

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: Project Independence, Barre

Address: 81 N. Main St., Suite 1, Barre, VT 05641-4283

Fiscal Year Reported: 2016

Program Description: Adult Day Services

Name of Person filling out this form: Barbara J. Clark

Name of Person to contact with questions: Barbara J. Clark

Phone Number: 802.476.3630 E-mail: bclark@pi.barre.giffordhealthcare.org

AMOUNT OF FUNDING REQUEST: \$125.00

SERVICE INFORMATION

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

What is the total number of individuals served by your organization in your prior Fiscal Year? 81 individuals

How many people in East Montpelier were served by your organization in the same period? 2 East Montpelier residents

What type of service(s) does your organization provide to East Montpelier residents?
health monitoring, physical therapy support, hygiene care, physical + mental stimulation, socialization, education, nutritional meals, assistance with daily activities (toileting, eating)

Approximately how many staff hours are dedicated to provide the services your organization offered East Montpelier residents during this time period? 16,640 hours yearly

What services does your organization provide that are not available elsewhere?
All the services listed above are provided at our location which is not done anywhere else.

What (if any) organizations provide similar services? No other organizations in our service area

If applicable, how does your organization collaborate with organizations providing similar services? PI works closely with area agencies + providers to ensure people receive the care needed to allow them to live where they are and have a quality life.

In what way are the services your organization provides preventative in nature?
medical oversight, good nutrition, exercise, socialization all support increased mobility, strength and well being which reduces the chances of illness or injuries at home.

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).

Last year we requested 250. and served
4 E.Montpelier residents. since we only served 2
this fiscal year, we reduced request by 50%

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

PI uses these funds to support our efforts
to meet our mission and provide services to participants

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

No

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 (medicaid)	56%	256,146.
State	14%	65,970.
Local Towns	2%	13,725.
United Way	—	—
Fundraising	7%	32,802.
Other SF/PRIVATE FEES	13%	55,830.
Other CACFP + Rent	8%	39,793.
TOTAL	100%	464,266.

EXPENDITURES	Budgeted Percent	Budgeted Dollars	Actual Expense Percent	Actual Expense Dollars
Personnel	46%	366,359		247,119
Insurance/Rent/Utilities	8%	63,677		40,685
Fundraising Costs	0%	0.		834
Other (General Admin)	39%	317,936		187,192
Other (miscellaneous)	7%	55,072		37,756
Total	100%	803,044		513,586

Number of full-time paid staff positions (full-time equivalents or hours): 8

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