



COMMUNITY SERVICES AND ENRICHMENT GRANT APPLICATION

Units of Service – Program Types and Definitions

Definition: A unit of service is a measure used to determine and report how much service or product is provided by a community service and enrichment program. It provides a program-specific measure of service volume.

Example:

Program: Your Program-Project Name.

Unit of service: An identifiable program result that can be described and quantified in some way.

Total program cost: Cost of Program.

Can also include the grant \$ amount as a percentage of the total program cost.

Unit of service count: Number of units of service selected that organization intends to serve

(Example - # houses painted...)

Unit of service cost: Cost per – unit of service selected (program cost/unit of service).

NOTE:

Many of the following **Program Units of Service** are prepared in advance for existing – repeating grantees. You can also create your own **Units of Service**.

Program A: Scholarship Program for College Students

Unit of service: Scholarship

Total program cost: Scholarship processing and management

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per Student Scholarship.

Program B: Emergency Response – Safety Services

Unit of service: Resident served, Vehicle, Vehicle Run, Location/ Event.

Total program cost: Program Development – Program Sessions – Post Event Business.

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service selected.

Program C: Theater Companies

Unit of service: Season, Participant/Attendee, Production – Programmed Event

Total program cost: Season Total.

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service selected

Program D: Annual Enrichment Events/Cultural Festivals

Unit of service: Participant/Attendee, Public or By-Invitation Events

Total program cost: Complete cost of Public and/or By-Invitation Events

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service selected

Program E: Arts Education-Programming

Unit of service: Student-participant, Sessions, Locations

Total program cost: Program Development – Program Sessions – Post Event Business

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service selected

Program F: Science Education-Programs & Events. Mentoring.

Unit of service: Educational Program, Session, Location, Events, Student, Family, Visitor

Total program cost: Program Development – Program Sessions – Post Event Business.

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service selected.

Program G: Historic Preservation Programs and Programming

Unit of service: Public or By-Invitation Event. Attendance at meetings with City staff.

Focused Ethnic-Historic Research. Time helping implement Rockville Historic Preservation Work Plan.

National Preservation Month Program(s.) Rockville-specific form developed-assisted for Maryland Inventory of Historic Properties.

Unit of service count: Number of unit of service selected above

Total program cost: Historic Preservation Programs and Programming Annually

Unit of service cost: Cost per unit of service selected

Program H: Clothing Distribution

Unit of service: Resident receiving services, clothing pick ups

Total program cost: \$

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service selected

Program I: Elderly Support Services

Unit of service: Senior receiving supportive services, visits to seniors

Total program cost: \$

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service selected

Program J: Emergency Shelter

Unit of service: Bed night, participant

Total program cost: \$

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service selected

Program K: Shelters – Permanent

Unit of service: Bed night, participant

Total program cost: \$

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service selected

Program L: Developmental Day Care

Unit of service: Day of care provided per child, child, family

Total program cost: \$

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service selected

Program M: Food Pantry

Unit of service: Food pickup, participant

Total program cost: \$

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service selected

Program N: Health Clinic

Unit of service: Patient visit, patient

Total program cost: \$

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service selected

Program O: Language Classes

Unit of service: Participant in class, classes

Total program cost: \$

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost of unit of service selected

Program P: Mental Health

Unit of service: Participant in program, sessions, groups

Total program cost: \$

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost of unit of service selected

Program Q: Parenting Support / Education

Unit of service: Participant in program, sessions of program

Total program cost: \$

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service selected

Program R: Youth Development/Therapeutic Recreation

Unit of service: Participant in program, sessions of program

Total program cost: \$

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service selected

Program S: Information and Referral

Unit of service: Participant in program, events/activities offered

Total program cost: \$

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service selected

Program T: Housing Services / Social Programs for Adults with Disabilities

Unit of service: Housing Unit, Location, Resident/Participant (Individual and Family)

Total program cost: Program Development – Program Sessions – Post Event Business.

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service selected

Program U: Skilled Job Training and Placement Services

Unit of service: Training/Seminar, Locations for Training, Placement, Student/Participant.

Total program cost: Program Development – Training Sessions – Related Placement Service.

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service selected

Program V: Refuse Collection Service for Subsidized Housing Units

Unit of service: Housing Unit, Location, Participant (Individual Renter and Family).

Total program cost: Program Development – Program Sessions – Post Event Business.

Unit of service count: Number of unit of service selected above

Unit of service cost: Cost per unit of service.

The following definitions are intended to guide organizations in determining to which revenue line-item a given source of financial support should be charged. This should help avoid varying interpretations and promote uniform understanding and application among applicant organizations.

- **Direct contributions (Line 1)** – Contributions include only amounts for which the donor receives no direct private benefits. They are, therefore, to be carefully distinguished from membership dues and program fees which represent payments made in return for direct private benefits.

All contributions received directly from individual donors and organizations and not resulting from a federated fund-raising campaign or other grant source are to be included in this classification. Amounts paid ostensibly as memberships, but which are in fact contributions, should be included here; likewise, the excess amount paid over the regular membership fee should also be included.

The following are examples of sources of support to be reported in this category:

1. Individuals, including an agency's own Board members, employees and their acquaintances.
2. Corporations and other businesses.
3. Contributions in response to door-to-door, mail, and other solicitations conducted by an agency itself; and
4. Fraternal, civic, social and other unrelated groups (i.e., direct contributions, excluding contributions raised through organized campaigns).

Special events income – Includes support and incidental revenue derived from total agency special fund-raising events during the period of the report. These are affairs in which something of value is offered directly to participants for (or in anticipation of) a payment and a contribution adequate to yield revenue for the agency over and above direct costs and expenses.

- **Grants from foundations (Line 2)** – This revenue line is reserved to show the source of income from foundations.
- **Grants & contracts from government sources (Line 3)** – All support and revenue that an agency receives from governmental sources is to be reported in this classification. For some agencies, this may require the combining of purchase-of-service, fees, and contract payments from local, state, and federal organizations.
- **Program fees (Line 4)** – This classification includes fee payments received for services furnished by the organization (e.g., medical services, counseling, day care for children). Whether an agency uses a fee schedule or merely requests clients to pay what they feel they can afford, any payments solicited or accepted as a contribution in return for an agency's professional services belong in this classification.
- **In-kind contributions (Line 5)** – This category is used to reflect the monetary value of donated goods, supplies, and personnel. The value of showing this form of support is that it presents an accurate picture of the true cost of the program in the event that the applicant had to purchase donated goods, supplies, staff and services donated to it.
- **Other (Line 6)** – This category is reserved for revenue not reported in other accounts. Include a brief description in the space provided.
- **Revenue without in-kind contributions (Line 7)** – This number calculates automatically and is the sum of lines 1 through 4 and 6.
- **Total revenue (Line 8)** – This number calculates automatically and is the sum of lines 1 through 6.

Expense Line Items

The following definitions are intended to guide organizations in determining which expense line item a given expense should be charged. This should help avoid varying interpretations and promote uniform understanding and application among agencies.

- **Personnel (Line 9)** – This expense account group is reserved for salaries and wages, benefits and taxes earned by or paid for an organization’s regular employees (full or part-time) and by temporary employees, including “Office Temporaries” other than consultations and others engaged on an individual contract basis. Salaries are compensation paid periodically for managerial, administrative, professional, clerical, and other supportive services. Wages are compensation paid periodically on piecework, hourly, daily or weekly basis for manual labor, skilled or unskilled, or a fixed sum for a certain amount of such labor.

Employee benefits – This expense account group is reserved for amounts paid or accrued by an agency under its own or other (private) employee health and retirement benefit plans, including voluntary employee termination or retirement payments outside a formal plan.

Sub-categories include: Accident Insurance Premiums; Life Insurance Premiums; Medical and Hospital Plan Premiums; Pension or Retirement Plan Premiums; Supplemental Payments to Pensioned Employees; Payments to Annuitants, and Employment Termination Expenses.

Payroll taxes – This expense account group is reserved for social security taxes and compensation insurance premiums payable by employers under federal, state, or local laws.

This account accumulates all payroll tax expenses, FICA payments (employer’s share), Unemployment Insurance, Workmen’s Compensation Insurance, and Disability Insurance Premiums.

- **Consultants/contract services (Line 10)** – This expense account group is reserved for fees and charges of professional practitioners, technical consultants, or semi-professional technicians who are not employees of the agency and are engaged as independent contractors for specified services, on a fee or other individual contract basis.
- **Occupancy (Line 11)** – This expense category includes all costs arising from an agency’s occupancy and use of owned or leased land, buildings and offices.

Examples of expenses in this category would include: office rent; building/property and equipment insurance; janitorial and maintenance services under contract; electricity/gas/water and other utilities; and building/grounds maintenance supplies.

- **Consumable supplies (Line 12)** – This expense account group is reserved for the cost of materials, appliances and other supplies used by the agency.
- **Transportation/travel (Line 13)** – This expense account group is reserved for expenses of travel and transportation of staff and clients of the reporting agency.

Included in this line item would be: local bus and taxi fares; gas and oil for agency vehicles; repairs; vehicle insurance; licenses and permits; leasing costs; mileage reimbursement or auto allowances for employees and direct service volunteers; and tires. Purchase of transportation services should be included in this line item.

- **Liability insurance (Line 14)** – This expense category would include all insurance costs incurred by the agency except for vehicle insurance, building and equipment insurance, employee accident insurance, life/unemployment and disability insurance, and workman’s compensation insurance, which are reported in other line items.

Expenses in this category would include: employee liability insurance, Board liability insurance, medical malpractice insurance, and other types of insurance coverage.

- **Rental/lease of equipment (Line 15)** – This expense account group is reserved for the costs of renting and maintaining equipment used by the agency in conducting its programs and/or support functions. This would include

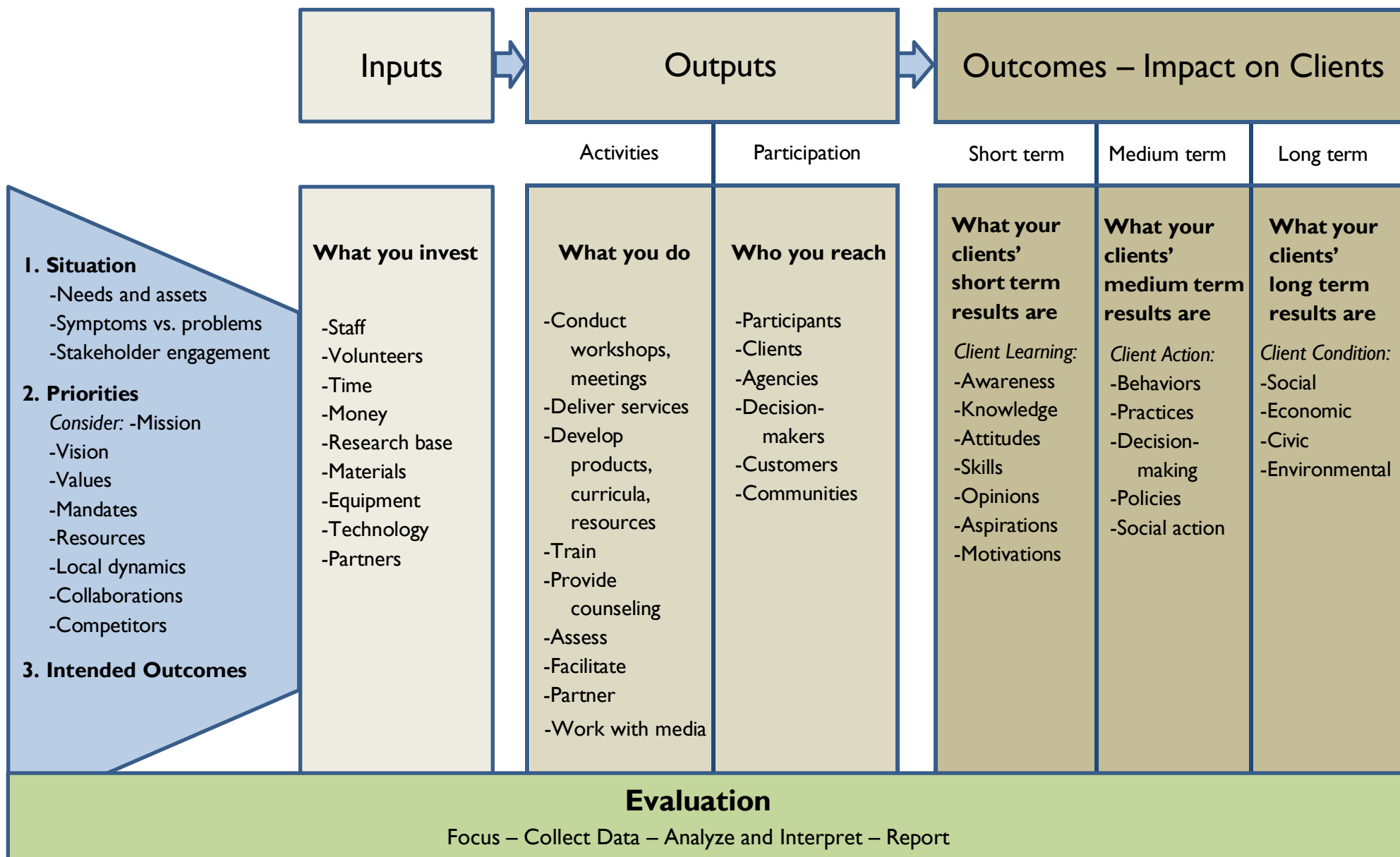
such items as service contracts for computers, typewriters, and similar equipment.

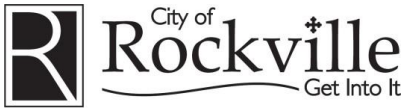
This account group would include the following expenses: rental of equipment and maintenance of equipment.

- **Other direct expenses/costs (Line 16)** – This expense line is reserved for costs not reportable in other classifications or unique to the program for which funding is requested, including the value of in kind contributions.
- **Value of in-kind contributions (Line 17)** – This number calculates automatically and is equal to the sum of values in line 5.
- **Depreciation (Line 18)** – This line item is intended for the allocation of the cost or other carrying value of physical assets over their estimated lives. Provision for depreciation or amortization of an accounting process intended to spread the cost of such assets over the period of time during which their use benefits the program or supporting activities of the agency; it should not be viewed as a means of funding the replacement of physical assets.
- **Other (Line 19)** – This expense line item is for any specific expenses an agency wishes to report that are not included in the above categories. This might include management and general expenses (the portion of administrative overhead assigned to this program.) Management and general expenses need not be reflected in your budget but may include the auxiliary services needed to support the program. Some of these include:
 - Board and Committee meetings
 - Executive Director
 - Office Management
 - Accounting, Auditing, and Budgeting
 - Corporate Legal Services
 - Receptionist, Switchboard, Mail Distribution, and other Central Services
 - Fund Raising ActivitiesInclude a brief description in the space provided.
- **Expenses without in-kind contributions (Line 20)** – This number calculates automatically and is the sum of lines 9 through 16 and 18.
- **Total expenses (Line 21)** – This number calculates automatically and is the sum of lines 9 through 19.
- **Excess/deficit (Line 22)** – This line item calculates automatically and reflects the difference between total revenue (line 8) and total expenses (line 21). An excess is the result when there is more revenue than expense. When expense is greater than revenue, the result is a deficit, indicated by a negative sign.

COMMUNITY SERVICES AND ENRICHMENT GRANT APPLICATION

Logic Model for Many NonProfit Organization Grants





COMMUNITY SERVICES AND ENRICHMENT GRANT APPLICATION GRANT APPLICATION Human Services Agency Outputs & Outcomes

The following pages provide the required and optional outputs and outcomes by areas that tend to be in categories related to human services and caregiving requirements.

For some applicants, the outputs shown on the following pages reflect requirements established by other agencies outside of the city, such as state or federal requirements, to which the city is also accountable (Example - HIPAA (Health Insurance Portability and Accountability Act)).

The City of Rockville grant is not limited to these following service areas.

If your program does not fall within one of the provided service categories or if you have questions about the required or optional outputs and outcomes, contact Sarah Maizel, Grants and Program Analyst, Department of Housing and Community Development, at smaizel@rockvillemd.gov or 240-314-8304 or Abe Bruckman,

Grants Manager, City Manager's Office, at abruckman@rockvillemd.gov or 240-314-8111.

CLOTHING DISTRIBUTION

Outputs

Required outputs:

- Number of visits by Montgomery County residents
- Number of visits by Rockville residents
- Dollar value of goods distributed
- Number of clients referred to other services
- Number of Rockville residents referred to other services

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Average number of annual visits per client
- Number of students receiving school supplies
- Number of expectant mothers receiving infant layettes

Initial Outcomes

Required initial outcome:

- Client gains access to services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who complete intake
- # and % of clients who use the program's services for the first time

Intermediate Outcomes

Required intermediate outcome:

- Clients engages in services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who use the program's services more than once
- # and % of clients who receive referrals to or information about other needed services

Long-Term Outcomes

Required long-term outcome:

- Client's wellbeing improves

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who report that the program's services saved them money to spend on other basic needs

ELDERLY/DISABLED SUPPORTIVE SERVICES

Outputs

Required outputs:

- Number of clients receiving home care services
- Number of Rockville residents receiving home care services
- Number of hours of home care provided
- Number of hours of home care provided to Rockville residents
- Number of clients receiving home repairs, maintenance, or modification
- Number of Rockville residents receiving home repairs, maintenance, or modification

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Average number of home care visits per client
- Number of clients receiving assistive devices
- Value of home care services provided
- Value of home repairs, maintenance, or modification provided

Initial Outcomes

Required initial outcome:

- Clients gain access to services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of referred clients who complete intake process
- # and % of new clients who receive home care services within one month of intake
- # and % of clients who receive referrals for other needed services

Intermediate Outcomes

Required intermediate outcome:

- Client engages in services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who report that home care services improve their quality of life
- # and % of clients who report that home care services improve the cleanliness/livability of their home
- # and % of clients receive home repair/modification services that improve their safety
- # and % of clients who receive weekly phone calls or visits by program staff or volunteers

Long-Term Outcomes

Required long-term outcome:

- Client's wellbeing improves or remains stable

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who do not move to an assisted living facility during the first six months since the start of services
- # and % of clients who do not move to an assisted living facility during the first twelve months since the start of services

FOOD DISTRIBUTION

Outputs

Required outputs:

- Number of pickups by Montgomery County residents
- Number of pickups by Rockville residents
- Pounds of food distributed to clients
- Pounds of food distributed to agencies/organizations
- Dollar value of food distributed

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Average number of annual pickups per client

Initial Outcomes

Required initial outcome:

- Clients gains access to services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who receive food
- # and % of clients who are referred for assistance
- # and % of clients who use the program's services for the first time

Intermediate Outcomes

Required intermediate outcome:

- Client engages in services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who use the program's services more than once
- # and % of clients who receive referrals to or information about other needed services
- # and % of clients who take advantage of a satellite pick-up site

Long-Term Outcomes

Required long-term outcome:

- Client's wellbeing improves

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who report that the program's services saved them money to spend on other basic needs
- # and % of clients who report that the program's services fostered healthy eating for their household
- # and % of clients participating in educational workshops/programs who report an increase in nutritional knowledge

HEALTH CARE

Outputs

Required outputs:

- Number of clinic hours provided
- Number of patient visits
- Number of Rockville resident patient visits
- Number of patients referred to other medical services
- Number of patients referred to other human services

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Average number of visits per patient
- Average number of visits per Rockville resident
- Number of clinic days
- Number of patients who visit the clinic more than once
- Number of Rockville residents who visit the clinic more than once
- Number of primary care encounters
- Number of phlebotomy encounters
- Number of mental health counseling encounters
- Number of gynecology/podiatry/dermatology (or other specialty as applicable) encounters

Initial Outcomes

Required initial outcome:

- Clients gain access to basic services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of patients who complete intake
- # and % of patients who receive information about or referral to other needed human services
- # and % of patients provided translation/interpretation services of those who require it

Intermediate Outcomes

Required intermediate outcome:

- Clients engage in services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of patients who receive referrals to specialist providers
- # and % of patients who receive mental health counseling

- # and % of patients who receive mammograms if applicable
- # and % of patients who receive anxiety/depression screening if applicable
- # and % of patients who attend workshops/seminars on health issues
- # and % of patients who receive free or discounted medication

Long-Term Outcomes

Required long-term outcome:

- Clients' wellbeing improves

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of patients who report improved health
- # and % of patients who report increased knowledge of topics related to their health
- # and % of hypertensive patients whose blood pressure decreases
- # and % of diabetic patients whose HbA1c decreases

INFORMATION/REFERRAL SERVICES

Outputs

Required outputs:

- Number of clients who receive information and referral services
- Number of Rockville residents who receive information and referral services
- Number of one-on-one direct service hours provided
- Number of group/workshop hours

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Number of clients who receive health care access services
- Number of Rockville residents who receive health care access services
- Number of clients who receive assistance in health insurance enrollment
- Number of Rockville residents who receive assistance in health insurance enrollment
- Number of educational workshops/seminars
- Number of clients who participate in educational workshops/seminars
- Number of Rockville residents who participate in educational workshops/seminars

Initial Outcomes

Required initial outcome:

- Clients gain access to needed services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who receive referrals to needed services

Intermediate Outcomes

Required intermediate outcome:

- Clients engage in needed services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who agree to a case management plan
- # and % of clients who receive ongoing case management services

Long-Term Outcomes

Required long-term outcome:

- Client's wellbeing improves

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who report an increase in income
- # and % of clients who report an increase in the stability or safety of their living conditions

- # and % of clients whose housing situation improves
- # and % of clients who report improved health
- # and % of clients who report increased knowledge of topics related to mental health

LANGUAGE/CITIZENSHIP EDUCATION

Outputs

Required outputs:

- Number of participants in English as a Second Language (ESL) classes
- Number of Rockville residents participating in ESL classes
- Number of hours of English instruction

Optional outputs (choose AT LEAST TWO from the outputs listed below and/or other outputs specific to your program's services):

- Number of participants in citizenship classes
- Number of Rockville residents participating in citizenship classes
- Number of hours of citizenship instruction
- Number of children in tutoring/child care
- Number of Rockville resident children in tutoring and child care
- Number of hours of tutoring/child care

Initial Outcomes

Required initial outcome:

- Clients gains access to service

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of students placed in appropriate class level in fall
- # and % of students placed in appropriate class level in spring

Intermediate Outcomes

Required intermediate outcome:

- Clients engage in service

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who show progress at mid-term in summer
- # and % of clients who show progress at mid-term in fall
- # and % of clients who show progress at mid-term in spring
- # and % of students who do not drop out of the program

Long-Term Outcomes

Required long-term outcome:

- Client's wellbeing improves

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clientss knowledge of English language improves
- # and % of clients who complete the course curriculum and graduate to the next level
- # and % of clients whose knowledge of English improves as evidenced by pre- and post-tests

Required long-term outcome:

- Clients pass citizenship exam and become U.S. citizens

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of citizenship students who pass citizenship exam and become U.S. citizens
- # and % of clients not enrolled in citizenship class who pass citizenship exam and become U.S. citizens

MENTAL HEALTH

Outputs

Required outputs:

- Number of clients receiving individual counseling
- Number of Rockville residents receiving individual counseling
- Hours of individual counseling provided
- Hours of individual counseling provided to Rockville residents
- Number of individual counseling sessions
- Number of individual counseling sessions provided to Rockville residents

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Average number of individual counseling encounters per client
- Number of psychotherapeutic groups provided
- Number of clients in psychotherapeutic groups
- Number of Rockville residents in psychotherapeutic groups
- Hours of psychotherapeutic groups/mental health workshops provided

Initial Outcomes

Required initial outcome:

- Clients gain access to needed services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of referred clients who receive assessment
- # and % of referred clients who are enrolled in individual counseling
- # and % of clients who are referred to other mental health providers as necessary
- # and % of clients who are referred to other needed human services

Intermediate Outcomes

Required intermediate outcome:

- Clients engages in services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who consistently attend regularly scheduled individual counseling sessions
- # and % of clients who regularly attend psychotherapeutic groups
- # and % of clients whose individual counseling is terminated by mutual agreement of the counselor and client

Long-Term Outcomes

Required long-term outcome:

- Clients' mental health and/or wellbeing improves

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who report improved mental health
- # and % of clients who report increased knowledge of topics related to their mental health
- # and % of clients who report that individual counseling improved their coping ability
- # and % of clients who report that psychoeducational groups/workshops improved their coping ability

PARENTING SUPPORT/EDUCATION

Outputs

Required outputs:

- Number of families served
- Number of Rockville resident families served
- Number of parents served
- Number of Rockville resident parents served
- Number of parenting groups provided
- Hours of parenting groups provided

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Number of home visits performed
- Hours of home visits
- Number of Rockville resident home visits performed
- Hours of Rockville resident home visits
- Number of family participants attending groups
- Number of Spanish-speaking families served

Initial Outcomes

Required initial outcome:

- Families gain access to needed services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of families who complete intake/assessment
- # and % of clients who receive assistance in health care/health insurance enrollment
- # and % of clients who receive referrals to other needed human services

Intermediate Outcomes

Required intermediate outcome:

- Families engage in needed services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who obtain or maintain employment
- # and % of clients who obtain or maintain stable housing
- # and % of clients who enroll to receive human services benefits

Long-Term Outcomes

Required long-term outcome:

- Children and family wellbeing improves

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of families with no reported incidents of neglect
- # and % of families with no reported incidents of abuse
- # and % of children who demonstrate normal development
- # and % of parents with an adequate knowledge of child safety
- # and % of parents with an adequate knowledge of child development

SHELTERS: EMERGENCY

Outputs

Required outputs:

- Number of bed nights provided
- Number of bed nights provided to Rockville residents
- Number of meals provided
- Number of meals provided to Rockville residents
- Number of hours of case management provided
- Number of hours of case management provided to Rockville residents

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Average number of bed nights per client
- Average number of bed nights per Rockville resident
- Number of on-site workshops provided
- Number of group meetings held
- Value of donations provided to clients

Initial Outcomes

Required initial outcome:

- Clients gains access to emergency food and shelter

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who complete intake/assessment

Intermediate Outcomes

Required intermediate outcome:

- Clients engages in needed services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who are engaged in case management
- # and % of clients who complete housing assessment
- # and % of clients who receive referrals to needed services
- # and % of clients who agree to a service plan in the first 30 days of service
- # and % of clients who agree to a treatment/recovery plan in the first 30 days of service
- # and % of clients who attend workshops or group meetings provided by the shelter
- # and % of clients who obtain employment or increase income

Long-Term Outcomes

Required long-term outcome:

- Client's wellbeing improves

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who move to more permanent/stable housing
- # and % of long-term clients (stay of over # days) who move to more permanent/stable housing

SHELTERS: PERMANENT

Outputs

Required outputs:

- Number of bed nights provided
- Number of bed nights provided to Rockville residents
- Number of hours of case management provided
- Number of hours of case management provided to Rockville residents
- Number of on-site workshops provided

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Average number of bed nights per client
- Average number of bed nights per Rockville resident
- Number of group meetings held
- Value of donations provided to clients
- Number of off-site facilitated by shelters staff

Initial Outcomes

Required initial outcome:

- Clients gain access to needed services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who complete intake/assessment
- # and % of clients who are engaged in case management
- # and % of clients who agree to a service plan in the first 30 days of service
- # and % of clients who agree to a treatment/recovery plan in the first 30 days of service
- # and % of clients who regularly attend workshops or group meetings provided by the shelter
- # and % of clients who are enrolled in educational or employment training
- # and % of clients who are linked to needed health care or mental health services

Intermediate Outcomes

Required intermediate outcome:

- Clients engage in services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who obtain employment or increase income
- # and % of clients who demonstrate financial proficiency in maintaining a budget
- # and % of clients who follow service plan
- # and % of clients who achieve or maintain sobriety

Long-Term Outcomes

Required long-term outcome:

- Client's wellbeing improves

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of clients who move to independent housing
- # and % of clients who remain in the program
- # and % of clients who do not reenter the Montgomery County homeless system

YOUTH DEVELOPMENT/THERAPEUTIC RECREATION

Outputs

Required outputs:

- Number of youth served
- Number of Rockville youth served
- Number of youth groups/activities provided
- Hours of youth groups/activities provided

Optional outputs (choose one or more and/or other outputs specific to your program's services):

- Number of sessions provided
- Number of interactions with school personnel/family/other, on behalf of youth

Initial Outcomes

Required initial outcome:

- Youth gain access to needed services

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % youth who complete intake/assessment
- # and % youth who receive service provided
- # and % youth who receive referrals to other needed human services

Intermediate Outcomes

Required intermediate outcome:

- Youth engage in service provided

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of youth who provide feedback
- # and % of school personnel/family/other report positive outcome

Long-Term Outcomes

Required long-term outcome:

- Youth's wellbeing improves

Optional outcome indicators (choose one or more and/or other indicators specific to your program's services):

- # and % of youth who show improvement on post assessment
- # and % of youth who report social emotional improvement
- # and % of youth with fewer reports to school office
- # and % of youth with positive feedback from school personnel/family/other
- # and % of youth who show a more positive mood

