FLORIDA ASSOCIATION OF SENIOR CENTERS FLO GOLDMANN NOMINATION FORM 2019

Sen	ior Center Name:				
Add	Iress:				
City	v, State, Zip:				
E-m	ail Address:				
	o Site:				
	ne of Parent Organization:				
Yea	r Senior Center Opened:				
1.	Is your senior center accredited by: A. The National Institute of Senior Center	ers (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 stateme	nt of your senior center?			
	sample of the document.	ion plan? If so, please attach a one-page Yes No			
4.	Participation: Total Unduplicated Persons Served Annually Average Daily Attendance:				
	% Female% Male				
	Participant Ages	Participant Household Income			
	% Under 55 years	% up to \$14,000			
	% 55-64 years	% \$15-19,000			
	% 65-74 years	% \$20-29,000			
	% 75 years & older	% over \$30,000			
		% unknown			

5. Operating Hours

6.

7.

8.

____Hours per week

____Days per week

A. Is the Senior Co	enter open on weekends?	Yes No					
lf Yes,	Some Saturdays	Some Sund	days				
	Most Saturday	Most Sund	ау				
B. Is your Senior (Center open evenings?	Yes	No				
Senior Center Budget: What is the total <u>Senior Center</u> budget including services and administrative costs: \$							
A. From how man	y different funding sources	s 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 l	pest fund raising event in 2	2017-2018.					
Senior Center Faci operations and act	lity: How many square fee	et are dedica	ated to Senior Center				
A. Is your facility A	ADA compliant, barrier-free	e in accorda	ance with applicable laws? Yes				
Senior Center Staf	fing						
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							

9. Volunteer Management: Does your center place volunteers at your center? Yes No How many volunteers were active in 2018? ______
How many hours did volunteers serve in 2018? ______
A. Briefly describe your volunteer management program and activities.

- 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?
- 11. Participant Involvement: How are participants involved in decision-making and determination of classes, activities and programs?
 - 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
 - <u>%</u> Educational Classes
 - ____% Exercise & Fitness
 - ___% Health & Wellness
 - —__% Community Organizational Meetings
- ____% Recreational Activities & Programs
- ____% Special Events
- ____% Senior Services
- ____% Caregiver Services
- ____% Support Groups

What are the top 3 most popular activities?

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

	_ In-Home Services _ Congregate meal program (Title III)	Personal Care Substance Abuse Intervention	
	_ Meal program (non-Title III)	Program	
	_ Employment Assistance	Transportation for recreational	
	Financial Assistance	services (Senior Outings, Trips)	
	Home-delivered meals	Transportation to and from Seni	
	Housing	Center	
	Information & Referral	Transportation to medical &	
	_ Mental Health Counseling	grocery appointments	
	_ Intergenerational Programming	Other: (Please specify)	
В.	What special events does your center	host annually?	
C. Do you offer programming at satellite or other sites? Yes No			
С.	or other sites? Yes No		
D.	What technology related programs do	you offer?	
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What are two outcomes you wish to achieve in 2019?

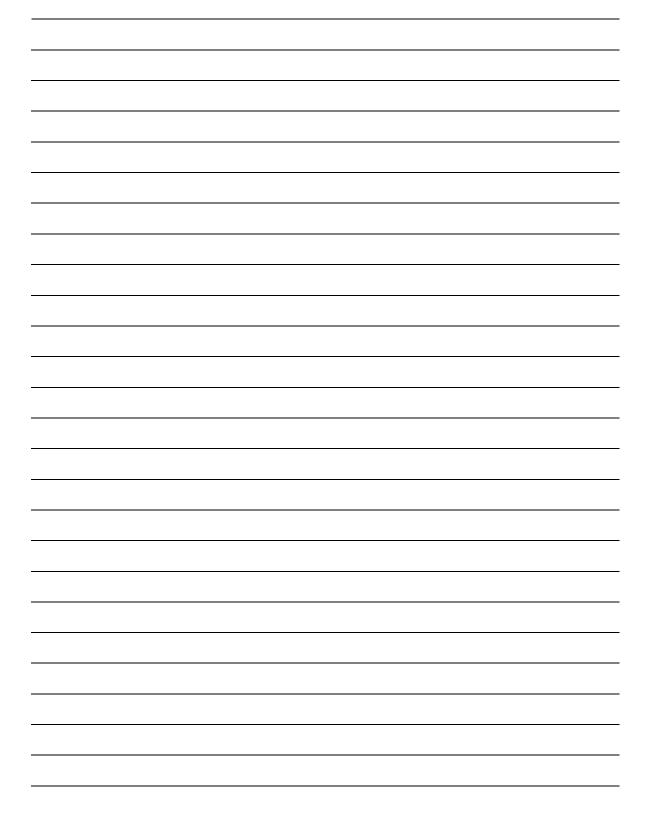
- 1. _____
- 2. _____
- 14. Community Involvement: With how many community resources and/or organizations does your center collaborate to provide services?

List 4 of them or attach a list of collaborative organizations.

- 15. Public Information and Communications: What print, Internet or e-mail communications do you produce? Please attach at least 2 sample publications or flyers.

16. Describe 2 or more ways your center has grown in the past five years.

17. Tell us what makes your center stand out as an outstanding senior center in Florida. (To be answered by applicants responding for first time award)



18. Since your center received the award, how have you managed to improve distinguished service in the field of senior services? (To be answered by previous award winners.)

Signature/Title of Person Completing Nominat	tion Form Date
Dhana Numbaru -	Mail Address:
Phone Number: E	