

COUNTY OF MONMOUTH
DEPARTMENT OF HUMAN SERVICES
Division on Aging, Disability and Veterans' Interment Affairs

John A. Wanat
Executive Director



21 Main & Court Center
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MEMORANDUM

TO: Applicants for Peer Grouping and/or County Public Health Funding

FROM: John A. Wanat, Executive Director
Division on Aging, Disabilities & Veterans' Interment Affairs

RE: Application for Funding for the Year 2008

DATE: July 20, 2008

The Application for Funding for the Year 2008 from the Monmouth County Board of Chosen Freeholders is attached. The format is similar to that of previous years. Please submit the original and one copy of the completed application to the Monmouth County Division on Aging by 4:00 p.m., Monday, August 13, 2007.

Presently no increases in funding are anticipated; so please prepare your application based on the amount of funding you received for 2007.

If you have any questions regarding the Application for Funding, please call Linda Jensen at (732) 431-7450. Also, a blank copy of the budget on Excel – with calculations/formulas – can be downloaded from our Web site

(www.visitmonmouth.com/aging)

under the tab “2008 County-Peer Renewal Budget on Excel”. If you have questions re using this file, contact Joni Baron at (732) 683-8919.

Thank you.

Attachment

Copy to: (See attached Distribution List)

MM:jb

Distribution List

Memo (w/atts.) to:

Theresa Beck, VP Strategic Initiative – VNACJ *
Paul Friedman, Executive Director – JFCS *
Joanne Jones, Executive Director – MOCEANS *
Joseph Marmora, Executive Director – IFN **
Marvin A. Raps, Executive Director – Camp Oakhurst *
Brooke E. Tarabour, Executive Director – FCS *

Copy (w/atts.) to:

Mary Alexis Barry, Director – Visiting Homemakers/Respite Care – FCS *
Jane Frotton, RSVP Program – FCS *
Angela Thomas, Director – APS – FCS *

Copy (w/o atts.) to:

Veronica Bacharde, Fiscal Contact – IFN *
Debbie Bailey, Mgr Community Health, Ed. & Wellness – VNACJ *
Mary Ann Christopher, President – VNACJ
Bob Faust, Fiscal Contact – VNACJ *
Linda Halloran, Grants Manager – VNACJ *
Mark Russoniello, Director of Budgets & Finance – FCS *
Pauline Willis, Fiscal Contact – JFCS *

* Electronic version sent via e-mail

** Electronic version sent via e-mail to ‘pattil’

**COUNTY OF MONMOUTH
DEPARTMENT OF HUMAN SERVICES
DIVISION ON AGING, DISABILITIES & VETERANS'
INTERMENT AFFAIRS**



2008 APPLICATION FOR FUNDING

Contact Person:	Linda Jensen
Telephone:	(732) 431-7450
Number of Copies Required:	1 Original and 1 Copy
Proposal Receipt Deadline:	4 p.m. Monday, August 13, 2007
Mail or Deliver Proposal to:	Monmouth County Division on Aging, Disabilities and Veterans' Interment Affairs 21 Main & Court Center PO Box 1255 Freehold, New Jersey 07728
Funding Period:	January 1, 2008, to December 31, 2008

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INTRODUCTION

This Application for Funding has been designed to assist agencies which are providing or seek to provide health, community and social services through the use of funding from the County of Monmouth. Monies allocated will be designated for agencies to provide direct services to financially eligible Monmouth County residents.

The application gives an overall view of the agency filing for funds. It is hoped that this application will serve the purpose of the agency applying for funding and also the County of Monmouth.

The application package is divided into six sections: Process, Funding Guidelines, Conditions, General Instructions, Evaluation, and Application.

I. PROCESS

1. Applications must be completed and returned to the Monmouth County Division on Aging, Disabilities & Veterans' Interment Affairs, 21 Main & Court Center, PO Box 1255, Freehold, New Jersey, 07728. **APPLICATIONS RECEIVED AFTER AUGUST 13, 2007, CANNOT BE ASSURED FUNDING.** If you have any questions regarding your application, contact Linda Jensen at (732) 431-7450.
2. Department staff will review the applications and recommend a level of funding to the Board of Chosen Freeholders. Finalization of allocations will be made by the Board of Chosen Freeholders of the County of Monmouth.
3. Department staff will contact agencies to enter into negotiations regarding the utilization of monies allocated.
4. Utilization of monies will be spelled out in a written agreement. Agreements must be approved by the County of Monmouth. The agreements will set forth the use of monies, reporting, voucher procedures and other conditions.
5. When necessary, department staff will assist you in developing a monthly reporting procedure.
6. Agencies will voucher for monies in accordance with their agreements. **Statistical service reports must be filed with the voucher.**
7. All anticipated unexpended allocations due to non-utilization or decreased service volume should be returned to the county immediately. The Agency must request a modification for the utilization of funds prior to October 1st of the contract year.

II. FUNDING GUIDELINES

1. The County of Monmouth may support agencies or their specific programs, designating monies to be allocated for:
 - A. Matching funds.
 - B. Purchase of services at a unit cost for service.
 - C. Support of the entire cost of a program up to a specified amount.
 - D. Participation in certain line items of program budget(s).
 - E. Support of a percentage of specific line items in a program budget up to a specified amount.
2. Allocations are made by the County of Monmouth by resolution and will be for the calendar year as specified on the title page.
3. No monies will be allocated by the county under this allocation system to provide for:
 - A. Support of other agencies or affiliates.
 - B. Subsidizing fund-raising expenses.
 - C. Support of Board of Directors.
 - D. Support of cash grants.
4. If an Agency has a state or federal rate approval for a specific program and the Agency requests subsidy for that program, the County of Monmouth will subsidize services to financially eligible Monmouth County residents at no more than the approved unit cost of service (rate), providing these services are not subsidized by other sources.
5. If the Agency receives outside funding, operates several programs, or obtains grants from government agencies, the Agency will make available upon request the current approved agency budget including all program budgets.
6. Upon request the Agency will submit specific budgets detailing income and expenditures for each program the Agency operates. For example, an Agency might be required to submit a copy of their recreation budget to assure the county that program costs are not being funded from another source.
7. Agency will provide additional information on programs funded by the County of Monmouth, such as a fee schedule when fees for services are collected and information about agency eligibility for Medicare/Medicaid reimbursement.

8. The County of Monmouth reserves the right to adjust allocations when the Agency has either an excess of income over expenditures and/or unrestricted reserves in excess of 25% of their current operating budget.
9. If Agency has experienced increases or decreases in programs, please stipulate program and amount.
10. **The County of Monmouth will subsidize only services actually rendered.**

III. CONDITIONS

1. The County of Monmouth or its agent reserves the right to review:
 - A. Salaries and duties of specific positions for which the Agency requests funding.
 - B. Job descriptions.
 - C. Sources and use of reserves.
 - D. Circumstances where there is an excess of revenues over expenditures.
 - E. Use of reserves when reserves total over 25% of current or anticipated operating budget.
2. A separate accounting must be maintained for county funds allocated to an Agency. Acceptable bookkeeping practices are to be followed regarding income and expenditures. Expenditures, vouchers, checks and ledger entries are to be appropriately maintained. Records and ledgers are to be secured and available at all times on the Agency's premises for review or audit by county representatives detailing salaries and other program costs. Review and evaluations by agents of the county will be made in accordance with acceptable business procedures.
3. Recipient Agency is required to adhere to the terms of the approved contract. Expenditures earmarked for a specified purpose or service must be used as stated in the contract and cannot be diverted for any purpose without the prior written approval of the County of Monmouth and/or their agent(s). The county reserves the right to a refund on demand of funds used in an unauthorized manner.
4. Recipient Agencies are required to submit vouchers to the county **after** the service is performed. They will not be paid until that service(s) has been provided. An original, authorized signature on the voucher is required in order for the payment to be processed.
5. Final vouchers for contract year must be submitted no later than March 1st of the succeeding year.

IV. GENERAL INSTRUCTIONS FOR PROPOSAL COMPLETION

1. An application for a county allocation must explain the specific purpose for such funds and must provide detailed back-up information and budget materials to support the request.
2. The application must be certified and signed by the President of the Board of Directors and the Executive Director of the Agency.
3. With regard to licensing, non-profit status and approvals, it is the responsibility of the private non-profit Agency to comply with specified federal and state laws as applicable to their particular agency, facility and/or program(s). Licenses and approvals must be current and all required reports must be filed with the appropriate authority within the specified time for filing.

Public funds cannot support an agency unless it is in compliance with all applicable federal and state laws.

4. Applications must include the requested budget and revenue statements.
5. A program description, budget and revenue information must be prepared for **each** program for which the agency is requesting funding.
6. The "Approved Grant" columns on the Program Budget Sheets should be left blank on the application. These columns will be used after the freeholders have made their allocations and your Agency has finalized its proposed budget.
7. **COMPLETE, ACCURATE AND APPROPRIATE PROGRAMMATIC AND FISCAL DATA IS ESSENTIAL.**
8. If you require clarification of information, or additional program service forms, please call (732) 431-7450.

V. EVALUATION OF PROPOSAL AND PROVIDER AGENCY

PROPOSALS WILL BE EVALUATED ACCORDING TO THE FOLLOWING CRITERIA.

1. Completeness, accuracy and clarity of the proposal and application for funding.
2. Documentation of need for program.
3. Demonstration of agency's experience and capability:
 - As a service provider in the community.
 - In providing same or similar services.
 - In working with target populations.
4. Statement of measurable program objectives and methods for achieving objectives.
5. Level of Service.
6. Coordination with other service providers in the community.
7. Staff patterns and qualifications.
8. Accessibility of services.
9. Plans for evaluation of services.
10. Prior compliance with all terms.
11. Evidence that the Agency has adequate resources, facilities and equipment to operate the proposed program.
12. Demonstration of ability to manage fiscal aspects of program.
13. Cost effectiveness of program(s).
14. Reasonableness of budget information.
15. Service priority ranking as identified in the **Monmouth County 1998 Community Needs Assessment Report**.
16. Review of ability to generate additional income, e.g., collection of fees, Medicaid, Medicare and insurance reimbursements, etc.
17. Information provided regarding waiting lists for programs funded by the County of Monmouth.

VI. APPLICATION

**COUNTY OF MONMOUTH
DEPARTMENT OF HUMAN SERVICES
DIVISION ON AGING, DISABILITIES & VETERANS' INTERMENT AFFAIRS**

BUDGET AND FUNDING REQUEST APPLICATION

Agency _____

Address _____

Phone No. _____ Budget Period _____ to _____

_____ Contract Term _____

Fax No. _____ Agency Fiscal Year End _____

Chief Exec. Officer _____ Federal ID No. _____

Date _____ Prepared By _____

	2007 Agency Budget	2008 Agency Budget
A. Personnel		
B. Consultants & Professional Fees		
C. Materials & Supplies		
D. Facility Costs		
E. Specific Assistance to Clients		
F. Other		
G. Total Operating Budget		

Statement: The undersigned assure and solemnly declare that all information contained in this request is complete and accurate to the best of his or her knowledge and that the services described herein will be provided to the extent approved by the County of Monmouth. We give permission to the County of Monmouth to contact state and federal agencies as well as other charitable funding sources to discuss and share relevant financial, budget programs and grant information. We will make available, upon request the complete agency and program(s) budgets applicable to this funding request.

President of Board of Directors

Executive Director

A. AGENCY BACKGROUND AND BUDGET

Description of Agency:

Objectives of Agency:

Services Offered:

Accreditation:

Licenses or Approval:

Area(s) served:

Fiscal Year: _____ to _____

Reserves (Unrestricted assets, contributions, fees, excess revenue, etc.): _____

December 31, 2007 _____ Anticipated December 31, 2008 _____

List programs for which you are requesting funding:

Program	Program Budget	Percentage of Total Agency Expenses
1.		
2.		
3.		
4.		
5.		

B. PROGRAM DETAIL (continued)

f. Documentation of need for program (general need in the community).

g. Does program require state certification or license?

Yes No

License has been secured

License pending

Application not submitted

Name of licensing/regulatory authority _____

2. Is this a new or expanded program?

New Expanded N/A

a. Please explain if new or expanded.

b. Has your agency lost federal, state or other funds within the last year?

Yes No

If yes, indicate amount reduced and program area.

c. Describe how your agency has developed and made progress toward its goal in the past year and what areas, if any, are targeted for service expansion.

B. PROGRAM DETAIL (continued)

3. Current and/or anticipated sources of funding. List funding sources and amounts for program budget:

a. Is program eligible for any funding other than as cited above?

Yes No

b. Do you have any pending applications for funding?

Yes No

4. How do you plan to evaluate the effectiveness and quality of the service? Who does the evaluation?

5. Do you have a monthly statistical reporting procedure?

Yes No

(If Yes, please attach. If no, you will be required to develop one.)

B. PROGRAM DETAIL (continued)

- c. Definition of unit of service (hours/days/number of clients, etc.):

 - d. Number of units of service to be provided:
8. Anticipated level of service for contract year. **Numbers listed below must match categories J & K on the budget page B1 of 7 of Appendix B.**
- a. Target population including demographics such as age, area, etc.:

 - b. Number of clients to be served:

 - c. Definition of unit of service (hours/days/number of clients, etc.):

 - d. Number of units of service to be provided:
9. Fill out attached “Program Budget”. Complete your present budget, your proposed budget and your grant request for each program. **Leave the Approved Grant column blank (column #4).**
10. Explain major increases and/or decreases in budget. A major increase would constitute personnel cost increases exceeding 10% over previous budget and other costs exceeding 15% over previous budget.

PROGRAM BUDGET INSTRUCTION

*Note that a separate budget must be submitted for each program funded.
In addition all sections of the budget must be completed.*

- A. **Personnel**: There are two sections that fall under Personnel as follows:
1. **Salaries and Wages** - The salaries and wages of all full-time or part-time employees must be entered in this section.
 2. **Fringe Benefits** - Include all supplementary compensation and benefits, including FICA, state unemployment, health insurance, disability and life insurance, pension or retirement benefits, and worker's compensation. Also list percentage of fringe to salaries.
- B. **Consultants and Professional Fees**: These costs represent service agreements or fees for services rendered by members of a particular profession who are not employees of the provider agency. These costs include medical, educational, psychiatric/psychological fees. Other typical costs included in this category are for legal and accounting services, employment fees, data processing services, payroll preparation, and management services. Charges for brokerage and investment services, commissions, and collection fees are not allowed.
- C. **Materials and Supplies**: These include the costs of materials and supplies necessary to carry out the objectives of the program. These may be medical, educational, vocational, and recreational supplies as costs of food and beverages should be charged to provider agency activities based on the number of meals served. All costs should be adjusted to reflect all discounts, rebates, refunds, credits, allowances, and income received from other funding sources such as the Child Nutrition Program sponsored by the New Jersey Department of Education.
- D. **Facility Costs**: These costs represent allowable expenses associated with the usage and maintenance of buildings and equipment utilized by the agency for the funded program. Facility costs must be allocated on a logical and equitable base (usually square footage).
1. **Rental of Space** - Include the total allowable rental cost.
 2. **Utilities** - Include the costs of electricity, gas, oil, water and sewerage.
 3. **Maintenance**.
 4. **Repairs** - Itemize normal upkeep costs which neither add to the permanent value of the property nor appreciably prolong its useful life. Such costs may include the purchase of small items such as tools, which are considered recurring costs.
 5. **Insurance**-Include the cost of insurance applicable to buildings and equipment (premises insurance).
 6. **Equipment Leases** - Include leases on business and other equipment.
 7. **Other** - Include the cost and any miscellaneous facility-related expenditures not included in any of the above categories.

- E. **Specific Assistance to Clients:** This category represents cash given to clients and expenditures made to purchase personal items for client's use. These types of costs may be budgeted only if applicable to contract services and approved.
- F. **Other:**
1. Printing - Include costs related to the program.
 2. Telephone - Include costs for telephone calls and service.
 3. Postage - Include costs related to the program.
 4. Staff Travel - Include reimbursement rate per mile as well as total cost.
 5. Training and Conferences - Include allowable training and educational expenses and the costs of any in-house or outside meetings and conferences that are for the dissemination of technical information relative to the Agency's program activities.
 6. Organization Dues - Include costs for any memberships in trade, business, professional or technical organizations and for any subscriptions to professional periodicals.
 7. Program Transportation - Include travel costs related to program operations. Include costs for transporting clients. Exclude vehicle rental and insurance.
 8. Vehicle Rental - Include operating costs for provider - owned or rented vehicles.
 9. Vehicle Insurance - Include cost of insurance for vehicles.
 10. Professional Liability Insurance - Include cost for staff liability.
 11. Miscellaneous - Include and identify costs not specifically provided for in the budget categories and subcategories.
- G. **Total Operating Budget:** Sum of budget categories A through F.
- H. **Income and Revenue:** List all sources of program funds **excluding this grant.**
- I. **Net Operating Budget:** Subtract H (Income and Revenue) from G (Total Operating Budget).
- J. **Unit of Service Definition:** Indicate the type of service units to be rendered. For example, the unit for a residential treatment program might be "Resident Days." Resident days would then be used to compute the unit cost per diem of the program.
- K. **Budgeted Number Units of Service:** Enter the total units of service estimated to be rendered during the budget period. It is very important that a realistic figure be used for the Budgeted Units of Service, since it can significantly affect the computation of the unit cost. The Budgeted Units of Service should be based, when possible on historic data from the most current 12-month period. Consideration should be given to projected changes in the program and to any other factors, which may affect the level of service. In columns 1 and 2 enter the actual number of units of service.
- L. **Unit Cost:** Compute the per-unit cost for the program by dividing G (Total Operating Budget) by K (Budgeted Number of Units of Service).

Note: The following budget pages are available in a Microsoft Excel document on the Monmouth County Division on Aging, Disabilities & Veterans' Interment Affairs Web site www.visitmonmouth.com/aging under the tab "2008 County-Peer Renewal Budget on Excel". If you have any questions, contact Joni Baron in the Division on Aging, Disabilities & Veterans' Interment Affairs Planning and Finance department.

Telephone: 732-683-8919

E-mail: jbaron@co.monmouth.nj.us

FYI re the Excel file:

- **There are 7 worksheets/tabs (same as the printed pages).**
- **To print the entire workbook, select 'File', 'Print', 'Entire Workbook' from Print What box, 'OK'.**
- **Your input (text/data) are to be typed into appropriate fields highlighted in 'yellow'.**
- **The spreadsheets are set up to calculate and link back to the appropriate field(s).**
- **The white, red, and blue cells of the budget document are 'locked'.**
- **FYI**
 - **The white cells are part of the form and are locked.**
 - **The yellow cells are for input and are not locked.**
 - **The red cells are locked and have a formula in it to perform the necessary calculations (adding, etc.).**
 - **The blue cells are locked and link information from another cell. For now, column 4/'approved grant' fields are being left blank.**

APPENDIX B

COUNTY OF MONMOUTH DEPARTMENT OF HUMAN SERVICES DIVISION ON AGING, DISABILITIES & VETERANS' INTERMENT AFFAIRS County/Peer Budget Funding Request Application

C. Program Budget

Agency _____	Budget Period _____
Address _____	Contract Term _____
Phone # _____	Agency Fiscal Year End _____
Fax # _____	Prepared By _____
Federal ID # _____	Total Request _____
Chief Exec. Officer: _____	Program: _____

	-1- 2007 Program Budget	-2- 2008 Program Budget	-3- Grant Request	-4- Approved Grant
A. Personnel				
B. Consultants and Professional Fees				
C. Materials and Supplies				
D. Facility Costs				
E. Specific Assistance to Clients				
F. Other				
G. Total Operation Budget (A thru F)				
H. Income and Revenue			N/A	
I. Net Operating Budget (G minus H)			N/A	
J. Unit of Service Definition (hrs., days, # of clients, etc.)				
K. Budgeted # Units of Service				
L. Unit Cost (G/K)				

CHECK OFF LIST AND ATTACHMENTS

	ATTACHED	N/A	PENDING
1. Board of Directors/List of Officers			
2. License and Approvals			
3. Schedule of Days and Hours of Operation			
4. Table of Organization			
5. State Affirmative Action Certificate of Employee Information Report or Plan			
6. State of NJ CRI-300R/Annual Report for Charitable Organizations (must be signed)			
7. Internal Revenue Service Form 990 For the Last Fiscal Year			
8. Agency Fee Schedule (if applicable)			
9. Monthly Statistical Service Report			
10. Federal Tax Exemption Letter			
11. Most Recent Annual Report			
12. Job Descriptions of Personnel For Which Funding is Requested			
13. Most Recent Audit			
14. Schedule of Fringe Benefit Rates (%'s)			
15. Stockholders List (if applicable)			
16. Insurance Documents: Certificate of Insurance and a Copy of the Endorsement Page of the Policy Showing the "County of Monmouth" as Additional Insured			
17. Certificate of Incorporation			
18. Certificate of Occupancy			
19. Other (Please List):			

ADDITIONAL NOTES REGARDING ATTACHMENTS:

PENDING COLUMN MUST INCLUDE EXPECTED DATE OF SUBMISSION

ALL ATTACHMENTS MUST BE NUMBERED IN ACCORDANCE WITH THE LIST ABOVE