

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:

OCT 27 2017

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: PEOPLE'S HEALTH + WELLNESS CLINIC

Address: 553 NORTH MAIN STREET, BARRE, VT 05641

Fiscal Year Reported: JAN-DEC. 2016

Program Description: PROVIDING PRIMARY HEALTH CARE + WELLNESS EDUCATION

TO THE UNINSURED + UNDERINSURED OF CENTRAL VERMONT

Name of Person filling out this form: PETER YOUNGBLATER, 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)

SERVICE INFORMATION

What is your organization's ^{CORE} service area? State? Washington County or Other?

PLUS ORANGE, WASHINGTON, & WILLIAMSTOWN IN ORANGE COUNTY

However, we have no geographic limitation & served 45 VT. towns in 2016
What is the total number of individuals served by your organization in your prior Fiscal Year? 543 individuals in 2016 (vs 478 in 2015)

How many people in East Montpelier were served by your organization in the same period? 8 UNVALIDATED East Montpelier residents (4 new to the clinic)

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

THESE 8 INDIVIDUALS HAD 89 SEPARATE INTERACTIONS INCLUDING: 6 FULL MEDICAL + 3 MENTAL HEALTH VISITS, 6 CASE MANAGEMENT VISITS, 7 MEDICAL CONSULTS, 6 DIAGNOSTIC TESTS, 3 PRESCRIPTION VOUCHERS, 2 SAMPLES, 2 CHIEF FOR DENTAL CLEANINGS (FULL PRIORITY CARE), AND WE ASSISTED 3 OF THEM TO ENROLL IN 7 HEALTH INSURANCE + OTHER ASSISTANCE PROGRAMS

Approximately how many staff hours are dedicated to provide the services your organization offered East Montpelier residents during this time period? _____ hours
WE DO NOT TRACK THIS

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

WE ARE THE ONLY FREE CLINIC IN THE CENTRAL & NORTHERN VERMONT REGION PROVIDING PRIMARY CARE + PREVENTIVE CARE FOR MEDICAL, MENTAL HEALTH, ORAL HEALTH + BODY WORK, IN ADDITION TO CERTIFIED NAVIGATORS FOR VERMONT HEALTH CONNECT FOR OUR PATIENTS

What (if any) organizations provide similar services? NONE

* NOTE: WE ARE EXPERIENCING AN OVERALL INCREASE IN DEMAND AS THE FEDERAL + STATE HEALTH CARE SYSTEMS ARE IN TURMOIL, PARTICULARLY AROUND THE AFFORDABLE CARE ACT. PEOPLE ARE NOW LOSING INSURANCE WHO GAINED IT OVER THE PAST FEW YEARS

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

SINCE 1993, WE HAVE BEEN THE GAP FILLER - SAFETY NET - FOR THE HEALTH CARE SYSTEM. OUR KNOWLEDGABLE STAFF VOLUNTEERS NOT ONLY PROVIDE DIRECT CARE, BUT HELP OUR PATIENTS OTHER PROGRAMS + ASSISTANCE THEY MAY NOT BE AWARE OF. WE PLAN + COORDINATE DAILY WITH HOSPITALS, MENTAL HEALTH, SUBSTANCE ABUSE, + ORAL HEALTH PROVIDERS, ESPECIALLY THE VERMONT DEPARTMENT OF HEALTH

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

BY PROVIDING PRIMARY CARE, PREVENTIVE CARE, + TIMELY DIAGNOSTIC SCREENING + TESTING, WE HELP PATIENTS AVOID COSTLY + DETERIORATING HEALTH CONDITIONS + EMERGENCY ROOM VISITS. LIFESTYLE INTERVENTIONS FOR ALCOHOL, DRUGS, SMOKING, DEPRESSION, + PREVENTIVE HEALTH SCREENS FOR BREAST + CERVICAL CANCER + DIABETES 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 IS LEVEL FUNDING FOR THE 5TH YEAR (10 APRIL), WE HAVE NO SPECIFIC FORMULA, BUT IS HISTORICALLY PROPORTIONAL TO TOWN POPULATION & CONSIDERATION OF PATIENT USE. RAW #'S OF INDIVIDUALS HAVE LITTLE CORRELATION TO THE LEVEL OF SERVICES PROVIDING - THAT RELATES TO THE PATIENTS CONDITIONS & NEEDS.

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

GENERAL OPERATING SUPPORT

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

WE CURRENTLY HAVE NO GRANT SOURCES REQUIRING SPECIFIC MATCH, BUT THAT VARIES FROM YEAR TO YEAR. HOWEVER, OUR ABILITY TO DEMONSTRATE FINANCIAL SOUNDNESS FROM ALL 23 MUNICIPALITIES IN OUR CORE SERVICE AREA FOR MANY YEARS IS HELD, & HELPS US LEVERAGE FUNDS FROM THESE GRANT SOURCES.

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

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

INCOME SOURCES	PERCENT OF INCOME	TOTAL INCOME
Federal	0	0
State	34.4 %	100,818
Local Towns	5.8 %	16,900
United Way	0	0
Fundraising	58.6 %	171,392
Other (INTEREST, RENT)	1.1 %	3,164
Other (FEES, MISC.)		
TOTAL	99.9 %	292,275

* ROUNDING ** DOES NOT INCLUDE \$159,313 DONATED SERVICES & GOODS

EXPENDITURES	Budgeted Percent	Budgeted Dollars	Actual Expense Percent	Actual Expense Dollars
Personnel	67.4 %	195,528	64.6 %	189,398
Insurance/Rent/Utilities	13.4 %	38,957	12.2 %	37,608
Fundraising Costs	1.7 %	5,400	2.5 %	7,823
Other (DIRECT PATIENT/CLINIC COSTS)	8.4 %	24,361	6.0 %	18,432
Other (OFFICE, MAINTENANCE, PHONE, ETC)	8.9 %	25,811	14.7 %	45,351
Total	99.6 %	290,137	100.0 %	308,612

* INCLUDES \$11.5K CHRGY FOR OUTPAT DENTAL EQUIPMENT GRANT

Number of full-time paid staff positions (full-time equivalents or hours): 3.55 FTE

Number of full-time volunteer staff positions (full-time equivalents or hours): 80 CLINICAL VOLUNTEERS IN 2016, NOT INCLUDING SEVERAL CHURCH, SCHOOL, & ORGANIZATIONAL WORK DAY PEOPLE DOING GARDENING, PAINTING, ETC.