



City of Lawrence

**2016 Social Service Funding Application – Non-Alcohol Funds**

**SECTION 1. APPLICANT INFORMATION**

Legal Name of Agency: Van Go, Inc.

Name of Program for Which Funding is Requested: Go Healthy: Improving the mental and physical health of at-risk teens and young adults

Primary Contact Information (must be available by phone 5/27/15 from 8 a.m. to 12:00 p.m.)

Contact Name and Title: Lynne Green, Executive Director

Address: 715 New Jersey, P.O. Box 153

Telephone: 842-3797 Fax: 842-4628

Email: [Lynne@van-go.org](mailto:Lynne@van-go.org)

**SECTION 2. REQUEST INFORMATION**

- A. Amount of funds requested from the City for this program for calendar year 2016: \$35,000
- B. Will these funds be used for capital outlay (equipment or facilities?) If so, please describe:
- C. Will these funds be used to leverage other funds? If so, how:
- D. Did you receive City funding for this program in 2015? If so, list the amount and source for funding (i.e. General Fund, Alcohol Fund, etc.):
  - 1. How would any reduction in city funding in 2016 impact your agency?
  - 2. If you are requesting an increase in funding over 2015, please explain why and exactly how the additional funds will be used:

**SECTION 3. PROGRAM BUDGET INFORMATION**

- A. Provide a detailed budget for the proposed program using the following categories: personnel (list each staff position individually and note if new or existing), fringe benefits, travel, office space, supplies, equipment, other.
- B. What percent of 2016 program costs are being requested from the City?
- C. Provide a list of all anticipated sources of funding and funding amount for this program in 2016:

**SECTION 4. STATEMENT OF PROBLEM / NEED TO BE ADDRESSED BY PROGRAM**

- A. Provide a brief statement of the problem or need your agency proposes to address with the requested funding and/or the impact of not funding this program. The statement should include characteristics of the client population that will be served by this program. If possible, include statistical data to document this need.
- B. How was the need for this program determined?
- C. Why should this problem/need be addressed by the City?
- D. How does the program align with the Community Health Plan (see page one)?

**SECTION 5. DESCRIPTION OF PROGRAM SERVICES**

- A. Provide a brief description of the service you will provide and explain how it will respond to the need you identified in Section 4. The description should include how many clients will be served, and should describe as specifically as possible the interaction that will take place between the provider and the user of the service.
- B. What other agencies in the community are providing similar types of services. What efforts have you made to avoid duplication or coordinate services with those agencies?

**SECTION 6. PROGRAM OBJECTIVES**

Please provide three specific program objectives for 2016. Objectives should demonstrate the purpose of the program and measure the amount of service delivered or the effectiveness of the services delivered. A time frame and numerical goal should also be included. Examples include, "75% of clients receiving job training will retain their job one year after being hired," "increased fundraising efforts will result in a 15% increase in donations in 2016," "credit counseling services will be provided to 600 clients in 2016," etc. **Applicants will be expected to report their progress toward meeting these objectives in their six-month and annual reports to the City.**