

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: Washington County Mental Health Services, Inc.

Address: P.O. Box 647 Montpelier VT 05601

Fiscal Year Reported: FY 2016

Program Description: WCMHS is a private non-profit organization that has provided services to communities since 1969. We provide mental health and developmental services and supports to adults and children throughout Washington County. We are office and community based so we will meet with people wherever they need services, whether it is in the schools, their homes, or our office locations. We also provide 24 hour emergency services. Almost 90% of our consumers receive care through Medicaid which does not cover the actual cost of the services. We are seeking additional funding in order to provide the care needed in our communities.

Name of Person filling out this form: Lisa Flood, Assistant Director of Case management, CSP

Name of Person to contact with questions: Lisa Flood

Phone Number: 223-6328

E-mail: Lisaf@wcmhs.org

AMOUNT OF FUNDING REQUEST: \$800.00

SERVICE INFORMATION

What is your organization's service area? State? Washington County? or Other? Washington County plus service in the towns of Orange, Roxbury, Williamstown and Washington

What is the total number of individuals served by your organization in your prior Fiscal Year? 3448 individuals

How many people in East Montpelier were served by your organization in the same period? 62 East Montpelier residents

What type of service(s) does your organization provide to East Montpelier residents? Our organization provides crisis services, brief urgent care, community and home based services for adults and children, developmental services, psychiatric services, communication services, residential services, skill building groups.

Approximately how many staff hours are dedicated to provide the services your organization offered East Montpelier residents during this time period? 7117 service hours were provided to those 62 residents in the fiscal year.

What services does your organization provide that are not available elsewhere? Our organization is the only one that provides comprehensive community mental health services, including 24 hour crisis response, in the area.

What (if any) organizations provide similar services? Pathways Vermont

If applicable, how does your organization collaborate with organizations providing similar services? We have collaborative relationships with other emergency service providers (police, ambulance), hospitals, CVHH&H, Capstone Community Action, Economic Services.

In what way are the services your organization provides preventative in nature? We provide services that help individuals cope and recover from mental health conditions so that crises can be averted. We also provide wellness services that promote healthy minds and bodies.

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). WCMHS is basing our funding request on an overall request of 1%, or \$50,000, of the

donated services that we provide to those we serve. Almost 90% of our consumers receive care through Medicaid which does not cover the actual cost of the services we provide. The amount requested is based on the amount of services a town receives as a percentage of our overall services as well as similar requests from other local non-profits that provide services across the county such as Central Vermont Council on Aging and Central Vermont Home, Health, & Hospice. We are seeking additional funding in order to provide the care needed in our communities in homes, schools, and offices across central Vermont.

If approved by the town, how will your organization use the funds? At this time we are planning to use the fund to support existing services provided at the current level despite the uncertainty of level funding from other sources.

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

We have two grants currently pending for repairs to two of our buildings. These grants require a match of \$22,000.00, so some of the money we receive from area towns may be used for this match.

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	Please see attached	
State		
Local Towns		
United Way		
Fundraising		
Other		
Other		
TOTAL		

EXPENDITURES	Budgeted Percent	Budgeted Dollars	Actual Expense Percent	Actual Expense Dollars
Personnel				
Insurance/Rent/Utilities				
Fundraising Costs				
Other				
Other				
Total				

Number of full-time paid staff positions (full-time equivalents or hours): 662

Number of full-time volunteer staff positions (full-time equivalents or hours): not tracked

WASHINGTON COUNTY MENTAL HEALTH
FY 2016 Financial Statement

	FY 2016 Actual	Annual Budget	Variance
WCMHS Income Statement			
PATIENT FEE REVENUE	28,237,328	31,650,256	(3,412,928)
OTHER MEDICAID FEES	14,717,143	14,624,642	92,501
NON-MEDICAID FEES	2,998,474	2,581,277	417,197
DMH GRANTS & CONTRACTS	2,176,522	2,209,845	(33,323)
OTHER STATE GRANTS & CONTRACTS	2,017,255	1,341,929	675,326
LOCAL & OTHER REVENUE	773,125	902,698	(129,573)
NON-OPERATING REVENUE	(6,066,577)	(7,300,000)	1,233,423
REVENUE	44,853,270	46,010,647	(1,157,377)
SALARIES	23,727,208	24,605,192	(877,984)
CONTRACTED PERSONNEL	981,407	1,070,064	(88,657)
FRINGE BENEFITS	8,740,964	9,112,243	(371,279)
OTHER CONTRACTUAL SERVICES	6,553,408	6,500,870	52,538
GENERAL OPERATIONS	1,695,696	1,932,407	(236,711)
PROGRAM & CLIENT EXPENSES	872,514	986,893	(114,379)
TRAVEL & TRANSPORTATION	881,869	975,752	(93,883)
BUILDING EXPENSES	1,593,148	1,633,252	(40,103)
NON-OPERATING EXPENSES	(614,762)	(680,492)	65,730
Admin Expenses	0	(1)	1
EXPENSES	44,431,452	46,136,180	(1,704,728)
Gain(Loss)	421,818	(125,533)	547,351