## Town of Richmond

## Request for Special Appropriations

Request for Fiscal Year: 2021

O V	Organization's Name: Children's Advocacy Center/CUST Address: 50 Cherry Street Suite 102 Dity, State, Zip: Burlington, VT 05401 Vebsite address: www.chittendences.org
	A. GENERAL INFORMATION
1	. Program Name: Chitlenden Unit for Special Investigations (CUSI)
2.	. Program Name: Chithenden Unit for Special Threstigations (CUSI) . Contact Person/Title: Veronica (Vichie) Rathgeb Executive Director
	Telephone Number: 802. 652. 6800 E-mail address: Nrchheb Chadyt. or 8
3.	Total number of individuals served in the last complete fiscal year by this program:  Town of Richmond (4,115) Chithenden Coty (161, 501)
4.	Total number of the above individuals who are Town residents: 415  Please, attach any documentation that supports this number.
	Percent of people served who are Town residents:
5. 6.	Amount of Request: * 7,505,00*  Total Program Budget: * 102,120.00*  you are requesting from the Town of Richmond: Percent of total program budget
7.	Please state or attach the mission of your agency:
8.	Funding will be used to: Maintain an existing programExpand an Existing ProgramStart 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.  Change of this time Texaset a slight increase.  Car badget will not be Board Approved until Oct 24, 2013  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 took force exhabitished in 1992. CUST investigates all sexual
assaults human trafficking child/infant fatalities and severe Child abuse. CUST also heeps date on SOR. In FYIS,
Richmond had BIL cases & four SORE.
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.  Cost investigates as many costs 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 dedicated DCF investigator within advocate and Departy State Attorney. CUST is fraised specifically to handle this type of Torcase work.
3. Program Funding:
a. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service.) Each found in Chitlender County which class and provide as "in kind" donetion of LE is assessed as a population formula. funding a children of the provide of the
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 Hackel funding formula   See Hackel
C. ORGANIZATIONAL CAPACITY
Previous experience providing this service, management structure and staff expertise
based on the prior fiscal year

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).  CUST's case local continues to increase each year. Data is called aby the CCAC which is
3. Summarize or attach program and or service assessments conducted in the past two years.  See attached Annual Reports FY 17; FY 18.  FY 18 will not be excitable until Brack approved at their Oct 24, 2019 meeting.
<ul> <li>4. Does your organization have a strategic plan and a strategic planning process in place?</li></ul>
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 10. 4. 19  Print Name of Applicant and Title