

## TOWN OF BREWSTER, MASSACHUSETTS - REQUEST FOR APPLICATIONS for FY 2021 Funding for Human Services Agencies

*The Health and Human Services Committee was established to enhance the quality of life of all Brewster residents by ensuring a range of health and human services in an effective and cost-efficient manner. The Committee evaluates and assesses the health and human service needs of the town, reviews and weighs requests for financial assistance, sets priorities and submits recommendations concerning the funding of those agencies and organizations best able to provide needed services to the town.*

The TOWN OF BREWSTER, MASSACHUSETTS is hereby requesting applications for funding for Fiscal Year 2021 from Human Services agencies serving the residents of the Town of Brewster. Qualifying agencies are invited to submit funding applications, in response to needs identified herein. Applications selected for funding will be included in an appropriation article or the Town Operating budget submitted by the Town of Brewster at the 2020 Spring Annual Town Meeting.

Agencies shall submit ten (10) hard copies of their application packet to: Town Administrator, Town of Brewster 2198 Main Street, Brewster, MA 02631 by **October 25, 2019**.

**It is the responsibility of the agency to confirm that their application was received by the town.**

**Late or incomplete applications will require committee approval to be accepted.**

Human Services Grant Funds will be allocated by the Town to supplement the overall operational cost of agencies which provide services to local residents. The Town has designed this grant program to help identify a clearer link between the grant funding it provides to Human Services agencies and the needs identified in the community. While not an exhaustive list, funding shall be targeted towards programs which address the following needs:

- Mental Health Services
- Substance Abuse Services
- Services for Children, Teens, Families-at-Risk, Elders
- Domestic Violence Services
- Legal Services
- Services Addressing Housing and Hunger
- HIV and Chronic Care Services
- Services for People with Disabilities

This RFP is for funding to Human Services agencies to offset the total cost of their operations, provided in the form of a grant, and not subject to the provisions of MGL Chapter 30B, the Uniform Procurement Act.

Funding applications must be in the form of a lump sum request. Payments to agencies funded by the FY2021 appropriation shall be made semi-annually, in two equal payments.

The Town of Brewster reserves the right to contact any applicant for additional information if needed and to exclude from consideration any funding application which does not provide all of the information requested or does not comply with the requirements described.

## 1. APPLICATION COVER SHEET

A completed application cover sheet (attached), signed and dated, is required specifying the amount of funding requested for Fiscal Year 2021 and indicating which of the Town's identified Human Services needs the application will address.

## 2. PROGRAM APPLICATION

### A. *Description of Operations.*

1. Provide the Mission Statement of your organization.
2. Describe any trends that you are seeing relative to the needs of Brewster residents.
3. Describe any new or continuing efforts to coordinate your program/service with similar programs offered by other organizations.
4. Indicate where your services will be provided from, the proposed method of contact to receive your services and proposed outreach and public awareness efforts.
5. Detail the number of service providers by number and category: [e.g. social workers, teachers, professional doctors, nurses, volunteers, administrative, management.]

### B. *Funding*

1. Attach listing of all sources of funding and dollar amounts for each source.
2. Attach a breakdown of the services you provide by type and the estimated cost for each.
3. How would the requested Town of Brewster funding be used?
4. Advise your projected need for funding of services for the next three years with detailed explanation of any substantial request for increases during this period.
5. List number of years Brewster has contributed funding.

### C. *Agency Data*

1. Describe how you measure your effectiveness in providing your programs and services.
2. Your agency's definition of "Units of Service (UOS)".
3. Does your agency have a cap on the number of individuals who can be served? If yes please explain why.
4. Provide the following information for your agency (1) overall and (2) in Brewster only:
  - a. number of unduplicated clients:
  - b. number of Units of Service (UOS):
  - c. cost per Unit of Service (UOS):

### D. *Required Documentation.* In addition to the above requested information, please include the following items:

1. Evidence of IRS 501(c)(3) status or monitoring by a qualified agent.
2. A list of Board members or Steering Committee members.
3. Current fiscal year program and organizational budgets including revenues and expenses.
4. The most recent audited financial statement, annual report or equivalent.

## IV. Review of Applications/Selection of Applications for Funding

Applications will be reviewed by members of the Brewster Health and Human Services Committee using the following evaluation system:

<i>Evaluation Criteria</i>	<i>Description</i>
NEED	Do the proposed services respond to any of the specific needs set forth in this RFP?
	Do the services meet grant requirements and priorities?
	Will the service impact the community's ability to achieve its mission statement?
ACCESS	Is the agency based in or have a presence in Brewster?
	Are the agency's programs designed to facilitate easy access?
BUDGET	Is the agency's budget reasonable and cost-effective?
	Does the agency's budget support appropriate activities?
INTERRELATEDNESS WITH OTHER SERVICES	Does the agency demonstrate collaboration with other service providers and/or organizations and/or departments within the Town of Brewster?
EVALUATION	Does the agency measure the scope and effectiveness of its services for Brewster residents?
	Does the agency demonstrate continuous improvement?

The Health and Human Services Committee selection of organizations recommended for funding, as well as their levels of funding will be based on the following:

- 1) Town needs expressed by Human Services Committee;
- 2) Meetings with new proposers;
- 3) Evaluation of the agency with regard to the items listed in the table above.

Applications selected for funding will be included in an appropriation article or in the Town's operating budget submitted by the Town of Brewster to its 2020 Spring Annual Town Meeting. The Human Services Committee will present the appropriation request to the Brewster Finance Committee and the Brewster Board of Selectmen prior to Town Meeting. Following Town Meeting, grant applicants will be advised of the outcome.

**APPLICATION COVER SHEET**  
**FY 2021 Human Services Grant Program**

**TO:** Town Administrator, Town of Brewster  
 2198 Main Street, Brewster, Massachusetts 02631

The undersigned agency \_\_\_\_\_ hereby submits this application as a Human Services agency serving the residents of the Town of Brewster for FY2021 funding in the amount of \$\_\_\_\_\_.

*Check the identified Human Services needs addressed by this application (check all that apply):*

<i>✓ if addressed by this application</i>	<i>Identified Human Services Need</i>	<i>Specify group(s) served (e.g., children, elderly, etc.)</i>
	MENTAL HEALTH SERVICES	
	SUBSTANCE ABUSE SERVICES	
	SERVICES FOR CHILDREN, TEENS, FAMILIES-AT-RISK, AND ELDERS	
	DOMESTIC VIOLENCE SERVICES	
	LEGAL SERVICES	
	SERVICES ADDRESSING HOUSING NEEDS AND HUNGER	
	CHRONIC CARE SERVICES	
	SERVICES FOR PEOPLE WITH DISABILITIES	

The undersigned certifies that this application has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity or group of individuals.

Pursuant to MGL Chapter 62C, section 49A, the undersigned duly authorized officer of the company hereby certifies that said organization has complied with all the laws of the Commonwealth of Massachusetts relating to taxes.

AGENCY NAME/PHONE: \_\_\_\_\_

PRINTED NAME/TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THIS FORM MUST BE COMPLETED IN FULL IN ORDER FOR APPLICATION TO BE CONSIDERED