

Town of East Montpelier FY2026 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. 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)
manager@eastmontpeliervt.org (submit by email)

on or before **Friday, October 11, 2024**. Incomplete forms and/or requests received after this date may be disqualified for funding. The Committee reserves the right to require any requesting organization to defend its request 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 2026 (July 1, 2025 – June 30, 2026) 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 Jennifer Devine, Town Administrator, at (802) 223-3313 x 204 or manager@eastmontpeliervt.org.

STANDARD INFORMATION

Organization Name: Central Vermont Council on Aging

Address: 59 N Main St., Suite 200, Barre, VT 05641

Fiscal Year Reported: July 1, 2023 - June 30, 2024

Program Description: Central Vermont Council on Aging is dedicated to the mission of supporting Central Vermonters to age with dignity and choice. We connect aging Central Vermonters in our communities to the network of benefit programs and services they need to thrive.

Name of Person filling out this form: Leanne Hoppe

Name of Person to contact with questions: Leanne Hoppe

Phone Number: 802-476-2662 E-mail: lhoppe@cvcoa.org

AMOUNT OF FUNDING REQUEST: \$1,875.00 _____

SERVICE INFORMATION

What is your organization's service area? State? Washington County? or Other? CVCOA serves Washington, Orange, and Lamoille counties, as well as the towns of Bethel, Hancock, Granville, Pittsfield, Rochester, Royalton, Sharon, and Stockbridge.

What is the total number of individuals served by your organization in your prior Fiscal Year? 4,531 individuals

How many people in East Montpelier were served by your organization in the same period? 65 East Montpelier residents

What type of service(s) does your organization provide to East Montpelier residents? See attached town report for details on services provided. In short, they include: Information and Assistance, case management, nutrition counseling, education, and program support for home-delivered, grab and go, and congregate meals, State Health Insurance Program, Family Caregiver Support, Volunteer programs, and Community programs.

Approximately how many staff hours are dedicated to provide the services your organization offered East Montpelier residents during this time period? 186 hours

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

As the area agency on aging for Central Vermont, CVCOA is the designated community-based provider delivering care coordination, case management, information and assistance, and innovative caregiver supports directly to older Vermonters in their homes, at our office, or by phone.

What (if any) organizations provide similar services? **Due to a state-wide change in conflict-free case management, we will be the only organization providing case management supports to older Vermonters and Choices for Care clients as of July 2025. We provide funding and technical assistance for 13 nutrition program sites under contracts for quality assurance but we do not directly produce or deliver meals.**

If applicable, how does your organization collaborate with organizations providing similar services? **We work closely and/or partner with the State of Vermont Department of Aging and Independent Living, The Health Center, GMTA, Central Vermont Home Health and Hospice, Tender Loving Care, SASH, Gifford Community Health, University of Vermont Center on Aging, University of Vermont and Central Vermont Medicare Center, 14 Senior Centers and 13 nutrition programs, including Twin Valley and Montpelier Senior Activity Center. We also share information across state lines with Maine, New Hampshire, and Massachusetts.**

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

independently and in their homes for as long as possible, rather than in residential facilities, which are far more expensive. Preventative services include home-delivered and congregate meals, evidence-based wellness activities, caregiver supports (emotional and financial), special projects to reduce social isolation and loneliness, long-term care plans to allow aging Vermonters to live at home, and health partnerships described above.

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). **We considered the level of service needed to meet the needs of older adults in East Montpelier, the historical level of support from the town, the growth in the aging population, and/or the need for more complex services.**

We are not seeking a change in funding request amount.

If approved by the town, how will your organization use the funds? **CVCOA will use town funding to support our programs and services provided to the community, free of charge.**

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: **X** other:

INCOME SOURCES	PERCENT OF INCOME	TOTAL INCOME
Federal	40%	1,870,915
State	36%	1,693,486
Local Towns	2%	90,000
United Way	0%	3,400
Fundraising	3%	140,000
Other	19%	904,792
Other		
TOTAL		4,702,593

EXPENDITURES	Budgeted Percent	Budgeted Dollars	Actual Expense Percent	Actual Expense Dollars
Personnel	54%	2,904,070	52%	2,375,900
Insurance/Rent/Utilities	5%	277,700	6%	273,500
Fundraising Costs	1%	60,000	1%	39,000
Other	40%	2,163,541	41%	1,891,440
Other				
Total		5,405,311		4,579,840

Number of full-time paid staff positions (full-time equivalents or hours): **38**

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