**ASSET**

**NOTIFICATION OF NEW OR EXPANDED SERVICE**

**\*\*Please note that submission of this Notification does not automatically result in a commitment of funding from ASSET\*\***

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGENCY & CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM/SERVICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide a brief description of the new or expanded service and population to be served.

Describe how the need for this service was identified. Cite resources such as local needs assessment, surveys, etc.

Describe which funder(s) priority(ies) this service will meet. (May be more than one funder and/or more than one priority).

Is there new clientele to be served? If yes, how many?

Is this service currently provided by another agency? If so, describe the rationale for duplication.

What outcomes will be measured? Describe methodology(ies) used to measure outcomes.

How would ASSET funds be used to support the service (scholarships/staff/direct service, etc)?

Describe what other funding sources are used to support the service.

What is the total budget for this service?

What percentage of the total service budget would requested ASSET funds support?

If this service is funded through a grant what is the amount and the duration of the grant?

Does the grant require a local cash match? \_\_\_\_\_\_ If yes, how much? \_\_\_\_\_\_\_\_\_\_\_

If there isn’t funding through ASSET, what are the plans to provide and/or sustain the service?

The deadline for new/expanded service requests is May 26, 2023.

Please submit this form by email to the ASSET Administrative Assistant at:

storycountyasset@gmail.com