

## **TOWN OF BREWSTER, MASSACHUSETTS - REQUEST FOR APPLICATIONS for FY 2025 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 2025 from Human Services agencies providing support to 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 2024 Spring Annual Town Meeting.

Agencies shall submit ten (10) hard copies of their application packet to: Conor Kenny, Project Manager, Town of Brewster 2198 Main Street, Brewster, MA 02631 by **October 13, 2023**. Please contact Conor Kenny at (508) 896-3701 ext. 1129 with any questions prior to due date of application.

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

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 FY2025 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 2025 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.

## APPLICATION COVER SHEET FY 2025 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 FY2025 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