funds may only be allocated for a public purpose and may not support political activities and private interests.

### 5. How to Apply for Discretionary Funding?

All organizations that wish to receive discretionary funding must submit a "Request for Special Appropriations" application to the Town Manager. The application elicits information about an organization's experience, qualifications, and integrity, and the project or service for which the organizations is requesting support.

Town of Richmond

Request for Special Appropriations

Request for Fiscal Year: \_\_\_\_\_

Organization's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Website address: \_\_\_\_\_

**A. GENERAL INFORMATION**

1. Program Name: \_\_\_\_\_

2. Contact Person/Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

3. Total number of individuals served in the last complete fiscal year by this program: \_\_\_\_\_

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

Percent of people served who are Town residents: \_\_\_\_\_

5. Amount of Request: \_\_\_\_\_

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

7. Please state or attach the mission of your agency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Will the funding be used to:  
\_\_\_\_\_ 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? \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_

b. Were any conditions or restrictions placed on the funds by the Selectboard? \_\_\_\_\_  
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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Program Funding:

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

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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). \_\_\_\_\_

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3. Summarize or attach program and or service assessments conducted in the past two years. \_\_\_\_\_

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4. Does your organization have a strategic plan and a strategic planning process in place? \_\_\_\_\_ 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? \_\_\_\_\_

6. Does your organization have an audit performed? \_\_\_\_\_  
If yes, the audit must be provided to the Town Manager upon request.

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 \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Name of Applicant and Title

**Criteria and Ratings Used to Evaluate Applications for Program Funding**  
**Town of Richmond**

Name of Organization \_\_\_\_\_

**Criterion 1. Population Served (how much?)**

- The applicant clearly defines the target population and has designed a program that will effectively meet the needs of the defined population.
- The program addresses the needs of a "priority" population. For example; the population experiences the greatest barriers to the service/program; the population needs the most support in achieving the service/program outcomes.

<b>RATING SCALE</b>			
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0	1	2	3
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Disagree No evidence to support this statement <b>No</b>	Agree somewhat Little/Some evidence to support this statement. <b>Low</b>	Agree Some/Good evidence to support this statement. <b>Moderate</b>	Strongly Agree Strong, compelling consistent evidence to support this statement. <b>High</b>
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Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Criterion 2. Program Quality (how well?)**

- The program provides evidence of success in achieving its intended goals.
- The program demonstrated evidence of quality according to: the quantity of the program's effort (how much); the quality of the program's effort (how well); and the effect of the program's effort (is anyone better off).
- The program does a good job collecting and reporting performance measures data.

<b>RATING SCALE</b>			
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0	1	2	3
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Disagree No evidence to support this statement <b>No</b>	Agree somewhat Little/Some evidence to support this statement. <b>Low</b>	Agree Some/Good evidence to support this statement. <b>Moderate</b>	Strongly Agree Strong, compelling consistent evidence to support this statement. <b>High</b>
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Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Criterion 3. Potential for Impact**

- The Town's investment will make a clear contribution to the program in one or more of these ways: supporting/expanding the program's capacity to offer programs/services; supporting/expanding the number or type of people served; and/or leveraging additional resources.
- The Town's support of the service/program will positively impact the well-being and good-will of the Town's residents.

<b>RATING SCALE</b>
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0	1	2	3
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Disagree No evidence to support this statement <b>No</b>	Agree somewhat Little/Some evidence to support this statement. <b>Low</b>	Agree Some/Good evidence to support this statement. <b>Moderate</b>	Strongly Agree Strong, compelling consistent evidence to support this statement. <b>High</b>
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Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Overall Rating: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_