

Town of East Montpelier FY2018 Funding Requests

Each year the Town of East Montpelier receives requests for funds from many different organizations. The Selectboard appoints a committee to review the requests and to recommend which should appear on the Town Meeting Warning for action. The committee requires certain information to make sound decisions for each request. In order for your organization to be considered for funding, it is mandatory that you complete this information form. Submit the form and supplementary information to:

**Funding Request Study Committee
Town of East Montpelier
P.O. Box 157, East Montpelier, VT 05651-0157 (submit by mail)
eastmontadmin@comcast.net (submit by email)**

on or before **Friday, October 21, 2016**. Incomplete forms and/or requests received after this date will be disqualified for funding. The Committee reserves the right to require any requesting organization to defend its request in person at the Committee's annual meeting normally held in early November. An organization applying for the first time or requesting a substantial increase in funding should expect an invitation to attend the annual meeting.

If your organization operates two or more programs with separate budgets or funding sources, please fill out one form for each program. All information should be given for your latest complete fiscal year (12 months). Approved requests will be acknowledged in the fiscal year 2018 (July 1, 2017 – June 30, 2018) budget for the Town of East Montpelier. Please feel free to submit any other information you feel would be helpful to the committee in making their decision.

If you have any questions please contact Bruce Johnson, Town Administrator, at (802) 223-3313 x 204 or eastmontadmin@comcast.net.

STANDARD INFORMATION

Organization Name: Girls/Boyz First Mentoring

Address: 73 Main St, #33

Fiscal Year Reported: 2015-2016

Program Description: Girls/Boyz First is an 18 year old community based mentoring program serving youth, ages 8-18 in the Montpelier and WCSU district.

Name of Person filling out this form: Wendy Freundlich

Name of Person to contact with questions: Wendy Freundlich

Phone Number: 802-224-6500 E-mail: 802-224-6500

AMOUNT OF FUNDING REQUEST: \$300

SERVICE INFORMATION

What is your organization's service area? State? Washington County? or Other?
Montpelier and WCSU towns

What is the total number of individuals served by your organization in your prior Fiscal Year? **40 individuals**

How many people in East Montpelier were served by your organization in the same period? **4 East Montpelier residents**

What type of service(s) does your organization provide to East Montpelier residents?

We offer mentors to any child who would like one, beginning at age 8 or 9, providing they themselves are motivated to join the program and their needs are not beyond the scope of our mentor's training. We offer volunteer opportunities for adults to play a meaningful role in supporting community youth and promoting healthy development and success.

Approximately how many staff hours are dedicated to provide the services your organization offered East Montpelier residents during this time period? **28 hours per week**

What services does your organization provide that are not available elsewhere? **We are the only organization providing community based mentoring in Montpelier and Central Vermont.**

What (if any) organizations provide similar services? **none**

If applicable, how does your organization collaborate with organizations providing similar services? **We collaborate with schools and social service organizations.**

In what way are the services your organization provides preventative in nature?
Our mentors model healthy behaviors and coach healthy decision making. Data shows that having a mentor increases success, both academically and socially, increases school attendance, family togetherness, and high school graduation rates. youth that have had mentors, are also likely to themselves become mentors at some point. I believe we reduce teen suicide as well, which is very high in Vermont.

FINANCIAL INFORMATION

How did your organization determine the amount of the funding request? Please explain in detail your reasoning for any increase or decrease (use attached sheet if necessary).

GBF determined our funding based on the number of residents served.

If approved by the town, how will your organization use the funds?

We will use the funds for program activities.

Do any of your grant sources require local financial commitment? Explain.

Yes, our Mobius grant requires 50% matching funds. We received \$15,200 from them in 2015-16

Is your organization approved by the IRS as tax-exempt? YES

If yes, indicate your approval type: 501c3 **YES We are a program of WCFE**
 other: _____

INCOME SOURCES	PERCENT OF INCOME	TOTAL INCOME
Federal		
State (Mobius)	30%	\$15,200
Local Towns	7%	\$ 3,600
United Way		
Fundraising	33%	\$16,556
Business	9%	\$ 4,350
Foundations	21%	\$10,750
TOTAL	100%	\$50,456

EXPENDITURES	Budgeted Percent	Budgeted Dollars	Actual Expense Percent	Actual Expense Dollars
Personnel	88%	\$47,595	88.1%	\$47,595
Insurance/Rent/Utilities	5.6%	\$ 3,000	5.5%	\$ 2,975
Fundraising Costs	.8%	\$ 425	.5%	\$ 275
Fees, background checks	2.8%	\$ 1,500	3.1%	\$ 1,680
Activity Costs	2.8%	\$1,500	2.8%	\$1,500
Total	100%	\$54,020	100%	\$54,025

Number of full-time paid staff positions (full-time equivalents or hours): **0,**
our staff is.6 FTE

Number of full-time volunteer staff positions (full-time equivalents or hours): **all mentors**
volunteer a minimum of 2 hours a week.