



City of Lawrence
Outside Agency Funding
APPLICATION

General Information: Each year, the City Commission considers requests for the allocation of dollars to a number of agencies that provide services benefiting the Lawrence community. The decision on funding a request will be made during the City's annual budgeting process. The decision will be based upon the availability of funds, the need demonstrated through the agency's application, the stated objectives of the applicant's program, past performance by the agency in adhering to funding guidelines (as appropriate), and the ability to measure progress toward the program objectives.

Instructions: Applications for 2008 funding must be complete and submitted electronically to the City Manager's Office at cliebst@ci.lawrence.ks.us by the deadline of 5:00 pm on Wednesday, May 2, 2007.

Questions? Contact Casey Liebst, Budget Manager at cliebst@ci.lawrence.ks.us or at 785-832-3409.

Section I. Applicant Information

Legal Name of Agency: Lawrence Sister Cities Advisory Board
Name of Program for Which Funding is Requested: Annual Operating Fund Request
Primary Contact Person: Gina Ross
Address: 218 Arizona Street, Lawrence, KS 66049
Telephone: 842-6092 Fax: _____
Email: Jar_ks@hotmail.com

Section 2. Request Information

- A. Amount of funds requested from the City for this program for calendar year 2008: \$12,000
- B. Will these funds be used for capital outlay (equipment or facilities) in 2008? If so, please describe:

Funds received will not be used for on equipment or facilities.
- C. Will these funds be used to leverage other funds in 2008? If so, how:

Funds will not be used to leverage other funds.
- D. Did you receive City funding for this program in 2007? If so, list the amount and source for funding (i.e. General Fund, Alcohol Fund, etc.):
Yes, The Board has received funding for the past 19 years. Last year, the Board received \$12,000 from the City's Guests Tax, of which, \$9,000 were used for operating expenses and \$3,000 for stipends assisting students traveling to our sister cities.
- E. If you are requesting an increase in funding over 2007, please explain exactly how the additional funds will be used:

Section 3. Agency and Program Budget information

- A. How many paid full time employees work for your agency? None Volunteers? 14
- B. What percent of your total 2007 budget goes to employee salaries and benefits? None
- C. What percent of your total 2007 budget is used for operating expenses? 100%
- D. What is the total estimated cost to provide the program in 2008? City funds:12,000; plus private funds that total approx 70,000
- E. What percent of 2008 program costs are being requested from the City? 100%
- F. List other anticipated sources of funding and funding amount for this program in 2008:

	<u>Anticipated Funding Source</u>	<u>Dollar Amount</u>
	Membership dues	\$1,200.00

TOTAL 2008 PROGRAM BUDGET \$1,200.00

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.

Lawrence Sister Cities Advisory Board receives no operating funds from any other source other than the City and our members' dues which totaled \$1,175 in 2006. We solicit Scholarship Funds from our members, citizens, corporations and civic groups. But, these funds are restricted and are used only for student scholarships. The Boar's funding is used for membership recruitment and development, bookkeeper, accountant, community relations, cultural exchanges, newsletters and social events for citizens and visiting foreigners.

B. How was the need for this program determined?

Based on prior budget histories and projections

C. Why should this problem/need be addressed by the City?

City has historically provided some level of funding to support the Sister Cities program over the past 2 decades.

Section 4. 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 3. 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.

This Board advises the City Commission on Sister City activities and programs. The City has two Sister Cities: Eutin, Germany and Hiratsuka, Japan.

The board coordinates and manages the City of Lawrence Sister Cities program with Eutin, Germany and Hiratsuka, Japan. Each year the board coordinates the exchange of students, citizens, and cultural events between the cities.

- B. Describe any efforts your agency has made to explore the community to determine if there are any other agencies providing similar types of services. What efforts have you made to coordination services?

N/A

Section 5. Program Objectives

Please provide three specific program objectives for 2008. 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 2008,” “credit counseling services will be provided to 600 clients in 2008,” “new digital arts program will serve 275 students in 2008” etc. **Applicants will be expected to report their progress toward meeting these objectives in their six month and annual reports to the City.**

Program Objectives

1.
Continue efforts to establish a Third Sister City

2.
Send a delegation of 20 or more to both Japan and Germany

3.
Increase membership & fund raising for the scholarship fund of the Sister Cities program in

Lawrence.

**Please return completed application electronically to cliebst@ci.lawrence.ks.us by
5:00 pm on Wednesday, May 2, 2007.**

Office Use Only			
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six month report received	<input type="checkbox"/> yes	<input type="checkbox"/> no	audit received:	<input type="checkbox"/> yes	<input type="checkbox"/> no
annual report received:	<input type="checkbox"/> yes	<input type="checkbox"/> no	tax return received:	<input type="checkbox"/> yes	<input type="checkbox"/> no