

Provider Agency Eligibility Questionnaire
Explanations and Definitions

Mission of Organization: What, in general terms, your organization does. This includes services that might not currently be being used by Rockport residents but which you are prepared to offer if requested. In many cases, this could be the Mission Statement of your organization, enhanced to point out specifics you wish to convey to the Select Board or Rockport Taxpayers. This statement (short paragraph) will appear on the insert included with the tax bill so our property taxpayers understand what your organization does.

What measurable benefits are provided by your agency: Specific information about the quantifiable services you actually provide to Rockport residents. A statement such as “we provide in-home nursing care services to the elderly so they can continue to live independently” helps us understand how you are helping individuals or groups within our community. Other examples include, “we provide reduced fee for service transportation to disabled or handicapped people,” “we assist anyone who asks with assistance in completing government forms required to receive food stamps, women-and-infant-children assistance, and the like,” and “we provide immediate shelter to those who have been abused or assaulted.”

What intangible benefits are provided by your agency: In general terms, how does your agency benefit people and communities beyond the specific services provided. In other words, what would be the impact if your agency didn’t exist or didn’t provide assistance?

Distribution of services by town: Roughly, how are your services distributed, e.g., “Rockport received about 20%, Camden received about 15%, Rockland received about 52% with the remaining spread between Appleton, Lincolnville, Hope and Union.” If, because of the nature of the service or because your agency doesn’t track by residency, it is difficult to provide this number, please explain how services are distributed.

Criteria for eligibility for service: Does your organization use some form of criteria for determining who is eligible for your services, such as a person must be of a certain age (or between certain ages) or a person/family must earn less than a certain amount (or between amounts if you are a “gap” provider) or a person must have a certain disability (or, as an example, a member of the immediate family). Basically, how do you determine who you will help or do you take “all comers?”

Structure/Organization: If your agency is part of a larger group, please name the parent organization and describe how your agency fits into its organizational structure. Also, please list the other agencies that comprise the parent organization, indicate whether they are charitable or for-profit and describe the interaction, if any, between your agency and any others within the overall structure (e.g., do you share staff).

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Tax status, jurisdiction and filing: How is your organization organized, e.g., 501(c) 3 and under which jurisdiction, i.e., U.S. or Maine? If you are required to file returns with the taxing jurisdiction, when did you last file these documents? If you are not required to file tax forms (or the equivalent), please state that.

General note about Expenses and Revenues: We are aware this questionnaire is due immediately after the end of the calendar. What we do want to know is what are you budgeting for in the current year as well as what you spent in the past two years. If you had major changes in the amounts over the years, please provide an addendum to this questionnaire explaining such significant changes, e.g. how reduced Federal or state funding impacted your agency or has the general level of charitable giving had an impact on your agency.

Expenses: Every agency is unique and we are trying to cover all agencies with a single set of questions. Some categories may not apply, in which case specify “not applicable” or similar notation. If your agency groups two of our categories under a single heading, please make a note as appropriate, e.g., if utilities are grouped under office and administration, make a note under utilities such as “amounts included in office and admin.”

Contributions in lieu of property taxes/facilities used/local match: Many charitable organizations have property in the community and, as a result, are exempt from property taxes. However, the Comprehensive Plan recommends that we ask such organization to make a “nominal” contribution in lieu of the abated taxes (and several organizations do make such a contribution). We would like to know whether your organization does this (and if it is to a town other than Rockport, we would like to know that as well). Likewise, some organizations use the money donated by towns to receive matching grants from Federal, state or private organizations; does your organization do this and, if so, what is the “return” on the money you are asking our taxpayers to donate?

Employees: The total number of full- and part-time employees as well as the breakdown of how many are Rockport residents. We are asking for the salary and benefits so we may better understand the total “return” to our community by your agency.

Volunteers: We are attempting to better understand involved our residents are in helping your agency. We are asking about what we view as “dedication,” in other words, how much time is volunteered by our residents. If your organization requires the use of specially trained professionals (as in the case of a counseling service), or are prohibited by law or professional guidelines from using unpaid (and presumably untrained) volunteers please make a statement to that effect. Likewise, if volunteers are restricted to certain functions, thereby limiting the number needed, please make that clear as well.

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Revenues: State: we are assuming Maine, but if you are receiving funds from other states, please make a notation such as “multiple” in the right-hand margin. County(ies): while we recognize that Knox County (at present) does not make donations such as these, we would like to know if any of the surrounding counties (e.g., Lincoln or Waldo) are; if you receive contributions from more distant counties, please make a notation in the right-hand margin. Towns: we do want to know which of the surrounding towns (or cities) are being asked for contributions/donations as well as which did make such in past years. Private and business donations: we anticipate that these categories are most likely to see drastic changes from year-to-year; an explanation of such changes in an addendum to this questionnaire would be appreciated. Fee for service: we are interested in what is received from individuals for the services you provide, not what is reimbursed from insurance or MaineCare. Other revenue/income: include insurance reimbursements in this line as well as any other income you may receive that doesn’t “fit” the other revenue categories we are asking about.

Special Events: If you hold any special events during the year to raise funds, we want to know about it (them) as many Rockport residents have a history of supporting such activities.

Fee for service: What fees do you charge for the services provided? If you charge a fee, please provide a copy of your fee schedule. If you utilize a sliding scale for charging fees, please provide the range for each service. We want to understand the breadth of coverage you offer to our community as well as understand how similar agencies serve the diverse sectors of our community.

Other income or revenues: Do you have another source of revenue on which you rely? For example, do you sell “advertising” in a program booklet you might distribute at the special event? Or, if you have a facility, do you offer advertising on the outfield fence or do you rent out office space in a building that was donated to your organization?

Additional Information: Though not a listed category, if you have any additional information you wish to share, please feel free to add addenda pages. But, we do ask that you be brief.

What measurable benefits are provided by your agency?

What intangible benefits are provided by your agency?

Distribution of services by town:

Criteria for eligibility for service:

Did your agency have a structural/organization change in the last year? Yes No

Number of Rockport residents your organization served last year? _____

Did this change from previous years? Increased Decreased

Why did the number change?

Is this based on a “per contact” or “per visit” count? Yes No

Is this calculated on a “per client” count? Yes No

If the latter, what is the average number of contacts per client? _____

On average, how much time was spent with each person per contact? _____

FINANCIAL INFORMATION:

What is your tax status? _____ Under what jurisdiction? _____

What is the last year for which you filed a tax return (or equivalent documents)? _____

From your budget, please provide:

EXPENSES:	2009 Projected	2008 Actual	2007 Actual
Salaries & Benefits	\$ _____	\$ _____	\$ _____
Program Supplies	\$ _____	\$ _____	\$ _____
Office & Administration	\$ _____	\$ _____	\$ _____
Fundraising Costs	\$ _____	\$ _____	\$ _____
Rent or Mortgage	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
All Other Expenses	\$ _____	\$ _____	\$ _____
Total Expenses	\$ _____	\$ _____	\$ _____

Number of full-time/paid employees _____

Number of full-time employees who are Rockport residents _____

Salaries & Benefits earned by Rockport residents \$ _____

Number of part-time/paid employees _____

Number of part-time employees who are Rockport residents _____

Salaries & Benefits earned by Rockport residents \$ _____

Number of total volunteers _____

Total hours contributed in 2008 _____

Number of volunteers from Rockport _____

Total hours contributed in 2008 _____

Please list examples of "other expenses"

Do you make contributions in lieu of paying property taxes? Yes No

If so, how much did you contribute to Rockport in 2008? \$ _____

Would our funding provide for a "local match" from Federal, state or private grants? If so, at what rate?

REVENUES:	2009 Projected	2008 Actual	2007 Actual
Federal	\$ _____	\$ _____	\$ _____
State	\$ _____	\$ _____	\$ _____
County(ies) _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Town(s) _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Private Donations	\$ _____	\$ _____	\$ _____
Business Donations	\$ _____	\$ _____	\$ _____
Special Events	\$ _____	\$ _____	\$ _____

Fee for Service	\$ _____	\$ _____	\$ _____
Other Revenue/Income	\$ _____	\$ _____	\$ _____
Total Revenues	\$ _____	\$ _____	\$ _____

What are the Special Event Fundraisers that you sponsor?

What are the sources of the “Other Revenues/Income” revenues?
