

**FLORIDA ASSOCIATION OF SENIOR CENTERS  
FLO GOLDMANN NOMINATION FORM  
2018**

**Senior Center Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Web Site:** \_\_\_\_\_

**Name of Parent Organization:** \_\_\_\_\_

**Year Senior Center Opened:** \_\_\_\_\_

**1. Is your senior center accredited by:**

A. The National Institute of Senior Centers (NISC)      Yes      No

B. Other accrediting bodies (please list)      Yes      No

\_\_\_\_\_

**2. Type of Organization**

\_\_\_\_\_ Non profit

\_\_\_\_\_ For profit

\_\_\_\_\_ Governmental

\_\_\_\_\_ Other

**3. Mission: What is the mission statement of your senior center?**

\_\_\_\_\_

\_\_\_\_\_

**A. Does your center use a written action plan? If so, please attach a one-page sample of the document.**      Yes      No

**4. Participation: Total Unduplicated Persons Served Annually** \_\_\_\_\_

**Average Daily Attendance:** \_\_\_\_\_

\_\_\_\_\_ % Female      \_\_\_\_\_ % Male

**Participant Ages**

\_\_\_\_\_ % Under 55 years

\_\_\_\_\_ % 55-64 years

\_\_\_\_\_ % 65-74 years

\_\_\_\_\_ % 75 years & older

**Participant Household Income**

\_\_\_\_\_ % up to \$14,000

\_\_\_\_\_ % \$15-19,000

\_\_\_\_\_ % \$20-29,000

\_\_\_\_\_ % over \$30,000

\_\_\_\_\_ % unknown

**5. Operating Hours**

\_\_\_\_Hours per week

\_\_\_\_Days per week

**A. Is the Senior Center open on weekends?** Yes No

If Yes,           Some Saturdays           Some Sundays  
                          Most Saturday                Most Sunday

**B. Is your Senior Center open evenings?**           Yes        No

**6. Senior Center Budget: What is the total Senior Center budget including services and administrative costs: \$ \_\_\_\_\_**

**A. From how many different funding sources does your center receive funds?**

**B. Does your center publish an annual report?** Yes        No  
If yes, please include a copy.

**C. Do you have an endowment fund?**        Yes        No

**D. Describe your best fund raising event in 2017-2018.**

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**7. Senior Center Facility: How many square feet are dedicated to Senior Center operations and activities? \_\_\_\_\_**

**A. Is your facility ADA compliant, barrier-free in accordance with applicable laws?** Yes  
No

**8. Senior Center Staffing**

**Is the senior center director's position:** Full-time Part-time        Hrs/week \_\_\_\_

**What is the total number of full time staff?** \_\_\_\_

**What is the total number of part-time staff?** \_\_\_\_

**What is the total number of FTEs?** \_\_\_\_\_

**Does any of your staff have specific certifications (please list)?** Yes No

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9. **Volunteer Management: Does your center place volunteers at your center?** Yes No

How many volunteers were active in 2017? \_\_\_\_\_

How many hours did volunteers serve in 2017? \_\_\_\_\_

A. Briefly describe your volunteer management program and activities.

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10. **Records & Reports: Does your center require and maintain standardized participant registration forms?** Yes No

A. Do you have a senior center policies and procedures manual? Yes No \_\_\_

B. Do you have participant code of conduct standards? Yes No

C. Briefly describe how you collect data and any other reports you produce?

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11. **Participant Involvement: How are participants involved in decision-making and determination of classes, activities and programs?**

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A. Does your center have an advisory council separate from the organization's board of directors? Yes No

12. **Programming: What percentage of your programs is in each of the following categories?**

_____ % Art Classes	_____ % Recreational Activities & Programs
_____ % Educational Classes	_____ % Special Events
_____ % Exercise & Fitness	_____ % Senior Services
_____ % Health & Wellness	_____ % Caregiver Services
_____ % Community Organizational Meetings	_____ % Support Groups

**What are the top 3 most popular activities?**

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**A. Which of the following senior services are provided at or by your senior center?**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Day Services                  | <input type="checkbox"/> Library  |
| <input type="checkbox"/> In-Home Services                    | <input type="checkbox"/> Personal Care  |
| <input type="checkbox"/> Congregate meal program (Title III) | <input type="checkbox"/> Substance Abuse Intervention Program                             |
| <input type="checkbox"/> Meal program (non-Title III)        | <input type="checkbox"/> Transportation for recreational services (Senior Outings, Trips) |
| <input type="checkbox"/> Employment Assistance               | <input type="checkbox"/> Transportation to and from Senior Center                         |
| <input type="checkbox"/> Financial Assistance                | <input type="checkbox"/> Transportation to medical & grocery appointments                 |
| <input type="checkbox"/> Home-delivered meals                | <input type="checkbox"/> Other: (Please specify)  |
| <input type="checkbox"/> Housing                             |   |
| <input type="checkbox"/> Information & Referral              |   |
| <input type="checkbox"/> Mental Health Counseling            |   |
| <input type="checkbox"/> Intergenerational Programming       |   |

**B. What special events does your center host annually?**

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**C. Do you offer programming at satellite or other sites? Yes No**

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**D. What technology related programs do you offer?**

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**13. Outcome Measures: How do you evaluate the success and impact of programs, classes and activities? Please briefly describe.**

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**What are your top two Outcome Measurements?**

1. \_\_\_\_\_
2. \_\_\_\_\_

**What are two outcomes your center accomplished in 2017?**

1. \_\_\_\_\_
2. \_\_\_\_\_





