

**Town of East Montpelier FY2019 Funding Requests**

OCT 20 2017

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: The Onion River Food Shelf, Inc.  
 Address: 90 Diana Fielder, 353 County Rd, Montpelier 05602 (mailing)  
or School St, Old Schoolhouse Common, Marshfield 05658 (physical)  
 Fiscal Year Reported: 2016  
 Program Description: A local, non-profit agency (501(c)3)  
serving those with food needs from 5 towns  
 Name of Person filling out this form: Diana Fielder  
 Name of Person to contact with questions: Diana Fielder  
 Phone Number: 223-6548 E-mail: mdfielder353@hotmail.com  
 AMOUNT OF FUNDING REQUEST: \$1000.00

**SERVICE INFORMATION**

What is your organization's service area? State? Washington County?, or Other?

Cabot, Calais, East Montpelier, Marshfield, Plainfield

What is the total number of individuals served by your organization in your prior Fiscal Year? 2016 individuals 30 Adults, 23 Children, 13 Seniors (55+ of age)

How many people in East Montpelier were served by your organization in the same period? 504 East Montpelier residents

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

Each person receives enough food to provide at least 3 meals per day for 3 days. Some seasonal clothing plus, at times, toilet paper, soap, other household products

Approximately how many staff hours are dedicated to provide the services your organization offered East Montpelier residents during this time period? 12 hours per month

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

Unknown

What (if any) organizations provide similar services? The Old Brick Church

Food shelf

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

We are sometimes called to provide for a family by a local church or school affiliated organization.

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

We are hoping to prevent hunger from being a major issue for our families

**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).

*We are asking the same from each town this next year, even tho' some towns have decreased client enrollment, because our expenses increase for the food we purchase from the Vermont Foodbank. Our monthly expense for Vt. Foodbank food is \$1000. to \$1500. Our monthly expense for Vt. Foodbank food*

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

*To purchase mainly necessary protein foods, basic veggies and fruits, usually canned, except during summer months*

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

*No grant sources*

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	0	
State	0	
Local Towns		\$ 4100. --
United Way		60. 74
Fundraising		
Other <i>in memory of</i>		2400. 08
Other <i>Individuals, Churches</i>		12,746. 84
<b>TOTAL</b>		<b>\$ 19307. 58</b>

EXPENDITURES	Budgeted Percent	Budgeted Dollars	Actual Expense Percent	Actual Expense Dollars
Personnel	0			
Insurance/Rent/Utilities				5887. 20
Fundraising Costs	0			
Other <i>Food Costs/Vt. Foodbank</i>				13459. 71
Other <i>Up keep of Rooms - paint, flooring, shelving, gift for maintenance person</i>				814. 32
<del>Total</del> <i>Postage/Copies</i>				27. 81
				<i>Total \$20189. 04</i>

Number of full-time paid staff positions (full-time equivalents or hours): None

Number of full-time volunteer staff positions (full-time equivalents or hours): 12 hrs per month volunteer times not full time