## (051

## Town of Richmond

## **Request for Special Appropriations**

		Request for Fiscal Year: FY 20	
Cit	iar Iy	ess: 50 Cherry Street Suite 102 State, Zip: Burlington, VT 05401 site address: cusic vt. org.	
		ENERAL INFORMATION	
1.	P	rogram Name: ChiHenden Unit for Special Investigations	
2.	С	ontact Person/Title: Veronica (Vickie) Rathgeb/ Exec. Director	
		Telephone Number: 802. 922. 5494 E-mail address: Vrathgebo bodyt.or 8	
3.	To	otal 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.		
	Pe	ercent of people served who are Town residents:	
5 6.	An To	tal Program Budget: <u>*1,505.**</u> The program Budget of total program budget by are requesting from the Town of Richmond: 8?	
7.	Please state or attach the mission of your agency:		
0	-	See Attached.	
$\triangle$	1	ill the funding be used to:Maintain an existing programExpand an Existing ProgramStart a new program	
		as your organization received funds from the Town in the past for this or a similar rogram?	
ì	lf y	es, please answer the following:	
i	a.	Does the amount of your request represent an increase over your previous appropriation? If yes, explain the reason(s) for the increase.	
ŀ	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? (UST is a county-wide fook force or habitabled in 1992. CUST investigates all sexual assaults human frafficking child infant fatelities and serve child abuse. CUST also here a data an SORs. In FY18, Richmond had say cases a four SORs.
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.  Cases as the Town presents which full under our design.
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? Cust is a law enforcement test free which also consists of a dedicated DCK investigate within advocate and Deputy State Attorney. Cust is freined specifically to handle this type of the case work.
3. Program Funding:
a. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service.) Fach found in Chitlender Country which does not provide an "in-kind" donation of LE is assessed a dollar amount based on a population formula. Funding is used to support cust in all crease of cases.
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 all acked funding formula
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.  CUST provides an Annual Report to every town based on the prior (cscal test)

you will assess progradata), how (method/t (timing of data collect	ess whether/how program participants are better off? Describe how ram outcomes. Your description should include: what (what kind of tool for collecting the data), from whom (source of data) and when stion).  CUST'S case load has increased every least five years. Data is collected and children's Advocacy Center, which is co-located and the children's Advocacy Center and t
years. See	ach program and or service assessments conducted in the past two
The strategic plan sh goals, and measures  5. What is the autho	zation have a strategic plan and a strategic planning process in  If yes, please attach your plan.  nould include a mission statement, goals, action steps to achieve the sthat assess the accomplishments of the goals.  prized size of your board of directors?
verified as such Lun	confirm the information contained herein is accurate and can be inderstand and agree that if the requested funds are approved, the distance subject to all conditions established by the Richmond  Date 11.28.18  Veronica Rathab Evecutive Director  Print Name of Applicant and Title Chithenden Children's  (Victic) Advocacy Center.

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