

Town of East Montpelier FY2019 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 27, 2017**. 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 2019 (July 1, 2018 – June 30, 2019) 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: _____ 105 N. Seminary St. Barre, VT 05641 _____

Fiscal Year Reported: _____ FY17 _____

Program Description: Good Samartian Haven provides emergency shelter and support services, and offers stability, safety, and hope to people experiencing homelessness.

Name of Person filling out this form: Brooke Jenkins

Name of Person to contact with questions: Brooke Jenkins

Phone Number: ___ 802-522-4493 ___ E-mail: ___ bjenkins@goodsamaritanhaven.org

AMOUNT OF FUNDING REQUEST: \$750

SERVICE INFORMATION

What is your organization's service area? State? Washington County? or Other?
_____Central Vermont Region_____

What is the total number of individuals served by your organization in your prior Fiscal Year? _____224_____ individuals

How many people in East Montpelier were served by your organization in the same period? _____10_____ East Montpelier residents

What type of service(s) does your organization provide to East Montpelier residents?
Emergency shelter, basic needs, support services

Approximately how many staff hours are dedicated to provide the services your organization offered East Montpelier residents during this time period? 24 hours and 7 days a week

What services does your organization provide that are not available elsewhere? Good Samaritan Haven operates the only emergency shelter in the region. The organization provides 75+ beds of shelter in the winter and 30 beds year round.

What (if any) organizations provide similar services? ___Circle provides shelters for victims of domestic violence.

If applicable, how does your organization collaborate with organizations providing similar services? Good Samaritan Haven works closely with many other social service and housing providers in the region to support guests with employment, mental health, substance abuse, and stable housing.

In what way are the services your organization provides preventative in nature? Good Samaritan Haven provides housing retention support for people who have exited the shelter so that they do not return to homelessness.

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 less than 1% of the organization's budget. It will provide shelter, support, and basic needs for approximately three weeks for one person.

If approved by the town, how will your organization use the funds? General operating expenses for Emergency Shelter Program.

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

Yes, our Department of Mental Health grant requires \$13,000 in matching funds from non federal sources.

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

If yes, indicate your approval type: 501c3: ___ Yes _____ other: _____

INCOME SOURCES	PERCENT OF INCOME	TOTAL INCOME
Federal	17%	\$62,000
State	57%	\$197,000
Local Towns	3%	\$10,000
United Way	0	0
Fundraising	23%	\$88,000
Other	0	0
Other	0	0
TOTAL	100%	\$375,00

EXPENDITURES	Budgeted Percent	Budgeted Dollars	Actual Expense Percent	Actual Expense Dollars
Personnel	62%	\$235,000	62%	235,000
Insurance/Rent/Utilities	5%	\$18,750	5%	\$18,750
Fundraising Costs	1%	\$3750	1%	\$3750
Other: Shelter Operations	21%	\$80,000	21%	\$80,000
Other: Admin	10%	\$37,500	10%	\$37,500
Total	100%	\$375,000	\$100%	\$375,000

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): 2 (meal prep)