CITY OF BLOOMINGTON, COMMON COUNCIL JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE

2014 GRANT APPLICATION

AGENCY INFORMATION

Lead Agency Name Volunteers in Medicine of Monroe County, Inc.

Is Lead Agency a 501(c)(3) ● yes ○ no

Number of Employees

Full -time 8* Part-time 4* Volunteers 200

* NOTE: This includes 3 FTE IUB Hospital employees.

Address P.O. Box 2568

Bloomington, IN

Zip Code 47402

Phone 812-333-4001

Agency E-mail info@vimmonroecounty.org

Website www.vimmonroecounty.org

President of Board of Directors J. Terry Clapacs

Executive Director Nancy E. Richman

Title Executive Director

Phone 812-333-4032

E-Mail nrichman@vimmonroecounty.org

Name of Person to Present Proposal to the Committee (If not the Executive Director) **same**

Title

Phone

E-Mail

Name of Grant Writer Nancy E. Richman

Phone 812-333-4032

E-mail nrichman@vimmonroecounty.org

Agency's Mission Statement (150 words or less**)**

In cooperation with others in the community, Volunteers in Medicine provides the following services without cost to the medically underserved in Monroe and Owen counties:

- Easily accessible, quality primary and preventive health care
- Treatment for both acute and chronic conditions
- Health education that empowers individuals to take responsibility for their own well-being

PROJECT INFORMATION

Project Name	*Supporting Care for Uninsured Individuals with Diabetes*
Is this a collaborative project?	○ yes ● no
If a collaborative project, list name(s) of non-lead agency partner(s)	--
Address where project will be housed	811 W. Second Street, Bloomington, IN 47403
Total Cost of Project	$9,283.22
Requested JHSSF Funding	$9,283.22
Other Funds Expected for this Project (Source, Amount and Confirmed or Pending)	None for the 6-month term of the project. Funds are confirmed, however, to continue one portion of the project another 6 months. (see Fiscal Leveraging)
Number of Total Clients Served by this Project in 2014	350 diabetic patients; ~3000 general VIM patients
Total Number of City Residents Served by this Project in 2014	~2400
Is this a request for operational funds?	○ yes ● yes, in part ○ no
If "yes," indicate whether the request is for a pilot project, bridge funding or a collaborative project.	● pilot ○ bridge ○ collaborative
Please indicate the period in which you intend to draw down funds, if granted	● July-September 2014 ● October-December 2014

Please describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds.

Reimbursement period 1: July-September 2014

- Purchase of A1C Analyzer, lancets, and controls (no expiration date)
- Purchase half of the boxes of cartridges (3-mos expiration date)
- Purchase vital signs monitor and mobile stand
- Purchase half of the medication, Fenofibrate (3-mos expiration date)

Reimbursement period 2: October-December 2014

- Purchase remaining half of the boxes of cartridges, December 1 (3-mos expiration date)
- Purchase remaining half of the medication, Fenofibrate, December 1 (3-mos expiration date)

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received.

N/A

Do you own or have site control of the property on which the project is to take place?

● yes

○ no

○ n/a

Is the property zoned for your intended use?

○ yes

○ no

● n/a

If "no," please explain.

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval.
NOTE: Funds will not be disbursed until all requisite variances or approvals are obtained.

N/A

Due to limited funds, the Committee may recommend partial funding for a program. In the event the Committee is unable to meet your full request, will you be able to proceed with partial funding?

- ● yes
- ○ no

If "yes," please provide an itemized list of program elements, ranked by priority and cost.

Priority #1 (Item and Cost)	A1C Analyzer & Related Costs = $3,199.22
Priority #2 (Item and Cost)	Pilot study of Fenofibrate, 160 mg for 20 diabetic patients with triglycerides > 400 = $3,804.00
Priority #3 (Item and Cost)	Electronic Vital Signs Monitor & Mobil Stand = $2,280.00

PROJECT SYNOPSIS (250 words or less)
Please provide a brief overview of your project. Assume that this synopsis will be used in a summary of your proposal.

Research shows that patients with diabetes who are uninsured are more likely to have poorly controlled hypertension, elevated LDL cholesterol, and high triglycerides as compared with their insured counterparts. Uninsured patients are also more likely to have diabetes that is uncontrolled and less well managed, resulting in a higher risk for serious medical complications. The research literature has established a direct correlation between A1C levels, lipid levels (cholesterol), and the risk for complications of diabetes.

Currently, over 10% of Volunteers in Medicine patients are diagnosed with Type 2 Diabetes. The vast majority of these individuals also struggle with high cholesterol, high triglycerides, obesity, hypertension, and other concurrent chronic conditions aggravated by diabetes. A one-time investment by JHSSF would allow VIM to significantly enhance the clinic's diabetes management and treatment protocol

VIM has been on the frontlines of providing high quality medical services for uninsured adults over the past seven years; clearly some of this progress was made possible through generous awards from Jack Hopkins funding in years past. VIM respectfully asks for consideration of this request for $9,283.22 towards the project "*Supporting Care for Uninsured Individuals with Diabetes.* These funds will allow VIM to accomplish three objectives: (1) purchase an A1C Analyzer, (2) conduct a pilot study on a medication to decrease high triglyceride levels to replace one that has been discontinued, and (3) purchase a Vital Signs Monitor.

CRITERIA

In the spaces below, please explain how your project meets the Jack Hopkins Funding criteria. Assume that your responses will be used in a summary of your proposal.

NEED (200 words or less)

Explain how your project addresses a previously-identified priority for social services funding as documented in the Service Community Assessment of Needs, the City of Bloomington, Housing and Neighborhood Development Department's 2010-2014 Consolidated Plan, or any other community-wide survey of social services needs.

According to SCAN 2012, treatment of diabetes is a high priority in the state of Indiana (p.104). Within Monroe County over 7% of the population has diabetes. Moreover, SCAN notes that Type II diabetes is one of the most chronic illnesses resulting from obesity. Twenty-six percent of Monroe County residents are considered obese (p.103). Of great concern is the fact that the obesity rate has increased in the years since SCAN 2003.

At the same time, both SCAN and HAND's 2010-2014 Consolidated Plan, note that providing high quality, affordable health care for low-income uninsured individuals is a priority for social service funding in our community. All VIM patients are uninsured with household incomes of 200% FPL or below. VIM is the only safety net medical facility in Monroe County, leveraging and coordinating the existing resources of the health care community to provide medical, dental and behavioral health services to people that otherwise would fall through the cracks.

Finally, with an estimated 12,000 uninsured adults in Monroe & Owen Counties living below 200% FPL, it is clear that even with the implementation of the ACA it will take a very long time before the VIM clinic is no longer needed – if ever.

ONE-TIME INVESTMENT (100 words or less)

Jack Hopkins Funds are intended to be a one-time investment. If you are requesting operational funds, explain if the request is for pilot or bridge funding and please explain your plan for future funding.

VIM seeks a one-time investment from the JHSSF to purchase two pieces of equipment and to run one pilot project. Each of these project elements will leverage this important investment by targeting high-risk patients with diabetes. This population risks serious medical complications, ultimately, costing the healthcare system in Bloomington many thousands of dollars. This investment will enable VIM to maintain a reputation for providing high quality care while maximizing cost savings over the long term. These benefits directly translate into the clinic having greater capacity to serve its clients, which in turn, makes a larger contribution to the health of the Bloomington community.

FISCAL LEVERAGING (100 words or less)

Describe how your project will leverage other resources, such as other funds, in-kind contributions, etc.

This project leverages funds in several ways.

In-kind:

1. With a contract to purchase supplies beyond the 6-month term of this project, the A1C Analyzer is "placed" by the company at VIM for free (value $6.247).
2. The printer ($300) and unlimited paper are being donated to VIM by the company.

Contributions:

1. A donor has agreed to donate funds to pay for an additional 6 months of A1C supplies, so this part of the project is ensured for a full year. ($3,199)

LONG-TERM BENEFITS (200 words or less)
Explain how your program will have broad and long-lasting benefits for our community.

As the number of people with diabetes grows worldwide, the disease takes an ever-increasing proportion of national (and local) health care budgets. Because of its chronic nature, the severity of its complications and the means required to control them, diabetes is a costly disease, not only for the affected individual and his/her family, but also for the health care system as a whole. Beyond the directs costs of medications, tests, and hospitalizations, the indirect costs (loss of work, premature retirement due to disability) and intangible costs (pain, anxiety, lower quality of life) also have great impact on the lives of patients and their families. Appropriate action taken at the right time is beneficial in terms of quality of life, and is cost-effective, especially if it can prevent hospital admission. The problem is compounded exponentially by the factor of being uninsured and low income.

Providing free medical care for uninsured patients with diabetes has long been a priority for the VIM clinic. An investment from JHSSF will allow VIM to significantly enhance the clinic's diabetes management and treatment protocol. This will result in a positive, long-term effect on the quality and continuum of care VIM provides to the most vulnerable low-income, uninsured individuals in Bloomington.

2014 Jack Hopkins Social Services Funding Application
Volunteers in Medicine of Monroe County Narrative

Volunteers in Medicine (VIM) respectfully requests a one-time grant of $9,283.22 for our project *"Supporting Care for Uninsured Individuals with Diabetes."*

Research shows that uninsured patients with diabetes are more likely to have poorly controlled high blood pressure, elevated LDL cholesterol, and high triglycerides as compared with their insured counterparts. Providing free medical care for uninsured patients with diabetes has long been a priority for VIM.

We have initial data estimating that nearly 400 VIM patients have a diagnosis of Type 2 Diabetes. Of these, 18% have A1C levels greater than 9; 7-8% have triglyceride levels greater than 400, and 95% have Body Mass Index greater than 25. Given these concerning levels, it is not surprising that many of these patients also have other serious medical conditions as well.

A one-time investment by JHSSF would allow VIM to significantly enhance the clinic's diabetes management and treatment protocol in three ways.

1. <u>Purchase of an "A1C" Monitor</u> – The A1C test is a blood test that gives information about a person's average levels of blood glucose over a period of about three months. While home-based blood-sugar monitoring gives the patient an indication of his/her glucose level at that specific point in time, the A1C gives the patient and provider a general longer-term picture.

Patients with diabetes need an A1C check every three months. The standard practice at VIM has been to refer patients with diabetes to the IUHB lab for testing. The patient is given the lab order and referred to the lab. Sometimes the patient simply doesn't go. When the patient complies, VIM receives the lab report in 1-2 days. The faxed report must be placed on the patient's chart for review. Sung Park, NP takes time every day to review tests and procedure results. If the results are abnormal, the patient is phoned and asked to return to the clinic for possible changes to their treatment plan. Sometimes the patient complies; often they do not. Often we cannot even reach the patient who may not have a working phone. This process is very expensive for the hospital, time-consuming for our providers, inconvenient for our patients, and invites noncompliance.

The use of point-of-care (in the office) testing for A1C allows for immediate results and more timely decisions on treatment changes. Research has shown that giving diabetic patients on-the-spot feedback on their A1C number may also result in as much as a <u>1% point reduction in their A1C level over time</u>. Further, every 1% point reduction in A1C may lower the risk of complications by up to <u>40%</u>. This is substantial - particularly in the lives of uninsured patients with so many other medical risk factors.

Beyond the long-term benefits noted in the application, the short-term outcome indicators planned to measure the efficacy of this project component are: (1) # patients who had A1C test per month during the project period; (2) # patients with lowered A1C levels from pre-study baseline; and (3) # patients with specific diabetes self-management goals documented in their charts.

2. <u>Pilot Medication Program</u> – As noted above, 25-30 diabetic patients have triglycerides > 400. Unfortunately, the medication (Tricor ®) previously available to patients at no cost through the pharmaceutical company is no longer available due to the assumption that all states have now expanded Medicaid. Since this is not true in Indiana, the discontinuation of Tricor ® leaves VIM

with a significant gap in its medication formulary. The standard of care for high triglycerides in the absence of Tricor® is the generic equivalent, Fenofibrate – an expensive substitute. The next best, less expensive, alternative, Gemfribozil, is known to have negative interactions with cholesterol-lowering medications known as statins. Since virtually all of our diabetic patients with seriously high triglycerides also need a statin, we are reluctant to use this alternative. Therefore, we believe it would be appropriate to conduct a pilot study of the efficacy of Fenofibrate. With JHSSF funds, we propose moving 20 patients with triglyceride>400 to Fenofibrate for a period of six months. If this pilot has good outcomes, we will continue to buy Fenofibrate with funds from other grants and donors.

The short-term outcome indicators planned to measure the efficacy of this project component are: (1) # patients who switch to Fenofibrate; (2) # patients with lowered trig. levels from baseline; and (3) # patients with diabetes self-management goals targeting lipid control through diet & exercise.

3. <u>Electronic Vital Signs Monitor</u> - Taking vital signs is an essential part of every single patient visit – yet it takes time. With 2012 JHSS funding, VIM was able to purchase one mobile "SPOT" or electronic vital signs monitor for the intake/triage area. The nurses particularly appreciate that blood pressure, temperature, and pulse are all measured with one machine. This piece of equipment has so revolutionized the VIM intake work flow that, not only can we not live without it, the clinic is in need of a second unit.

VIM has 3-4 providers on a typical day at the clinic. The demand on this unit now results in intake volunteers waiting with patients to take vital signs which delays the provider. Beyond the one SPOT unit the other blood pressure monitors are anchored to the walls in patient care rooms. If the appropriate size cuff is not available the monitor is useless. VIM nurses feel that the addition of a second mobile unit to the intake area will, again, greatly improve the efficiency of nursing work flow, increasing time spent actually speaking to the patient and discussing their concerns while this unit conducts the basics of blood pressure and pulse.

Since the goal for this purchase is to improve the efficiency of the nursing work flow, the outcome indicator is, necessarily, more qualitative, measured with an informal survey of providers' satisfaction with VIM's triage process in preparing patients for the provider.

Final Comment: Clearly the question that will arise in reviewing the VIM proposal is: *How will the ACA affect the clinic?* The short answer is, eventually our patient base may change, but our mission will not. Over time, we expect (and hope) that many VIM patients will become insured – this is a good thing. With the ACA we can now actually help some of our patients enroll, while we continue to care for those who can't. For those that enroll, VIM will ensure a smooth transition to a new medical home with seamless continuity of care. At the same time, clearly, Indiana lags behind neighboring states in not expanding Medicaid. Thus, many Hoosiers may well remain uninsured for the foreseeable future.

Many people think that with the ACA implementation there will no longer be uninsured people. Unfortunately, this is not true. With 12,000 uninsured in Monroe and Owen counties, it could take years to insure even half of this number. Further, once people enroll what happens when they need a service not covered – dental or vision, for example? Clearly, there will be medical need in Bloomington and surrounding communities for the indefinite future. And, for as long as need exists, VIM's mission is to offer high quality, easily accessible, services to meet that need.

Jack Hopkins Social Services Funding Application for 2014
Volunteers in Medicine Project Budget

Item	Price	Quantity	Total
I. A1C Analyzer			
Afinion HbA1C Controls Kit [1]	50.49	2	100.98
Afinion HbA1C 15 Cartridge Tests [2]	126.21	24	3,029.04
Lancet 28G Safety Blue 50/Box [3]	8.65	8	69.20
Afinion Analyzer [4]	6,247.00	1	free from company with contract
Results Printer & Paper [4]	350.00	1	free from company (in-kind donation)
II. Triglyceride Pilot Study			
Fenefibrate, 160mg, 90-count [5]	95.10	40	3,804.00
III. Vital Signs Monitor			
Welch Allyn Vital Signs Monitor Refurbished	1,965.00	1	1,965.00
Mobile Stand F/SPOT LXI	315.00	1	315.00
		TOTAL PROJECT	**$9,283.22**

NOTES

[1] Every 30 days the machine must be calibrated to ensure it is operating within the specified range. 3 controls per box = 2 boxes for 6 months

[2] This item is the test cartridge: 15 tests box; 24 boxes = 6 months.

[3] 8 Boxes (50 lancet/box) = 400 lancets, enough to cover 60 months of tests at 60 tests/month.

[4] Our vendor has arranged with the Alere Company to donate the printer and paper to VIM as an in-kind donation. The analyzer itself is "placed" at no cost with VIM on a long-term basis with a contract for ordering test cartridges and controls.

[5] As noted in the text, medications will be ordered for 20 patients for 6 months.

Stampfli Associates, CPAs, P.C.

ACCOUNTANTS' COMPILATION REPORT

To the Board of Directors
Volunteers in Medicine Clinic of Monroe County, Inc.
Bloomington, Indiana

We have compiled the accompanying statement of Assets, Liabilities and Net Assets – Cash Basis, of Volunteers in Medicine Clinic of Monroe County, Inc. (a non-profit organization), as of December 31, 2013 and 2012, and the related statements of Support, Revenue, Expenses and Changes in Net Assets - cash basis for the months and twelve-month periods then ended and the accompanying supplementary information which is presented for supplementary purposes. We have not audited or reviewed the accompanying financial statements and supplementary information and accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with the cash basis of accounting. This supplementary budgeted information for the month periods is presented for supplementary analysis purposes only.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the cash basis of accounting and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements. During our compilation, we did become aware of certain departures from cash basis accounting principles that are described in the following paragraphs.

A statement of functional expenses has not been presented. Accounting principles require that such a statement be presented.

Management has elected to omit substantially all of the disclosures ordinarily included in financial statements prepared in accordance with the cash basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the conclusions about the organization's assets, liabilities, net assets, revenues and expenses. Accordingly, the financial statements are not designed for those who are not informed about such matters.

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Management has elected to omit the summaries of significant assumptions and accounting policies required under established guidelines for presentation of prospective financial statements. If the omitted summaries were included in the budgeted information, they might influence the user's conclusions about the organization's budgeted information. Accordingly, the budgeted information is not designed for those who are not informed about such matters.

We are not independent with respect to Volunteers in Medicine Clinic of Monroe County, Inc.

Stampfli Associates

February 6, 2014

200 South College Avenue, PO Box 2628, Bloomington, IN 47402 - t 812.339.0450 - f 812.339.3380 - stampfli@stampflicpa.com

Volunteers in Medicine Clinic of Monroe County, Inc.
Statement of Assets, Liabilities and Net Assets
December 31, 2013

	2013	2012	Variance
Assets			
Bloomington Foundation Restrict	82,805.00	82,805.00	0.00
ONB Checking	82,690.66	161,975.44	-79,284.78
Bloomington Hospital Foundation	1,283,457.88	1,022,343.06	261,114.82
Total	1,448,953.54	1,267,123.50	181,830.04
PROPERTY AND EQUIPMENT			
Accum Deprec - Building Impr.	-16,810.95	-13,284.60	-3,526.35
Building Improvements	48,455.43	48,455.43	0.00
Equipment	181,511.75	172,512.20	8,999.55
Accum Deprec - Equipment	-115,470.35	-95,768.84	-19,701.51
Software	32,820.00	32,820.00	0.00
Accum Deprec - Software	-32,820.00	-32,820.00	0.00
Total Property and Equipment	97,685.88	111,914.19	-14,228.31
TOTAL ASSETS	**1,546,639.42**	**1,379,037.69**	**167,601.73**
LIABILITIES & STOCKHOLDERS' EQUITY			
Payroll Liabilities	1,158.31	1,672.00	-513.69
FSA/United Way Liabilities	-0.05	0.00	-0.05
Misc Payroll Deductions	674.20	63.10	611.10
Total	1,832.46	1,735.10	97.36
STOCKHOLDERS' EQUITY			
Unrestricted and Temp. Restricted	1,294,497.59	1,152,742.42	141,755.17
Bloomington Foundation Restricted	82,805.00	82,655.00	150.00
Change in Net Assets	167,504.37	141,905.17	25,599.20
Total Equity	1,544,806.96	1,377,302.59	167,504.37
TOTAL LIABILITIES & EQUITY	**1,546,639.42**	**1,379,037.69**	**167,601.73**

See Accountants' Compilation Report

Volunteers in Medicine Clinic of Monroe County, Inc.
Statement of Support, Revenue, Expenses and Change in Net Assets
Cash Basis
For the Twelve Months Ending December 31, 2013 and 2012

	Jan-Dec 13	Jan-Dec 12	$ Change
Support & Revenue			
6225 · Temp. Restricted Donations	1,250.00	66,500.00	-65,250.00
6250 · Other Agency Gifts	254,274.52	268,709.02	-14,434.50
6495 · Realized G/L	56,626.00	74,940.00	-18,314.00
6490 · Unrealized G/L	137,108.73	10,255.71	126,853.02
6450 · Investment Income	27,290.00	24,985.00	2,305.00
6000 · Grants	306,453.40	301,327.02	5,126.38
6100 · Receipts - Pharmacy	14,699.90	19,108.16	-4,408.26
6150 · Endowment Gifts	0.00	150.00	-150.00
6200 · Gifts / Donations/BHF	123,086.96	154,746.28	-31,659.32
6205 · Gifts / Donations/VIM	38,411.03	0.00	38,411.03
6400 · Miscellaneous Income	4,878.90	5,764.36	-885.46
6500 · Interest Income	7.93	13.00	-5.07
	964,087.37	926,498.55	37,588.82
6300 · In-Kind - Supplies Income	0.00	0.00	0.00
6325 · In-Kind - Rent Income	63,600.00	63,600.00	0.00
6350 · In-Kind - Medical Services Inc	259,210.25	255,936.57	3,273.68
6351 · In-Kind - Other Services Income	1,750.00	1,820.00	-70.00
6352 · In-Kind - Hospital Services Inc	1,245,499.00	1,291,640.00	-46,141.00
Inkind Income	1,570,059.25	1,612,996.57	-42,937.32
Total Support and Revenue	2,534,146.62	2,539,495.12	-5,348.50
9699 · Reclassifications			
Expenses			
7445 · Medical Expenses-Specific	3,416.75	0.00	3,416.75
7475 · Dental Expense	4,737.44	2,503.12	2,234.32
7950 · Computer Support	810.72	2,790.48	-1,979.76
9800 · Volunteer Expense	3,752.19	1,967.86	1,784.33
9650 · Professional Education	2,024.90	572.59	1,452.31
9550 · Management Fees	19,845.07	15,246.29	4,598.78
7000 · Payroll Expenses	423,643.14	133,692.80	289,950.34
7050 · Salaries	0.00	306,554.21	-306,554.21
7100 · FICA	30,288.12	30,588.69	-300.57
7120 · Health Insurance	55,351.83	40,510.07	14,841.76
7200 · Contract Labor	1,500.00	16,500.00	-15,000.00
7300 · Drugs & Medication	42,224.22	44,527.28	-2,303.06
7400 · Medical Supplies	14,159.07	11,360.37	2,798.70

See Accountants' Compilation Report

Volunteers in Medicine Clinic of Monroe County, Inc.
Statement of Support, Revenue, Expenses and Change in Net Assets
Cash Basis
For the Twelve Months Ending December 31, 2013 and 2012

	Jan-Dec 13	Jan-Dec 12	$ Change
7450 · Medical Expense	76,886.85	58,240.05	18,646.80
7900 · Office Supplies	17,081.73	22,172.86	-5,091.13
8260 · Telephone Expenses	5,454.74	7,220.19	-1,765.45
9000 · Postage/Printing	4,448.23	3,467.44	980.79
7130 · Pension Expense	5,985.43	7,877.84	-1,892.41
9200 · Repairs & Maintenance	576.95	1,531.01	-954.06
7700 · Insurance-Liability	1,281.00	500.00	781.00
7800 · Insurance-Workers Comp	1,646.00	1,247.00	399.00
7750 · Insurance-Business Owners	931.75	649.98	281.77
7775 · Insurance-Director/Officer	2,308.00	2,145.00	163.00
8225 · Mileage Reimbursement Expense	1,104.02	0.00	1,104.02
9750 · Travel	125.25	0.00	125.25
9660 · Fees	936.31	791.23	145.08
9100 · Bank Charges	44.33	350.00	-305.67
9300 · Depreciation Expense	26,813.42	28,389.18	-1,575.76
9400 · Marketing Expenses	8,773.31	1,794.75	6,978.56
9500 · Accounting Fees	36,027.00	37,199.00	-1,172.00
9710 · Unemployment Expense	0.00	1,041.89	-1,041.89
9700 · Miscellaneous Expenses	1,903.77	2,768.74	-864.97
	794,081.54	784,199.92	9,881.62
7205 · In-Kind - Medical Services Exp	259,210.25	255,936.57	3,273.68
7210 · In-Kind - Other Services Exp	1,750.00	1,820.00	-70.00
7212 · In-Kind - Hospital Services	1,245,499.00	1,291,640.00	-46,141.00
7910 · In-Kind - Supplies	0.00	0.00	0.00
8000 · In-Kind - Rent Expense	63,600.00	63,600.00	0.00
Inkind Expense	1,570,059.25	1,612,996.57	-42,937.32
Total Expense	2,364,140.79	2,397,196.49	-33,055.70
Change in Unrestricted and Temporarly			
9990 · Gain/Loss on Sale of Assets	-2,501.46	-393.46	2,108.00
Change in Net Assets	**167,504.37**	**141,905.17**	**25,599.20**

See Accountants' Compilation Report

Volunteers in Medicine Clinic of Monroe County, Inc.
Statement of Support, Revenue, Expenses and Change in Net Assets
Cash Basis
For the One month Ending December 31, 2013 and 2012

	Dec 13	Dec 12	$ Change
Support & Revenue			
6225 · Temp. Restricted Donations	0.00	-6,500.00	6,500.00
6250 · Other Agency Gifts	4,551.33	12,380.61	-7,829.28
6495 · Realized G/L	8,739.00	961.00	7,778.00
6490 · Unrealized G/L	8,213.24	11,536.00	-3,322.76
6450 · Investment Income	4,577.00	3,525.00	1,052.00
6000 · Grants	18,579.31	0.00	18,579.31
6100 · Receipts - Pharmacy	773.73	1,354.41	-580.68
6150 · Endowment Gifts	0.00	150.00	-150.00
6200 · Gifts / Donations/BHF	22,943.91	26,482.30	-3,538.39
6205 · Gifts / Donations/VIM	19,056.68	0.00	19,056.68
6400 · Miscellaneous Income	345.01	234.25	110.76
6500 · Interest Income	0.61	1.61	-1.00
	87,779.82	50,125.18	37,654.64
6300 · In-Kind - Supplies Income	0.00	0.00	0.00
6325 · In-Kind - Rent Income	5,300.00	5,300.00	0.00
6350 · In-Kind - Medical Services Inc	18,755.00	16,785.00	1,970.00
6351 · In-Kind - Other Services Income	140.00	140.00	0.00
6361 · In-Kind - Other Income	0.00	0.00	0.00
6352 · In-Kind - Hospital Services Inc	78,514.00	70,490.00	8,024.00
Inkind Income	102,709.00	92,715.00	9,994.00
Total Support & Revenue	190,488.82	142,840.18	47,648.64
Expenses			
7950 · Computer Support	187.48	25.00	162.48
9800 · Volunteer Expense	170.73	149.50	21.23
9550 · Management Fees	17,618.81	14,080.94	3,537.87
7000 · Payroll Expenses	29,026.06	16,527.15	12,498.91
7050 · Salaries	0.00	23,632.20	-23,632.20
7100 · FICA	2,114.11	2,833.13	-719.02
7120 · Health Insurance	-5,107.30	-3,009.96	-2,097.34
7200 · Contract Labor	0.00	0.00	0.00
7300 · Drugs & Medication	4,321.85	5,114.00	-792.15
7400 · Medical Supplies	94.94	1,341.81	-1,246.87
7450 · Medical Expense	14,156.96	9,989.09	4,167.87
7445 · Medical Supplies-Specific	352.90	0.00	352.90
7475 · Dental Expense	906.95	407.80	499.15
7900 · Office Supplies	1,015.02	1,144.81	-129.79
8260 · Telephone Expenses	533.61	304.89	228.72
9000 · Postage/Printing	163.67	143.34	20.33
9200 · Repairs and Maintenance	0.00	0.00	0.00

See Accountants' Compilation Report

Volunteers in Medicine Clinic of Monroe County, Inc.
Statement of Support, Revenue, Expenses and Change in Net Assets
Cash Basis
For the One month Ending December 31, 2013 and 2012

	Dec 13	Dec 12	$ Change
9100 · Bank Charges	0.70	25.00	-24.30
9300 · Depreciation Expense	1,795.57	2,197.07	-401.50
9400 · Marketing Expenses	6,274.19	183.83	6,090.36
9500 · Accounting Fees	2,680.00	1,110.00	1,570.00
7700 · Insurance-Liability	200.00	0.00	200.00
9700 · Miscellaneous Expenses	0.00	324.31	-324.31
	76,506.25	76,523.91	-17.66
7205 · In-Kind - Medical Services Exp	18,755.00	16,785.00	1,970.00
7210 · In-Kind - Other Services Exp	140.00	140.00	0.00
7212 · In-Kind - Hospital Services	78,514.00	70,490.00	8,024.00
7910 · In-Kind - Supplies	0.00	0.00	0.00
8000 · In-Kind - Rent Expense	5,300.00	5,300.00	0.00
Inkind Expense	102,709.00	92,715.00	9,994.00
Total Expenses	179,215.25	169,238.91	9,976.34
Change in Unrestricted and Temporarly Restricted Net Assets	11,273.57	-26,398.73	37,672.30
Permanently Restricted Net Assets			
6150 · Endowment Gifts	0.00	0.00	0.00
6450 · Investment Income	0.00	0.00	0.00
6501 · Reclassifications	0.00	0.00	0.00
Change in Permanently Restricted Net Assets	0.00	0.00	0.00
Other Revenue and Expense			
9990 · Gain/Loss on Sale of Assets	-2,501.46		0.00
Total Other Revenue and Expense	-2,501.46	0.00	-2,501.46
Change in Net Assets	**8,772.11**	**-26,398.73**	**35,170.84**

See Accountants' Compilation Report

Volunteers in Medicine Clinic of Monroe County, Inc.

Supporting Statement with Budget

Cash Basis

For the Twelve Months Ending December 31, 2013

	Jan-Dec 13	Budget	$ Over Budget
Support & Revenue			
6225 · Temp. Restricted Donations	1,250.00	20,000.00	-18,750.00
6250 · Other Agency Gifts	254,274.52	261,072.00	-6,797.48
6495 · Realized G/L	56,626.00	72,948.00	-16,322.00
6490 · Unrealized G/L	137,108.73	3,720.00	133,388.73
6450 · Investment Income	27,290.00	18,902.00	8,388.00
6000 · Grants	306,453.40	292,817.00	13,636.40
6100 · Receipts - Pharmacy	14,699.90	20,000.00	-5,300.10
6200 · Gifts / Donations/BHF	123,086.96	114,000.00	9,086.96
6205 · Gifts / Donations/VIM	38,411.03	0.00	38,411.03
6400 · Miscellaneous Income	4,878.90	6,000.00	-1,121.10
6500 · Interest Income	7.93	12.00	-4.07
	964,087.37	809,471.00	154,616.37
6300 · In-Kind - Supplies Income	0.00	48.00	-48.00
6325 · In-Kind - Rent Income	63,600.00	63,600.00	0.00
6350 · In-Kind - Medical Services Inc	259,210.25	231,290.00	27,920.25
6351 · In-Kind - Other Services Income	1,750.00	1,812.00	-62.00
6352 · In-Kind - Hospital Services Inc	1,245,499.00	1,339,656.00	-94,157.00
6361 · In-Kind - Other Income	0.00	107.00	-107.00
Inkind Income	1,570,059.25	1,636,513.00	-66,453.75
Total Support and Revenue	2,534,146.62	2,445,984.00	88,162.62
9699 · Reclassifications			
Expenses			
7475 · Dental Expense	4,737.44	25,000.00	-20,262.56
7445 · Medical Supplies-Specific	3,416.75	0.00	3,416.75
7950 · Computer Support	810.72	6,000.00	-5,189.28
9750 · Travel Expense	125.25	500.00	-374.75
7110 · State Unemployment	0.00	1,500.00	-1,500.00
9800 · Volunteer Expense	3,752.19	1,875.00	1,877.19
9550 · Management Fees	19,845.07	14,500.00	5,345.07
7000 · Payroll Expenses	423,643.14	461,888.00	-38,244.86
7100 · FICA	30,288.12	35,334.00	-5,045.88
7120 · Health Insurance	55,351.83	60,674.00	-5,322.17
7130 · Pension Expense	5,985.43	10,419.00	-4,433.57
9660 · Fees	936.31	800.00	136.31
9650 · Professional Education	2,024.90	1,500.00	524.90
7200 · Contract Labor	1,500.00	1,500.00	0.00
7300 · Drugs & Medication	42,224.22	46,500.00	-4,275.78

See Accountants' Compilation Report

Volunteers in Medicine Clinic of Monroe County, Inc.

Supporting Statement with Budget

Cash Basis

For the Twelve Months Ending December 31, 2013

	Jan-Dec 13	Budget	$ Over Budget
7700 · Insurance-Liability	1,281.00	515.00	766.00
7800 · Insurance-Workers Comp	1,646.00	1,370.00	276.00
7750 · Insurance-Business Owners	931.75	669.00	262.75
7775 · Insurance-Director/Officer	2,308.00	2,188.00	120.00
7400 · Medical Supplies	14,159.07	14,200.00	-40.93
7450 · Medical Expense	76,886.85	61,141.00	15,745.85
7900 · Office Supplies	17,081.73	23,791.00	-6,709.27
8225 · Mileage Reimbursement	1,104.02	300.00	804.02
8260 · Telephone Expenses	5,454.74	3,624.00	1,830.74
9000 · Postage/Printing	4,448.23	3,606.00	842.23
9100 · Bank Charges	44.33	308.00	-263.67
9200 · Repairs and Maintenance	576.95	2,000.00	-1,423.05
9300 · Depreciation Expense	26,813.42	29,000.00	-2,186.58
9400 · Marketing Expenses	8,773.31	1,677.00	7,096.31
9500 · Accounting Fees	36,027.00	36,500.00	-473.00
9700 · Miscellaneous Expenses	1,903.77	3,444.00	-1,540.23
	794,081.54	852,323.00	-58,241.46
7205 · In-Kind - Medical Services Exp	259,210.25	231,290.00	27,920.25
7210 · In-Kind - Other Services Exp	1,750.00	1,812.00	-62.00
7212 · In-Kind - Hospital Services	1,245,499.00	1,339,656.00	-94,157.00
7910 · In-Kind - Supplies	0.00	48.00	-48.00
8000 · In-Kind - Rent Expense	63,600.00	63,600.00	0.00
8005 · In-Kind - Other Expense	0.00	107.00	-107.00
Inkind Expense	1,570,059.25	1,636,513.00	-66,453.75
Total Expense	2,364,140.79	2,488,836.00	-124,695.21
Change in Unrestricted and Temporarly Restricted Net Assets	170,005.83	-42,852.00	212,857.83
Permanently Restricted Net Assets			
6150 · Endowment Gifts	0.00	0.00	0.00
6450 · Investment Income	0.00	0.00	0.00
6501 · Reclassifications	0.00	0.00	0.00
Change in Permanently Restricted Net Assets	0.00	0.00	0.00
Other Revenue and Expense			
9990 · Gain/Loss on Sale of Assets	-2,501.46	0.00	-2,501.46
Change in Net Assets	**167,504.37**	**-42,852.00**	**210,356.37**

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