

Town of Richmond

Request for Special Appropriations

Request for Fiscal Year: 2020

Organization's Name: Committee on Temporary Shelter (COTS)
Address: PO Box 1616
City, State, Zip: Burlington, UT 05402
Website address: cotsonline.org

A. GENERAL INFORMATION

1. Program Name: COTS General Operating
2. Contact Person/Title: Tamira Martel

Telephone Number: (802) 540-3084 ext. 208

E-mail address: tamira.m@cotsonline.org

3. Total number of individuals served in the last complete fiscal year by this program:
2,300

4. Total number of the above individuals who are Town residents: 14
Please attach any documentation that supports this number. See Attachment A.

Percent of people served who are Town residents: 0.6%

5. Amount of Request: \$1,000
6. Total Program Budget: \$3,419,925 COTS Total FY18 Budget
you are requesting from the Town of Richmond: 0.029% Percent of total program budget

7. Please state or attach the mission of your agency: See Attachment B

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? Yes \$1,000 (invoice pending) FY 2019

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

- 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? See attachment B.

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. See attachment B.

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? See attachment B.

3. Program Funding:

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

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? See attachment B.

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. See attachment B.

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). see attachment B.

3. Summarize or attach program and or service assessments conducted in the past two years. See attachment B.

4. Does your organization have a strategic plan and a strategic planning process in place? X If yes, please attach your plan. See Attachment C.
The strategic plan should include a mission statement, goals, action steps to achieve the goals, and measures that assess the accomplishments of the goals.

Updated plan in approval process w/
Board of
Directors.

5. What is the authorized size of your board of directors? 16
How many meetings were held by the board last year? 12

6. Does your organization have an audit performed? Yes
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 Tamara Martel Date 10/30/10

Tamara Martel, Corporate and Foundation
Print Name of Applicant and Title Relationship Manager