



Department of
Social Services

Partner Agency Funding Application FY 2015 (July 1, 2014 – June 30, 2015)

All applicant agencies **MUST**:

1. Attend the following pre-application meeting:
Pre-Application Workshop
November 20, 2013 at 4:00 p.m.
Farish Theater, Lexington Public Library, 140 E. Main Street
2. Be registered with GoodGiving.Net with a current agency portrait
3. Be a nonprofit organization with 501(c)(3) status.
4. Submit application (2 files) via email to the following email addresses:
cbencz@lexingtonky.gov
tbrown@lexingtonky.gov
5. Submit requests for **no more than 20%** of the Agency's previous fiscal year actual expenditures. Agencies less than one year old will use their current fiscal year budget to meet this requirement.

Application Submittal Deadline:

5:00 P.M., Wednesday, January 15, 2014

Any applications received after the above submittal deadline will not be considered

Lexington-Fayette Urban County Government
Department of Social Services
200 E. Main Street – Suite 328
Lexington, KY 40507
Office: 859-258-3807

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1.0 **GENERAL INFORMATION AND SCOPE OF APPLICATION REQUEST**

1.1 **Background**

Each fiscal year the Mayor and Urban County Council allocate funds for use by selected 501(c)(3) non-profit partner agencies. The Lexington-Fayette Urban County Government (hereinafter referred to as "LFUCG") has historically partnered with non-profit agencies for the purpose of providing priority social services to supplement and support the work of the Urban County Government. These agencies are diverse in their missions and work plans, and provide services to the most vulnerable populations in our community.

2.0 **GENERAL PROVISIONS**

2.1 **Purpose**

The LFUCG is accepting applications from qualified non-governmental, non-profit agencies with current **501(c)(3)** tax exempt status and with a physical business or program site location in Fayette County (hereinafter, referred to as "Applicant") for Partnership Agency funding for FY2015 (July 1, 2014 – June 30, 2015). This funding is intended to support agency **programs** which respond to the **funding priorities** established herein. **THIS FUNDING IS NOT INTENDED TO SUPPORT GENERAL AGENCY OPERATIONS, other than overhead required to support the subject program.**

2.2 **Funding Period**

The funding period is from July 1, 2014 through June 30, 2015.

2.3 **Pre-Application Workshop**

All applicants **must** attend one pre-application workshop. The Department of Social Services will conduct one or more workshops that will provide potential applicants with an overview of the application and review process, instructions on completing the application, and presentation of funding priorities.

2.4 **Application Submission**

In order to be considered, an application must be received by the January 15th, 2014 deadline. The application will contain the required documents, and respond to one or more established funding priorities. The LFUCG Department of Social Services will review the application and may request MINOR corrections. The applicant must submit these corrections by the deadline of 5:00 p.m. on January 22nd, 2014. If minor corrections are not completed by the aforementioned deadline, a 10 point penalty will be assessed against the subject application.

Applications containing significant omissions of required information will be considered non-responsive and removed from the funding process on the application deadline date (January 15th, 2014). Significant missing responses to questions constitute an incomplete application. The final decision regarding application completeness and penalties will be determined by the LFUCG Commissioner of Social Services.

If your agency is submitting applications for the funding of more than one program, please note that **a separate application must be completed and submitted for each program.**

Applicants shall submit completed documents via email to the address below, with a subject line referencing "FY15 Partner Agency Funding Application". Non-compliance with submittal instructions may result in the application being rejected.

Complete applications must be delivered in their original or .pdf format by email not later than 5:00 p.m., Wednesday, January 15th, 2014 to cbencz@lexingtonky.gov and tbrown@lexingtonky.gov. Applicants are encouraged to obtain proof of email delivery, and will receive a reply email confirming receipt by 5:30 p.m. on the deadline date.

2.5 **Acceptance/Rejection of Applications**

The LFUCG reserves the right to reject any applications which may be considered irregular, show serious omission, unauthorized alteration of form, or incomplete.

The LFUCG reserves the right to accept or reject any or all applications in whole or in part, with or without cause, to waive technicalities, to implement point penalties, or to accept applications or portions thereof which, in the Urban County Government's judgment, best serve the interests of the Urban County Government.

Applications not found to be complete may be considered non-responsive and removed from the process.

2.6 **Requests for Clarification**

The LFUCG reserves the right to request clarification of information submitted and to request additional information (to clarify the information submitted) of the applicant either orally or in writing.

2.7 **Inquiries/Questions**

After thoroughly reading this Request for Application, Applicants must direct any questions to:

Craig Bencz
LFUCG Department of Social Services
200 E. Main Street, Suite 328
Lexington, KY 40513
E-Mail: cbencz@lexingtonky.gov
Work Hours: Mon. – Fri., 8 am – 5 pm
Phone: 859-258-3807
Fax: 859-258-3406

2.8 **Addenda**

All applicants attending the pre-application meeting and submitting contact information will receive addenda to the original application and supporting materials, as applicable. Questions submitted subsequent to the pre-application meeting and responses/clarification will be provided in the addenda.

Attachment A
General Funding Process Information

1. Funding Priorities

All programs must be categorized within one of the following priority need areas:

1. Services for Senior Citizens
2. Mental health and substance abuse services
3. Positive youth development
4. Violence prevention
5. Public health
6. Basic human needs
7. Agency funding required by State Statute or LFUCG Ordinance

IMPORTANT: A 3 point final scoring bonus will be provided for those applications addressing funding priorities that overlap with priorities as identified in the *Social Services Needs Assessment* study currently being finalized by the University of Kentucky. Funding priorities eligible for this bonus will be presented during the November 20, 2013 mandatory preapplication meeting.

2. Mandatory Oral Presentation

In addition to a written application, applicants are required to deliver a 15-minute oral presentation to the Partner Agency Selection Advisory Committee (“Committee”). Oral presentations will be held on dates to be determined in February/March 2014. Applicants will be notified at a later date of their exact scheduled oral presentation time.

3. Scoring/Evaluation

Each Committee member scores each written application and each oral presentation. Average Committee scores determine funding priorities for consideration by the Mayor and Urban County Council.

4. Funding Decision

The Mayor and LFUCG Urban County Council decide award recipients and amounts, including maximum award amounts based on available funding. There is no guarantee that a program will be recommended for or receive funding, regardless of qualifying score or recommendation by the Committee.



Department of
Social Services

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cbencz@lexingtonky.gov
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Lexington-Fayette Urban County Government
Department of Social Services
200 E. Main Street – Suite 328
Lexington, KY 40507
Office: 859-258-3807

Section 1: Agency and Program Information

Agency Information

Agency Name: _____

Agency Type: Local (Lexington / Fayette County) Regional National/International

Mailing Address: _____

Street Address: _____

Phone: (____) _____ - _____ ext. _____ Fax: (____) _____ - _____

Does your agency have an active/current profile with Blue Grass Community Foundation's GoodGiving.net?

Yes No

Note: Agencies ***must*** have profiles with GoodGiving.net to complete this application.

Website Address: _____ Is the information on your website up to date? Yes No

Agency Representative – typically the Executive Director (Name, Title, Phone, Email):

Person Completing Application (Name, Title, Phone, Email):

Program Information

Name of program for which funds are being requested: _____

Total Funding Amount Requested: \$ _____

How will the program be impacted if less than the requested funding amount is awarded?

Please indicate which LFUCG funding priority the subject program addresses:

- Services for Senior Citizens
- Mental health and substance abuse services
- Positive youth development
- Violence prevention
- Public health
- Basic human needs
- Agency funding required by State Statute or LFUCG Ordinance

Board of Directors Authorization

Our signatures below acknowledge that we are aware that the information contained in this funding proposal is public record. We further certify that this Partner Agency Funding request is consistent with our organization's mission, Articles of Incorporation and Bylaws, and that this application for funding is authorized by our Board of Directors. We attest that at least one authorized agency representative attended the pre-application workshop, and hereby provide LFUCG with permission to review all information submitted by our agency to the Blue Grass Community Foundation (GoodGiving.net) as applicable to this application.

Date of Board meeting when Authorization to Apply for Funding was Given: _____

The following Authorized Agency Representative (Name and Title) attended the pre-application workshop: _____

By typing my name, below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this application.*

**Alternatively, agencies may submit electronic/scanned signatures.*

Board Chair/President Typed Name

Date

Board Secretary Typed Name

Date

Section 2: Program Summary

Length of time this **Agency** has been operated by the applicant in Fayette County: ____ years, ____ months
Number of years this **Agency** has received Partner Agency Funding from LFUCG: ____ years

Length of time this **Program** has been operated by the applicant in Fayette County: ____ years, ____ months
Number of years this **Program** has received Partner Agency Funding from LFUCG: ____ years

Is this **Agency** required to provide services by State Statute and/or LFUCG Ordinance or contract? Yes No If yes, site authority in detail:

How many funding sources does this **Agency** and **Program** currently have? ____ Agency
____ Program

Please state your **Agency's previous** (not current or proposed) fiscal year total actual expenditures: \$ _____

What percentage of the **Agency's previous** fiscal year expenditures does this application represent? ____%
(Requests for more than 20% of the Agency's previous fiscal year actual expenditures will not be accepted. Extenuating circumstances may be considered.)

How many full time and part-time positions are required to run the **Program**? ____ Full-Time (current – FY13)
____ Part-Time (current – FY13)

Are any new positions proposed for the **Program** for FY15? Yes No If yes, please describe in detail:

Will LFUCG Partner Agency Funding be used for any **Agency** salary increase(s), bonuses, or other employee salary incentives? Yes No If yes, please describe in detail:

Has your agency applied or, or expected to receive any other funds from LFUCG in FY15? Yes No If yes, please describe in detail, and include the total dollar amount of LFUCG funding applied for or expected:

Does your agency utilize any office or program space in an LFUCG owned building? Yes No If yes, please describe in detail, including building address, approximate square footage utilized by your agency, rent/lease fees charged by LFUCG, and any other costs (monthly utilities, etc.) reimbursed to LFUCG:

Number of participants the program will serve during the funding period: _____

Approximate cost per participant in the program during the funding period (program budget/total participants): \$_____

Days of the week the Program will be conducted: Mon Tues Wed Thurs Fri Sat Sun

Operating Hours: _____

Program Dates (if not continuous/ongoing): _____ to _____

Frequency of Program: Daily Weekly Bi-weekly Monthly Quarterly Yearly Other _____

Section 3: Program Narrative

Please limit responses to no more than 250 words per numbered question.

1. **Program Description:** Describe the program in detail. Include the specific services the program will provide, how often, when, how many Fayette County residents will be served, target audience, program goals, etc.

2. Program History & Need:

- a. What is the history of this program?
- b. What social problem(s) or issue(s) that exist in Fayette County will the program address? (Provide evidence of problems/issues – responses may refer to the Program Summary if applicable)
- c. Why is the program needed specifically for Fayette County? Include, in narrative form, relevant statistics and data to support the premise that the program is needed specifically in Fayette County.

3. PLEASE PROVIDE EVIDENCE OF PAST SUCCESS OF THIS PROGRAM (MEASURED OUTCOMES)*



*Does not apply to newly created programs

4. **Program Eligibility Criteria:** List the criteria participants must meet in order to be accepted into the program.

[Empty box for listing Program Eligibility Criteria]

5. **Participant Contributions:** Are participants required or requested to contribute funds or labor to the program?
Provide details of participant contributions.

6. **Program Partners:** List program partners and what each partner will provide to the program (e.g. community partnerships).

7. **Poverty Reduction:** How will the program reduce poverty and/or improve the quality of life in Fayette County?

[Empty response box for poverty reduction details]

8. **Duplication of Services:** What other agencies in Fayette County, including LFUCG, provide the same or similar services? How is your program unique? How does your agency collaborate with agencies providing the same or similar services?

9. **Number of Clients Served:** Will requested LFUCG funding increase the number of clients who are served by the program in FY2015?

n/a

Yes. By how much? _____

No. If "no", why not? _____

10. **Funding Increase:** If this program is being funded by FY2013 LFUCG Partner Agency Funds, is your current request an increase in the amount of funds received? Yes No

If "yes", why is an increase being requested?

11. **Waiting List:** Is there currently a waiting list for any **Agency** services? Yes No

If “yes”:

- a. Which programs have a waiting list?
- b. How many individuals are currently on the list for each program with a waiting list?
- c. What is the typical time an individual is on the waiting list before being provided with services?
- d. Will the requested funding be used to reduce the number of individuals currently on the list?
- e. Briefly describe the efforts currently being made to reduce the length of time an individual waits for services.

12. **Matching Funds.** Will LFUCG Partner Agency Funds be used as matching funds? Yes No

If "yes":

- a. What is the source of the funding?
- b. What is the total amount of funding through this source?
- c. Will LFUCG Partner Agency Funds be the sole source of local match? If not, what other funding sources will be used to meet the match requirement?
- d. Ratio of match: _____ : _____ (Grant Source Funding : LFUCG Partner Agency Funding)

13. **Leveraged Funds:** Will LFUCG Partner Agency Funds be used to leverage other funds or resources?

Yes No

If "yes":

- a. What are the sources of these funds or resources?
- b. Provide details regarding the leverage arrangement.

Section 4: Program Logic Model – Tracking Outcomes

Important: See Guide following the table for additional information.

AGENCY:	PROGRAM:
----------------	-----------------

Long-Term Program Goals:

ACTIVITIES – Services provided to the participants	OUTPUTS – How much of the services will be provided to how many	OUTCOMES – Measurable benefits for participants

Section 4: Program Logic Model

AGENCY:	PROGRAM:
----------------	-----------------

INDICATOR – what shows participant goal status	MEASUREMENT TOOL/APPROACH – tools used to measure Indicators	SAMPLING STRATEGY AND SAMPLE SIZE – simple or random	FREQUENCY AND SCHEDULE OF DATA COLLECTION – when/how often the measurement tools are used

Guide for Completing Section 4

Long-Term Program Goals – List the long-term goals of the program. What does the program hope to achieve in the long run? In other words, why does the program exist? What changes does it want to make in the community? These long-term goals may not be the same as the Outcomes you list in the table.

Activities - Describe what the program does with its resources – the services it provides to fulfill its mission. Program activities result in outputs. “To address needs effectively, we will carry out the following activities...” (Examples: Classes, group counseling, case management)

Outputs - Describe the program’s activities, such as the number of meals provided, classes taught, etc. Another term for “outputs” is “units of service”. The program outputs should produce the desired outcomes for the program participants. Outputs are always numbers. “Our activities will produce the following evidence of service delivery...” (Examples: Number of classes taught, number of workshops held, tons of food distributed)

Outcomes – List three Outcomes that your program seeks to achieve during the one-year funding period. These are also known as Intermediate Goals. What are the benefits for participants during or after their involvement with the program? Outcomes must be measurable. “Our activities will lead to the following end results...” (Examples: Increased knowledge, improved skills, change in behavior). Keep in mind that funds are provided for just one year. Do not set goals that cannot possibly be attained. On the other hand, setting goals too low can reflect negatively on the program’s anticipated effectiveness and impact. Whatever Outcomes you list, you will be expected to achieve.

Indicator – Indicators are the specific items of information that track a program’s effect. Indicators are observable and measurable items or characteristics that indicate a participant’s goal status – be it negative or positive. (Examples: Reading grade, personal hygiene, employment status)

Measurement Tool/Approach – Specify what tools you will use to measure the Indicators. (Examples: participant survey, pre- or post- test, staff observation form, interview)

Sampling Size/Strategy – How and/or how many participants will be used to determine outcome status? If it is not possible to have every program participant involved in program measurement, then state how the sampling will be done.

Frequency and Schedule of Data Collection - List the frequency and schedule that the measurements tools/approaches will be employed. (Examples: monthly, quarterly, 4 grading periods)

Section 5: Financials & Payroll (Excel Forms)

Please complete and submit the provided Excel Workbook with this application. General instructions for completion of the Excel Workbook follow.

Exhibit A and A-1

Revenue statements for the overall agency and specific program, respectively. Please enter the amount of funding you are requesting from LFUCG in the highlighted cell on the first row on column three (3), and identify any other LFUCG funding that you receive.

Exhibit B and B-1

Expenditure statements for the overall agency and specific program, respectively.

Exhibit C and C-1

Detail of specific accounts for the overall agency and specific program, respectively. Instructions are included on the spreadsheet.

Exhibit D-1

Schedule of payroll positions for the specific **program** only. A schedule of payroll positions for the overall agency is not required.

1. Report TOTAL salary for each position and indicate the portion paid by LFUCG and the portion paid by other sources.
2. Indicate the effective date of any projected salary increases.
3. Indicate any positions that were new in the FY 2014 budget and any new positions planned for FY 2015.
4. Indicate positions that are to be changed from part-time (PT) to full-time (FT).
5. Include any temporary or seasonal positions.
6. ***Please note that the total of this spreadsheet should match line one (1) of Exhibit B-1. If not, provide an explanation on Exhibit D-1.***

AGENCY REVENUE

EXHIBIT A

FY 2015

AGENCY NAME: _____

Note: Full-Year Data Only

	(1) FY 2013 ACTUAL REVENUE PER AUDIT (07/01/2012- 06/30/2013)	(2) FY 2014 BUDGET (07/01/2013 06/30/2014)	(3) FY 2015 PROJECTED BUDGET (07/01/2014- 06/30/2015)
<u>REVENUE</u>	<i>Round to the Nearest Ten Dollars</i>		
Urban County Government - Partner Agency Funding [Column 3 is the Amount Requested]	\$	\$	\$
Urban County Government (CDBG Grant)			
Urban County Government (Local Government Economic Assistance Fund Grant)			
Urban County Government - In Kind (Specify: Space, Computer, Custodial, Computer)			
Other LFUCG - (Identify) _____ (Additions to the Purchase of Service Agreement)			
Other LFUCG - (Identify) _____ (Additions to the Purchase of Service Agreement)			
Other LFUCG - (Identify) _____ (Additions to the Purchase of Service Agreement)			
State of Kentucky			
Federal Government			
United Way			
Fees for Services			
Private Contributions			
Interest Income			
Other Sources (Please Specify)			
TOTAL REVENUES	\$ -	\$ -	\$ -

PROGRAM REVENUE

EXHIBIT A-1

FY 2015

PROGRAM NAME:

Note: Full-Year Data Only

	(1) FY 2013 ACTUAL REVENUE PER AUDIT (07/01/2012- 06/30/2013)	(2) FY 2014 BUDGET (07/01/2013 06/30/2014)	(3) FY 2015 PROJECTED BUDGET (07/01/2014- 06/30/2015)
<u>REVENUE</u>		<i>Round to the Nearest Ten Dollars</i>	
Urban County Government - Purchase of Service Agreement [Column 3 is the Amount Requested]	\$	\$	\$
Urban County Government (CDBG Grant)			
Urban County Government (Local Government Economic Assistance Fund Grant)			
Urban County Government - In Kind (Specify: Space, Computer, Custodial, Computer)			
Other LFUCG - (Identify) _____ (Additions to the Purchase of Service Agreement)			
Other LFUCG - (Identify) _____ (Additions to the Purchase of Service Agreement)			
Other LFUCG - (Identify) _____ (Additions to the Purchase of Service Agreement)			
State of Kentucky			
Federal Government			
United Way			
Fees for Services			
Private Contributions			
Interest Income			
Other Sources (Please Specify)			
TOTAL REVENUES	\$ -	\$ -	\$ -

AGENCY NAME: _____

Note: Full-Year Data Only

DESCRIPTION OF EXPENDITURE	(1)	(2)	(3)
	FY 2013 ACTUAL EXPENDITURES PER AUDIT (07/1/2012-6/30/2013)	FY 2014 BUDGET (07/1/2013-06/30/2014)	FY 2015 PROJECTED BUDGET (07/1/2014-06/30/2015)
		<i>Round to the Nearest Ten Dollars</i>	
<u>PERSONNEL:</u>			
1. Salaries			
2. Payroll Taxes & Fringe Benefits (FICA, Insurance, Retirement, etc.)			
3. TOTAL PERSONNEL (Lines 1 + 2)	\$	\$	\$
<u>OPERATING:</u>			
4. *Contractual & Professional Services			
5. *Rent or Lease Charges			
6. Advertising and Recruitment			
7. General Utilities			
8. Telephone			
9. Office Supplies			
10. Postage			
11. Printing and Copying			
12. Household & Food (Incl. Cleaning Supplies)			
13. Repairs & Maintenance (Excluding Vehicles)			
14. Vehicle Repair & Maintenance			
15. Technical Supplies (Incl. Medical Supplies)			
16. *Travel (Incl. Conferences & Seminars)			
17. Insurance			
18. *Dues and Subscriptions			
19. *Minor Equipment			
20. Miscellaneous			
21.			
22. TOTAL OPERATING (Lines 4-21)	\$ -	\$ -	\$ -
<u>CAPITAL:</u>			
23. *Land/Buildings			
24. *Equipment/Vehicles			
25. TOTAL CAPITAL (Lines 23+24)	\$ -	\$ -	\$ -
26. TOTAL EXPENDITURES (Lines 3, 22, & 25)	\$ -	\$ -	\$ -

* Please provide detail of these items on Exhibit C.

PROGRAM EXPENDITURES

EXHIBIT B-1

FY 2015

AGENCY NAME:

PROGRAM NAME:

Note: Full-Year Data Only

DESCRIPTION OF EXPENDITURE	(1)	(2)	(3)
	FY 2013 ACTUAL EXPENDITURES PER AUDIT (07/1/2012-6/30/2013)	FY 2014 BUDGET (07/1/2013-06/30/2014)	FY 2015 PROJECTED BUDGET (07/1/2014-06/30/2015)
		<i>Round to the Nearest Ten Dollars</i>	
<u>PERSONNEL:</u>			
1. Salaries			
2. Payroll Taxes & Fringe Benefits (FICA, Insurance, Retirement, etc.)			
3. TOTAL PERSONNEL (Lines 1 + 2)	\$	\$	\$
<u>OPERATING:</u>			
4. *Contractual & Professional Services			
5. *Rent or Lease Charges			
6. Advertising and Recruitment			
7. General Utilities			
8. Telephone			
9. Office Supplies			
10. Postage			
11. Printing and Copying			
12. Household & Food (Incl. Cleaning Supplies)			
13. Repairs & Maintenance (Excluding Vehicles)			
14. Vehicle Repair & Maintenance			
15. Technical Supplies (Incl. Medical Supplies)			
16. *Travel (Incl. Conferences & Seminars)			
17. Insurance			
18. *Dues and Subscriptions			
19. *Minor Equipment			
20. Miscellaneous			
21.			
22. TOTAL OPERATING (Lines 4-21)	\$ -	\$ -	\$ -
<u>CAPITAL:</u>			
23. *Land/Buildings			
24. *Equipment/Vehicles			
25. TOTAL CAPITAL (Lines 23+24)	\$ -	\$ -	\$ -
26. TOTAL EXPENDITURES (Lines 3, 22, & 25)	\$ -	\$ -	\$ -

* Please provide detail of these items on Exhibit C-1.

**DETAIL OF SPECIFIC ACCOUNTS - OVERALL AGENCY
FOR FY ENDING JUNE 30, 2015**

EXHIBIT C

FY 2015

AGENCY NAME: Any Agency of Lexington, Inc.

**USE THIS FORM IF EXHIBIT B (COLUMN 3) HAS AN AMOUNT ON
LINES 4, 5, 16, 18, 19, 23, AND/OR 24**

LINE NO.	FY 2015 LINE TOTAL AMOUNT	FY 2015 ITEM AMOUNT	DESCRIPTION OF EACH ITEM OR SERVICE <i>(USING NAME OF THE ACCOUNT IS NOT SUFFICIENT)</i>
	4	1,500	1,000 500
5	4,000	4,000	Building Rental
19	1,300	800 300 200	Desk Chair Calculator
24	2,000	2,000	Computer
EXAMPLE			

**DETAIL OF SPECIFIC ACCOUNTS - OVERALL AGENCY
FOR FY ENDING JUNE 30, 2015**

EXHIBIT C

FY 2015

AGENCY NAME: _____

**USE THIS FORM IF EXHIBIT B (COLUMN 3) HAS AN AMOUNT ON
LINES 4, 5, 16, 18, 19, 23, AND/OR 24**

LINE NO.	FY 2015 LINE TOTAL AMOUNT	FY 2015 ITEM AMOUNT	DESCRIPTION OF EACH ITEM OR SERVICE <i>(USING NAME OF THE ACCOUNT IS NOT SUFFICIENT)</i>

**DETAIL OF SPECIFIC ACCOUNTS - SPECIFIC PROGRAM
FOR FY ENDING JUNE 30, 2015**

EXHIBIT C-1

FY 2015

AGENCY NAME: Any Agency of Lexington, Inc.

PROGRAM NAME: Best Program #1

**USE THIS FORM IF EXHIBIT B (COLUMN 3) HAS AN AMOUNT ON
LINES 4, 5, 16, 18, 19, 23, AND/OR 24**

LINE NO.	FY 2015 LINE TOTAL AMOUNT	FY 2015 ITEM AMOUNT	DESCRIPTION OF EACH ITEM OR SERVICE
			<i>(USING NAME OF THE ACCOUNT IS NOT SUFFICIENT)</i>
4	1,500	1,000 500	Annual Audit Clerical Help for Rush Periods
5	4,000	4,000	Building Rental
19	800	400 200 200	Desk Chair Calculator
24	1,020	1,020	Typewriter
EXAMPLE			

**DETAIL OF SPECIFIC ACCOUNTS - SPECIFIC PROGRAM
FOR FY ENDING JUNE 30, 2015**

EXHIBIT C-1

FY 2015

AGENCY NAME:

PROGRAM NAME:

**USE THIS FORM IF EXHIBIT B (COLUMN 3) HAS AN AMOUNT ON
LINES 4, 5, 16, 18, 19, 23, AND/OR 24**

LINE NO.	FY 2015 LINE TOTAL AMOUNT	FY 2015 ITEM AMOUNT	DESCRIPTION OF EACH ITEM OR SERVICE <i>(USING NAME OF THE ACCOUNT IS NOT SUFFICIENT)</i>

**SCHEDULE OF PAYROLL POSITIONS - SPECIFIC PROGRAM
FOR FY ENDING JUNE 30, 2015**

EXHIBIT D-1

FY 2015

AGENCY NAME: Any Agency of Lexington, Inc.

PROGRAM NAME: Best Program #1

Position	New FY 2014	Budgeted Salary FY 2014	Paid With LFUCG Funds	Paid By Other Sources	New FY 2015	Projected Salary FY 2015	Paid With LFUCG Funds	Paid By Other Sources	% Increase	Effective Date of Increase
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**NOTE: Totals Should Agree with Exhibit B-1, Line 1, Columns (2) and (3).
If not, please provide an explanation.**

Agency Director (F-T)		30,000	15,000	15,000		31,500	15,750	15,750	5.0%	07/01/13
Program Director (F-T)		25,000	25,000			26,250	26,250		5.0%	07/01/13
Program Director (F-T)	New	20,000	20,000			21,600	21,600		8.0%	12/01/13
Field Representative (P-T)					New	15,000	7,500	7,500		
Secretary (F/T)		<u>17,160</u>	<u>8,580</u>	<u>8,580</u>		<u>18,018</u>	<u>9,009</u>	<u>9,009</u>	<u>5.0%</u>	07/01/13

EXAMPLE

TOTAL:	92,160	68,580	23,580		112,368	80,109	32,259	21.9%
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% of FY 2015 salary increases due to:

Cost of living increase	3.0%
Merit increase	2.0%
Other	3.0%

AUDIT	DATE	VERIFY	DATE
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**SCHEDULE OF PAYROLL POSITIONS - SPECIFIC PROGRAM
FOR FY ENDING JUNE 30, 2015**

EXHIBIT D-1

FY 2015

AGENCY NAME: _____

PROGRAM NAME: _____

Position	New FY 2014	Budgeted Salary FY 2014	Paid With LFUCG Funds	Paid By Other Sources	New FY 2015	Projected Salary FY 2015	Paid With LFUCG Funds	Paid By Other Sources	% Increase	Effective Date of Increase
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**NOTE: Totals Should Agree with Exhibit B-1, Line 1, Columns (2) and (3).
If not, please provide an explanation.**

TOTAL:	
	% of FY 2015 salary increases due to: Cost of living increase _____ % Merit increase _____ % Other _____ %

AUDIT	DATE	VERIFY	DATE
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**SCHEDULE OF PAYROLL POSITIONS - SPECIFIC PROGRAM
FOR FY ENDING JUNE 30, 2015**

EXHIBIT D-1

FY 2015

AGENCY NAME: _____

PROGRAM NAME: _____

Position	New FY 2014	Budgeted Salary FY 2014	Paid With LFUCG Funds	Paid By Other Sources	New FY 2015	Projected Salary FY 2015	Paid With LFUCG Funds	Paid By Other Sources	% Increase	Effective Date of Increase
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**NOTE: Totals Should Agree with Exhibit B-1, Line 1, Columns (2) and (3).
If not, please provide an explanation.**

TOTAL:	
	% of FY 2015 salary increases due to: Cost of living increase _____ % Merit increase _____ % Other _____ %

AUDIT	DATE	VERIFY	DATE
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