

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: PEOPLE'S HEALTH + WELLNESS CLINIC

Address: 553 NORTH MAIN STREET, BARRE, VT 05641

Fiscal Year Reported: JAN. - DEC. 2015

Program Description: PROVIDING PRIMARY HEALTH CARE + WELLNESS EDUCATION
TO THE UNINSURED AND UNDERINSURED OF CENTRAL VERMONT

Name of Person filling out this form: PETER YOUNGBAER, EXECUTIVE DIRECTOR

Name of Person to contact with questions: " "

Phone Number: 802-479-1229 E-mail: PHWC@SOVER.NET

AMOUNT OF FUNDING REQUEST: \$ 1,250.00 (LEVEL FUNDING)

CORE SERVICE AREA:

SERVICE INFORMATION

PLUS ORANGE, WASHINGTON, WINDHAM
↑
Washington County

What is your organization's service area? State? Washington County or Other?
HOWEVER, WE HAVE NO GEOGRAPHIC LIMITS + SERVED PEOPLE FROM 45 VERMONT TOWNS IN 2015

What is the total number of individuals served by your organization in your prior Fiscal Year? 478 UNDUPLICATED individuals

How many people in East Montpelier were served by your organization in the same period? 10 UNDUPLICATED East Montpelier residents

What type of service(s) does your organization provide to East Montpelier residents?
THESE 10 PEOPLE HAD 45 SEPARATE INTERACTIONS: 13 FULL MEDICIN VISITS, 21 CASE MANAGEMENT INTERACTIONS, 29 DIAGNOSTIC TESTS (IMAGING, LABS) 8 IMMUNIZATIONS + PHARMACY VOUCHERS/COUPONS, 4 MENTAL HEALTH SESSIONS, 3 DENTAL VISITS, AND 8 ASSISTERS WITH VERMONT HEALTH CONNECT APPLICATIONS.

Approximately how many staff hours are dedicated to provide the services your organization offered East Montpelier residents during this time period? _____ hours
WE DON'T TRACK THIS IN THIS MANNER.

What services does your organization provide that are not available elsewhere?
WE'RE THE ONLY FREE CLINIC IN THE CENTRAL/NORTHERN VERMONT REGION, PROVIDING PRIMARY + PREVENTIVE MEDICAL CARE, MENTAL HEALTH, ORAL HEALTH, + BODY WORK, AND HAVE 2 OF THE REGION'S 3 VERMONT HEALTH CONNECT NAVIGATORS SERVING THE GENERAL PUBLIC

What (if any) organizations provide similar services? NONE

If applicable, how does your organization collaborate with organizations providing similar services? NOW IN OUR 24th YEAR, WE HAVE ALWAYS BEEN A GAP FILLER - A SAFETY NET ORGANIZATION. OUR KNOWLEDGEABLE STAFF + VOLUNTEERS PROVIDE DIRECT CARE + HELP PATIENTS ACCESS

OTHER PROGRAMS + ASSISTANCE THEY MAY NOT BE AWARE OF. WE DIRECTLY WORK WITH HOSPITALS, MENTAL HEALTH, SUBSTANCE ABUSE, + ORAL HEALTH PROVIDERS TO ACCESS + COORDINATE CARE, ESPECIALLY THROUGH THE VERMONT DEPARTMENT OF HEALTH.

In what way are the services your organization provides preventative in nature?
BY ACCESSING PRIMARY CARE + TIMELY DIAGNOSTIC TESTING, WE HELP PATIENTS AVOID COSTLY + DETERIORATING HEALTH CONDITIONS + EMERGENCY ROOM VISITS. LIFESTYLE INTERVENTIONS FOR ALCOHOL, DRUGS, SMOKING, DEPRESSION + PREVENTIVE SCREENS FOR BREAST + CERVICAL CANCER + DIABETES PATIENTS HELP IMPROVE HEALTH + PREVENT MORE SERIOUS + COSTLY INTERVENTIONS

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).

THIS WILL BE LEVEL FUNDING FOR THE 4TH YEAR IN A ROW. WE DON'T HAVE

A SPECIFIC FORMULA, BUT THE REQUEST IS ROUGHLY PROPORTIONAL TO TOWN POPULATION +

CONSIDERATION OF PATIENT USE. WE NEVER REALLY KNOW HOW MANY PATIENTS WILL PRESENT OR

WITH WHAT ISSUES. A SINGLE PATIENT MAY REQUIRE THOUSANDS OF DOLLARS OF CARE - OR MANY MAY

If approved by the town, how will your organization use the funds? ONLY PROVIDE GENERAL OPERATING SUPPORT MAINTENANCE
CARE

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

CURRENTLY, NONE HAVE SPECIFIC MATCH REQUIREMENTS, BUT IT VARIES FROM YEAR TO YEAR.

HOWEVER, OUR ABILITY TO DEMONSTRATE FINANCIAL SUPPORT FROM ALL 23 TOWNS IN OUR CORE SERVICE AREA IS TELLING + HELPS LEVERAGE FUNDS FROM THESE SOURCES.

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

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

INCOME SOURCES	PERCENT OF INCOME	TOTAL INCOME
Federal	0	0
State	38.9%	114,195
Local Towns	5.7%	17,250
United Way	0	0
Fundraising	54.2%	163,645
Other Patient Donations	1%	3,281
Other Rent, Fees, Interest, Misc	1.2%	3,522
TOTAL		300,903

not including \$119,406 of in-kind volunteer time plus donated equipment, supplies, + services

EXPENDITURES	Budgeted Percent	Budgeted Dollars	Actual Expense Percent	Actual Expense Dollars
Personnel	66.6%	182,379	63.8%	174,904
Insurance/Rent/Utilities	14.7	40,173	14.2	38,994
Fundraising Costs	3.4	9,300	5.1	13,939
Other Direct Clinic Services	5.7	15,500	6.1	16,822
Other Office & Misc	9.7	26,594	11	30,143
Total	100.1	273,946	100	274,202

Number of full-time paid staff positions (full-time equivalents or hours): 9.35 FTE (1 FT 4 PT)

Number of full-time volunteer staff positions (full-time equivalents or hours): ALL VOLUNTEERS - A KEY COMPONENT OF OUR FREE CLINIC MODEL, ARE PARTTIME. IN 2015, 76 VOLUNTEERS GAVE OVER 60,700 HOURS OF THEIR TIME - PROVIDING DIRECT HEALTH CARE, AS WELL AS ADMINISTRATIVE, GOVERNANCE, MAINTENANCE, + FUNDRAISING SUPPORT.

not include 15,000 grant toward direct equipment to be purchased in Zelle; balance to repay reserves depleted by 2011 flood.