

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: Good Samaritan Haven

Address: P.O. Box 1104

Fiscal Year Reported: 2015

Program Description: Emergency shelter and support services to individuals experiencing homelessness

Name of Person filling out this form: Brooke Jenkins

Name of Person to contact with questions: Brooke Jenkins

Phone Number: 522-4493 E-mail: bjenkins@goodsamaritanhaven.org

AMOUNT OF FUNDING REQUEST: \$750

SERVICE INFORMATION

What is your organization's service area? State? Washington County? or Other?
Washington, Lamoille, and Orange Counties

What is the total number of individuals served by your organization in your prior Fiscal Year? 239 individuals

How many people in East Montpelier were served by your organization in the same period? 1-5 East Montpelier residents

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

Emergency shelter; street outreach; charitable meals; basic needs support

Approximately how many staff hours are dedicated to provide the services your organization offered East Montpelier residents during this time period? 80 hours

What services does your organization provide that are not available elsewhere?

Good Samaritan is central VT's only homeless shelter.

What (if any) organizations provide similar services? _____

COTs (Burlington); Upper Valley Haven (White River Junction)

If applicable, how does your organization collaborate with organizations providing similar services? _____

Yes Capstone Community Action; Downstreet; Washington County Mental Health.

In what way are the services your organization provides preventative in nature?

Not currently doing homeless prevention work.

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).

The funding request is for less than 1% of the organization's budget. It will provide approximately three weeks of emergency shelter for one person.

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

General operating expenses for Emergency Shelter.

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

Yes. Our grant from the Department of Mental Health requires \$13,612 in matching funds (non-federal)

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

If yes, indicate your approval type: 501c3: other:

INCOME SOURCES	PERCENT OF INCOME	TOTAL INCOME
Federal	14	\$50,000
State	56	\$197,000
Local Towns	1	\$3,000
United Way	-	-
Fundraising	29	\$85,000
Other		
Other		
TOTAL		\$335,000

EXPENDITURES	Budgeted Percent	Budgeted Dollars	Actual Expense Percent	Actual Expense Dollars
Personnel	65	218,000	65	218,000
Insurance/Rent/Utilities	5	16,750	5	16,750
Fundraising Costs	1	3,000	1	3,000
Other Shelter operation	29	97,250	29	97,250
Other				
Total				

Number of full-time paid staff positions (full-time equivalents or hours): 5

Number of full-time volunteer staff positions (full-time equivalents or hours): 0