

2016 JACK HOPKINS SOCIAL SERVICES FUNDING PROGRAM

Technical Assistance Meeting

2016 COMMITTEE MEMBERS

Council:

Tim Mayer, Chair

Allison Chopra

Dorothy Granger

Isabel Piedmont-Smith

Susan Sandberg

CDBG:

Sue Sgambelluri

John West

INTENT: IMPROVING THE HUMAN CONDITION

- Highest priority given to emergency services or other support to City's most vulnerable residents:
 - Low income
 - Under age 18
 - Elderly
 - Affected with a disability, or
 - Otherwise disadvantaged

KEY CONSIDERATIONS

- Address and satisfy criteria
- Clear and concise
- One application/agency unless a collaborative project
- Must be 501(c)(3) or have a fiscal agent that is one
- \$1,000 minimum request (actual grants can be lower)

2016 PROGRAM: WHAT STAYS THE SAME

- **COLLABORATIVE APPLICATIONS**

- Provides that agencies may submit two applications: one on behalf of own agency, one on behalf of collaborative initiative
- Criteria the same detailed in *Elaboration of Criteria*

- **E-APPLICATIONS**

- **CORE CRITERIA**

- Address a previously-identified need
- One-time investment
- Fiscal leverage
- Broad and long-lasting benefit to community

- **FIRM DEADLINE: MONDAY, 28 MARCH 2016, 4p (No late apps)**

- **PLAN ON SPENDING ANY GRANTED FUNDS BY EARLY DECEMBER 2016.**

2016 PROGRAM: WHAT CHANGES

- **\$280,000 to allocate**
 - May have access to more funds; may not allocate all available funds.
- **One-time funding rule loosens up**
 - Will accept applications asking for operational funds that do not meet one of the long-standing exceptions to one-time funding rule: pilot, bridge, or collaborative
 - This year is a test – may not be offered next year.
 - Priority still on one-time funding.
 - Do not want to encourage reliance. Funding this year does not guarantee funding next year.



Any application for operational funds must be still accompanied by a well-developed plan for future funding.

2016 SCHEDULE

APPLICATIONS DUE:

MONDAY, 28 MARCH, 4:00 PM

COMMITTEE MEETS TO DISCUSS APPLICATIONS

MONDAY, 25 APRIL, 5:30 PM
Council Library (Room #110)

AGENCY PRESENTATIONS

THURSDAY, 05 MAY 2016, 4:00pm
Council Chambers (Suite #115)

PRE-ALLOCATION MEETING

MONDAY, 16 MAY 2016, 6:30pm
Council Library (Room #110)

ALLOCATION HEARING

THURSDAY, 19 MAY 2016, 4:00pm
Council Chambers (Suite #115)

DEBRIEFING MEETING

WEDNESDAY, 08 JUNE 2016, 5:30 pm
Council Library (Room #110)

HOW TO APPLY

- ALL APPLICATION MATERIAL AT: www.bloomington.in.gov/jack-hopkins
- APPLICATIONS SUBMITTED TO: council@bloomington.in.gov
- COMPLETE APPLICATION INCLUDES:
 - Completed Application Form – includes basic data and word-limited project summary
 - Two-page Project Narrative – opportunity to explain proposal further
 - Project Budget
 - Year-End Financial Statement (prefer P&L statement & balance sheet)
 - Signed, written estimates for any proposal for capital improvements
 - MOU signed by all agencies participating in a collaborative project

COLLABORATIVE APPLICATIONS

Two-page narrative should include:

- Description of how missions, operations, and services do or will complement each other
- Existing relationship between agencies and how the level of communication and coordination will change as a result of the project
- Any challenges to collaboration you anticipate and steps you plan to take to address those challenges

MOU required

OPERATIONAL FUNDS – THE TEST YEAR

What is the Committee looking for?

- Strong case for satisfaction of community need
- Solid plan for future funding – i.e., a plan more concrete than “we plan to fundraise to sustain this...”
- Leverage
- Broad and long-lasting benefits to the community

READ ELABORATION OF CRITERIA

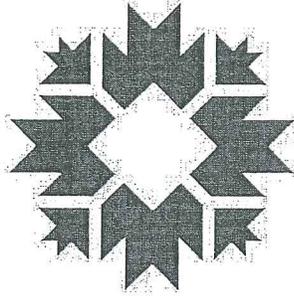
Over time, Hopkins Committees have detailed the meaning of each Hopkins criterion. Those details are found in the *Elaboration of Criteria*.

Please take care to review the *Elaboration* before developing and submitting your proposal.

Posted at: www.bloomington.in.gov/jack-hopkins

TIPS & EXAMPLES

- Clarity and concision matters
- Application should be self-explanatory and self-contained (i.e., no need for staff follow up; no addenda submitted post deadline)
- Good applications are as varied as the projects they propose; however, the 2015 Volunteers In Medicine application used as an example of a focused grant. This, and other past applications are posted on the Committee's webpage: www.bloomington.in.gov/jack-hopkins.



CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2015 GRANT APPLICATION

AGENCY INFORMATION

Lead Agency Name: Volunteers in Medicine of Monroe County

Is Lead Agency a 501(c)(3)? Yes No

Number of Employees:

Full-Time	Part-Time	Volunteers
8*	5*	~200
*including 3 FTE Bloomington Hospital employees		

Address: PO Box 2568
Bloomington, IN 47402

Zip Code: 47402

Phone: 812-333-4032

Agency E-Mail: info@vimmonroecounty.org

Website: www.vimmonroecounty.org

President of Board of Directors: Philippa M. Guthrie

Executive Director: Nancy E. Richman, Ph.D., MPA

Title: Executive Director

Phone: 812-333-4032

E-Mail: nrichman@vimmonroecounty.org

Name of Person to Present Proposal to the Committee: Nancy Richman
(if not the Executive Director)

Title:

Phone:

E-Mail:

Name of Grant Writer: Nancy Richman

Phone:

E-Mail:

Agency 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: *Early Detection of Cardiovascular Disease Risk in Uninsured Adults*

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: Same as above

Total Cost of Project: \$8,150.69

Requested JHSSF Funding: \$5,714.54

Other Funds Expected for this Project (*Source, Amount, and Confirmed or Pending*)

Total Number of Clients Served by this project in 2015: 250-500

Total Number of City Residents Served by this project in 2015: 250-500

Is this request for operational funds? Yes 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 2015

October-December 2015

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 2015

- Purchase Cholestech LDX Starter Kit & supplies for the first 6 months (see budget breakdown)

Reimbursement period 2: October-December 2015

- Purchase supplies for the second 6 months (see budget breakdown)

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:

N/A

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 & Cost)

Starter Kit and supplies for the first 6 months = \$2,811.71

Priority #2
(Item & Cost)

Supplies for the second 6 months = \$2,902.83

Priority #3
(Item & Cost)

Priority #4
(Item & Cost)

Priority #5
(Item & Cost)

Priority #6
(Item & Cost)

A clear delineation of funding priorities allows the committee to make partial funding decisions

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. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."

ask

VIM seeks a one-time investment of \$5,714.54 to purchase the Alere Cholestech System in order to offer patients onsite fasting lipid testing for the screening of risk factors for cardiovascular disease.

need

High blood cholesterol is one of the major risk factors for heart disease. Research shows that patients living in poverty, who are uninsured, are more likely to have elevated LDL cholesterol and high triglycerides as compared with their insured counterparts. Preventive health screening labs are important for all VIM patients. However, because of their higher risk, early detection is particularly important for Hispanic and Latino patients who, if they are undocumented non-citizens, are no longer able to access free services from the hospital. It is increasingly important for VIM to offer critical point-of-service testing to patients unable to access free labs and unable to afford medical bills.

benefits

The immediate benefits of this system are:

1. It is CLIA-waived, thus no special certification or training is required.
2. It yields rapid results (just 5 minutes) which enables the provider to provide immediate counseling and intervention.
3. It uses finger stick sampling, rather than a blood draw, which makes it less painful as well as less time-consuming.
4. It offers highly accurate results.
5. It will improve patient compliance as no referrals for labs will be needed for this test.
6. It will improve clinic efficiencies, such as eliminating calling patients back into the clinic after their hospital lab results are received.

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 service needs.

source According to SCAN 2012, a significant number of people, particularly at lower incomes do not receive regular check-ups or have a primary family doctor (p.99). The inability or unwillingness of individuals to seek regular medical check-ups has serious implications for the prevention and treatment of chronic diseases. Identification of chronic disease risk factors and early disease detection through screening may decrease the burden of chronic disease and protect and promote the health of older adults.

Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Risk factor identification, screening and interventions have been successful in preventing chronic diseases and their associated morbidity and mortality in older adults.

need 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.

ONE-TIME INVESTMENT (100 words or less)

Jack Hopkins Funds are intended to be a one-time investment. Please explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), please explain how your project satisfies an exception to the one-time funding rule -- i.e., is your request for a pilot project? for bridge funding? for a collaborative project? If you are requesting operational funding, you must detail your plan for future funding.

VIM seeks a one-time investment from the JHSSF to purchase the Alere Cholestech LDX System in order to offer patients an onsite complete lipid profile.

Undetected risk factors for cardiovascular disease lead to potential risk of serious medical complications, ultimately, costing the healthcare system in Bloomington many thousands of dollars. This investment will enable VIM to enhance what is already 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. The need for onsite testing is particularly critical for our undocumented noncitizen Hispanic and Latino patients.

clear statement of nature of request: one-time v. operational

FISCAL LEVERAGING (100 words or less)

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

This project leverages funds in several ways.

In-kind:

1. With a contract to purchase supplies, the Cholestech Analyzer is provided by the company at no charge (value 2,136.15).
2. The printer (\$300) and unlimited paper are being donated to VIM by the company.

Makes clear: type of leverage and details source and amount

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 chronic conditions grows both locally and worldwide, medical care takes an ever-increasing proportion of national (and local) health care budgets. High cholesterol, in particular, has no direct symptoms and therefore its diagnosis depends on the patient having access to screening tests that measure cholesterol.

Because of its chronic nature, the severity of its complications and the means required to control complications, cardiovascular disease is costly, not only for the affected individual and his/her family, but also for the health care system as a whole. Beyond the direct costs of medications, tests, and hospitalizations, the indirect costs (loss of work and premature retirement due to heart attack) and intangible costs (correlations with obesity, diabetes,) 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.

Providing free early detection and treatment for uninsured patients is a priority for the clinic. This grant will enhance VIM's capacity to provide convenient and timely onsite testing, resulting in improved care for the most vulnerable of Bloomington's residents.

OUTCOME INDICATORS (100 words or less)

Please either list or describe the outcome indicators you intend to use to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with *outcome indicators*. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term indicators used to measure the change your program has created during the period of your funding agreement. Where possible, this information should be expressed in quantitative terms.

Examples: an agency providing a service might cite to the number of persons with new or improved access to a service. If funds were used to meet a quality standard, the agency might report the number of people who no longer have access to a substandard service. An agency seeking to **purchase equipment** or to make a physical improvement might cite to the number of residents with new or improved access to a service or facility. If funds were used to meet a quality standard or to improve quality of a service or facility, an agency might report the number of people who have access to the improved service or facility

This funding request is for a piece of equipment and supplies to last 12 months. The outcome indicators:

- In the course of 12 months, VIM will provide lipid testing to 2 patients daily for a total of 480 individuals.
- 50 of these patients will be Hispanic. Thus, point-of-service testing will allow 50 Hispanic patients to be tested free-of-charge rather than through a referral to the hospital resulting in a bill for the blood draw and lab analysis.

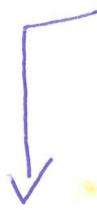
Quantifiable, measurable - not vague.

front load request

2015 Jack Hopkins Social Services Funding Application Narrative
Volunteers in Medicine of Monroe County

Volunteers in Medicine (VIM) respectfully requests a one-time grant of \$5,714.54 for our project "Early Detection of Cardiovascular Disease Risk in Uninsured Adults."

Over the past several years, JHSS funding has enabled VIM to enhance the quality of clinic services through purchasing essential pieces of equipment. This has included an automated phone refill system for the Medication Room, two vital signs monitors and an A1C analyzer. Each of these has significantly improved the quality and efficiency of patient care at the clinic. This request is to continue to build clinic capacity through another piece of equipment.



Heart disease is the No. 1 killer for all Americans. High blood cholesterol is one of the major risk factors for heart disease. The higher your blood cholesterol level, the greater your risks for developing heart disease or having a heart attack. Research shows that patients living in poverty, who are uninsured, are more likely to have elevated LDL cholesterol and high triglycerides as compared with their insured counterparts. Hispanics and Latinos, however, face even higher risks of cardiovascular diseases. Moreover, high cholesterol and triglyceride levels are also highly correlated with other chronic conditions, such as obesity and diabetes.

need

Every new patient that seeks medical care at VIM receives a comprehensive physical. This includes referrals to the hospital for standard labs, such as a complete metabolic panel, including fasting Lipid testing. At different points throughout the year, depending on the condition for which the patient is receiving treatment and medications prescribed, the patient may be referred for follow up testing. The earlier a disease is diagnosed, the more likely it is that it can be cured or successfully managed. Early detection also helps to prevent or delay more serious complications from the disease. While preventive health screening labs are important for all VIM patients, because of their higher risk, early detection is particularly important for Hispanic and Latino patients.

Unfortunately, a new barrier has been erected preventing VIM undocumented, non-citizen Hispanic patients from easily accessing labs. We have recently been informed that the Indiana University Health's (corporate) financial assistance policy has been implemented across the entire IUH system. As a result, the local (Bloomington) hospital is no longer able to provide free services for undocumented noncitizens. Instead, undocumented noncitizen VIM patients will now receive a bill for all VIM-referred hospital services, such as labs, x-rays, and other services. This is going to be a tremendous hardship for these patients. The combination of the A1C analyzer and the proposed Cholestech lipid analyzer will enable VIM to perform several important labs onsite, thus avoiding at least some expense for Hispanic patients.

The standard practice at VIM for lab work has been to refer patients 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 two to three days. 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.

Last year the addition of the A1C analyzer allowed VIM providers to bypass the complicated lab referral process for diabetic screenings which resulted in a much timelier, efficient, and effective treatment protocol for diabetes management. If this funding request is granted, we will be able to do the same for cardiovascular disease.

how project addresses need

The immediate benefits of the Alere Cholestech system are:

1. It is CLIA-waived, thus no special certification or training is required.
2. It yields rapid results (just 5 minutes) which enables the provider to provide immediate counseling and intervention.
3. It uses finger stick sampling, rather than a blood draw, which makes it less painful as well as less time-consuming.
4. It offers highly accurate results.
5. It will improve patient compliance as no referrals for labs will be needed for this test.
6. It will improve clinic efficiencies, such as eliminating calling patients back into the clinic after their hospital lab results are received.

Final Comment: Clearly, the key question this year (again) will focus on the expansion of HIP 2.0 and implication for VIM. We expect (and hope) that many VIM patients will become insured through HIP – this is a good thing. VIM continues to be active in helping our eligible patients to 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.

HIP 2.0 appears to be an administratively complex and confusing program and the logistics and details of coverage are still being defined at this point in time. Already we are aware of several gaps in HIP Plus coverage. Dental, for example, is woefully inadequate to meet the needs of people who have grown up in poverty.

anticipates questions

We are concerned that even after the implementation of HIP 2.0, there are still going to be nearly 400,000 uninsured Hoosiers. We are concerned about the 6-month lock out period where people will have no health care at all. We are concerned that many people with insurance (through HIP Basic or the Marketplace) will find themselves underinsured, with copays, deductibles, premiums, and medication costs that are too high for them to afford. This creates barriers to needed care and leaves people vulnerable to financial ruin if they get sick, or persuades them not to seek care at all. The VIM Board and management will spend the next many months educating ourselves about these issues and the role VIM will continue to play as a safety net medical home for people living in poverty.

We can hope that, one day, no one will be without health insurance and that everyone who needs it will have easy access to medical care – however, that hope is not yet a reality. There is no doubt that 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 2015
Volunteers in Medicine Project Budget**

Item	Price	Quantity	Total
I. Supplies for 6 months (240 tests)			
Alere Cholestech LDX Starter Kit (includes, 3 boxes test cassettes (30), 200 Lancets, 200 Capillary Tubes & Plungers, 1 Multi-Analyte Control)	\$ 395.00	1	\$ 395.00
Capillary Tubes (50/box)	15.90	1	15.90
Capillary Tube Plungers (50/box)	6.62	1	6.62
Lancet 28G Safety Blue 50/Box	8.65	1	8.65
Test Cassettes (10/box)	112.45	21	2,361.45
Multi-Analyte Controls	24.09	1	24.09
			Sub-Total \$2,811.71
II. Supplies for additional 6 months (240 tests)			
Capillary Tubes (50/box)	15.90	5	79.50
Capillary Tube Plungers (50/box)	6.62	5	33.10
Lancet 28G Safety Blue 50/Box	8.65	5	43.25
Test Cassettes (10/box)	112.45	24	2,698.80
Multi-Analyte Controls	24.09	2	48.18
			Sub-Total \$2,902.83
III. Leveraged Funds			
CHOLESTECH LDX ¹	No charge with contract		2,136.15
Results Printer & Paper ¹	Inkind donation		300.00
		Total Project	\$8,150.69
		TOTAL REQUESTED	\$5,714.54

¹ Our vendor has arranged with the Alere Company to donate the printer and paper to VIM as an in-kind donation. In addition, the analyzer itself is "placed" at no cost with VIM on a long-term basis with a contract for ordering test cartridges and controls.

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 03/24/15
 Cash Basis

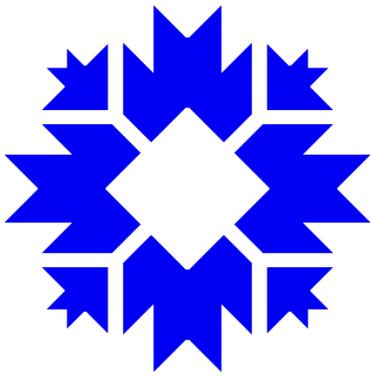
Volunteers in Medicine Clinic of Monroe County, Inc.
Profit & Loss
 January through December 2014

	<u>Jan - Dec 14</u>
Ordinary Income/Expense	
Income	
6205 · Gifts/Donations/MIM	35.39
6250 · Other Agency Gifts	264,626.88
6495 · Realized G/L	104,827.31
6490 · Unrealized G/L	-72,219.24
6450 · Investment Income	29,484.47
6000 · Grants	292,929.01
6100 · Receipts - Pharmacy	5,898.16
6200 · Gifts / Donations/BHF	173,581.75
6400 · Miscellaneous Income	14,158.19
6500 · Interest Income	3.72
6300 · In-Kind - Supplies Income	0.00
6325 · In-Kind - Rent Income	63,600.00
6350 · In-Kind - Medical Services Inc	249,192.33
6351 · In-Kind - Other Services Income	1,820.00
6352 · In-Kind - Hospital Services Inc	819,644.00
Total Income	<u>1,947,581.97</u>
Expense	
7445 · Medical Supplies-Specific	19.98
7475 · Dental Expense	8,314.70
9710 · Unemployment Expense	3,084.11
7775 · Insurance - Director/Officer	1,197.00
7950 · Computer Support	11,951.83
7750 · Insurance- Business Owners	1,056.00
9750 · Travel Expense	1,231.61
9800 · Volunteer Expense	3,242.04
7130 · Pension Expense	19,619.30
9660 · Fees	1,460.45
9650 · Professional Education	298.90
9550 · Management Fees	19,208.23
7000 · Payroll Expenses	373,174.61
7100 · FICA	27,382.83
7120 · Health Insurance	65,930.49
7200 · Contract Labor	11,250.00
7300 · Drugs & Medication	36,124.19
7400 · Medical Supplies	21,392.54
7450 · Medical Expense	34,377.33
7700 · Insurance - Liability	484.00
7800 · Insurance - Workers Comp	2,336.00
7900 · Office Supplies	9,856.46
8225 · Mileage Reimbursement Expense	403.04
8260 · Telephone Expenses	6,973.91
9000 · Postage/Printing	2,334.84
9200 · Repairs and Maintenance	914.86
9300 · Depreciation Expense	25,849.16
9400 · Marketing Expenses	4,696.25
9500 · Accounting Fees	35,802.00
9700 · Miscellaneous Expenses	1,944.22
7205 · In-Kind - Medical Services Exp	249,192.33
7210 · In-Kind - Other Services Exp	1,820.00
7212 · In-Kind - Hospital Services	819,644.00
7910 · In-Kind - Supplies	0.00
8000 · In-Kind - Rent Expense	63,600.00
Total Expense	<u>1,866,167.21</u>
Net Ordinary Income	81,414.76

10:23 AM
03/24/15
Cash Basis

Volunteers in Medicine Clinic of Monroe County, Inc.
Profit & Loss
January through December 2014

	<u>Jan - Dec 14</u>
Other Income/Expense	
Other Income	
9990 - Gain/Loss on Sale of Assets	-71.90
Total Other Income	<u>-71.90</u>
Net Other Income	<u>-71.90</u>
Net Income	<u><u>81,342.86</u></u>



**BLOOMINGTON COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING PROGRAM**

The Living Wage Requirement
(Bloomington Municipal Code §2.28)

An agency is subject to the *Living Wage Ordinance*, only if all three of the following are true:

- 1) the agency has **at least 15 paid employees** (full, part and temporary); and
- 2) the agency receives **\$25,000 or more** in assistance (JHSSF, CDBG, tax abatements; BIIF; CRED) from the City in the same calendar year; and
- 3) at least \$25,000 of the funds received are devoted to the **operation** of a social services **program**, not for physical improvements and not for equipment (computer, refrigerator, loading dock, etc.)

If all of the above obtain, then the agency is subject to a two-year phase-in period:

Year 1: The agency must reduce the gap between its wages and the living wage by 15%.

Year 2: In the second year, the agency must reduce the gap by 35%.

Year 3+: Must pay full living wage.

- In 2015, the living wage is \$12.32/hour (~\$1.85 of that may be in the form of health insurance for an hourly wage of ~ \$10.47).
- The obligation to pay the living wage only applies to the grant that triggered the applicability of the ordinance.
- The obligation only attaches to employees performing the work operating the program.

WHEN RECEIVE A GRANT: WHAT IS EXPECTED

- **Sign** a Funding Agreement in June
- Plan to **spend** your grant funds by December 2, 2016
- **Report** back to us at the end of your grant period
- **Publicize** your Hopkins grant pursuant to the Funding Agreement