

**FLORIDA ASSOCIATION OF SENIOR CENTERS
FLO GOLDMANN NOMINATION FORM
2019**

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.

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

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	_____ % 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?

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?

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

D. What technology related programs do you offer?

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

What are your top two Outcome Measurements?

1. _____
2. _____

What are two outcomes your center accomplished in 2018?

1. _____
2. _____

