

## 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: Project Independence

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

Fiscal Year Reported: 2017

Program Description: Adult Day Program

Name of Person filling out this form: Barbara Clark

Name of Person to contact with questions: Barbara Clark

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

AMOUNT OF FUNDING REQUEST: \$125.00

**SERVICE INFORMATION**

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

What is the total number of individuals served by your organization in your prior Fiscal Year? 91 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?  
Medical oversight, medication administration, physical therapy support, nutritional meals, assistance with daily activities, physical, mental + social stimulation, hygiene care

Approximately how many staff hours are dedicated to provide the services your organization offered East Montpelier residents during this time period? 374 hours yr.

What services does your organization provide that are not available elsewhere?  
similar services may be available through other organizations however, not offered daily and in the same location.

What (if any) organizations provide similar services? No other organization, as PI is the only state certified adult day program in this area.

If applicable, how does your organization collaborate with organizations providing similar services? PI collaborates with local agencies to insure our folks receive the casemanagement support needed, so they can remain at home longer.

In what way are the services your organization provides preventative in nature?  
Services provided can provide increased strength and mobility and lessen the chance for injuries/illness therefore keeping folks at home longer and out of nursing home care.

PI also relieves stress for caregivers by providing a safe environment while they have needed respite.

**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).

Same amount requested as last year.

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

PI uses the funds to support our mission to care for elderly and disabled adults in our communities.

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	57.3	294,946.
State	14.7	75,963.
Local Towns	3.2	16,175.
United Way	0	0
Fundraising	5.	25,600.
Other	12.5	64,287
Other	7.3	38,154.
<b>TOTAL</b>	<b>100%</b>	<b>515,124.</b>

EXPENDITURES	Budgeted Percent	Budgeted Dollars	Actual Expense Percent	Actual Expense Dollars
Personnel	45.6	277,536.	48.	334,290.
Insurance/Rent/Utilities	8	48,239.	9.5	65,948.
Fundraising Costs	0		less than .001	412.
Other	36.1	220,208.	33.5	233,189.
Other	10.3	62,365.	9.	62,712.
Total	<b>100%</b>	<b>608,348.</b>	<b>100%</b>	<b>696,551.</b>

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): 1