City of Bloomington
Common Council

2022 Jack Hopkins Social Services Funding Program Applications

Inclusive of Memo from Staff, Application Summaries, and Original Submissions

AGENDA - 2022 JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE

FIRST REVIEW OF APPLICATIONS
19 April 2022 - 6:00 pm

This meeting will be held in the Allison Conference Room (Suite #225, City Hall, 401 N. Morton) and may also be accessed electronically via Zoom at the following link: https://bloomington.zoom.us/j/88578634979?pwd=MzVhMEZBT3dwaGltWGUzOTdwN294dz09

I. WELCOME

II. DISCLOSURES OF CONFLICTS OF INTEREST

III. REVIEW OF APPLICATIONS, A-Z

- Determine which agencies to invite to present to the Committee
- Of those agencies invited, develop any questions the Committee wishes the agency to address in the course of its presentation
- Of those agencies *not* invited to present, develop a clear statement re: why

IV. OTHER BUSINESS

V. JACK HOPKINS 2022 SCHEDULE

BOLD FIELDS *= Committee meetings*

APRIL	
28th (Thursday, 5:30pm)	**Agency Presentations**
MAY	
4th (Wednesday)	Committee Members submit recommended allocations and comments. Please note: Each Committee members recommended allocations and comments will be shared with the rest of the Committee and participating staff.
6th (Friday)	Council staff turns around compiled recommended allocations and comments to the Committee and participating staff.
10th (Tuesday, 6:00 pm)	**Pre-Allocation Meeting**
17th (Tuesday, 6:00 pm)	**Allocation Hearing**
26th (Thursday, 6:00 pm)	**Debriefing Meeting**
JUNE	
Early June	Agencies sign funding agreements
15th (Wednesday, 6:30 pm)	Council action on recommendations
22nd (Tuesday, 9:00 am)	HAND Technical Assistance Meeting

VI. ADJOURNMENT

City Hall
401 N. Morton St.
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Bloomington, Indiana 47402

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To: **Members of the 2022 Jack Hopkins Social Services Committee**
From: **Council Office**
Re: **Applications for 2022 Jack Hopkins Social Services Funding**
Date: **14 April 2022**

Included herein, please find all applications for the 2022 Jack Hopkins Funding Cycle. Please recall that the Committee will meet in person at City Hall, Allison Conference Room and via zoom on **Tuesday, 19 April at 6:00 pm** to review all applications. The focus of the meeting will be to examine each application, determine from which agencies the Committee wishes to hear further, and of the agencies invited to present to the Committee, identify any questions the Committee wishes the agencies to answer in the course of their presentations. Committee members should also be prepared to disclose any conflicts of interest at this meeting. See below.

This year, 32 agencies submitted timely applications for Hopkins funding. The request for applications was issued on 09 March and applications were due by 01 April. A Technical Assistance meeting was held in person at City Hall in the Allison Conference Room and via Zoom on 22 March with approximately 8 participants in attendance. Approximately 3 agency representatives submitted questions about the application process this year.

As is typical, the requests for funding exceed the appropriated money the Jack Hopkins Committee has available to allocate. Collectively, the requests total **$563,516.27**. This year, the **Committee has $317,000 to distribute** – approximately $246,516 less than the total requested by all agencies. Because unused amounts from past funding cycles go back into the Jack Hopkins non-reverting fund, there are additional funds available (amounting to approximately $22,951.75). Should the Committee wish to recommend allocation of *all* available monies, including reverted 2021 monies, know that the Committee will need to ask the Mayor for an appropriation ordinance to do so. The Controller's Office recommends that the Committee make such request only after it makes its funding determinations.

In reviewing the application material, Committee members are encouraged to review not only the application summaries, but also the original submissions. The original submissions include information not captured in the summaries, such as detailed project budgets, written estimates (where applicable), balance sheets, etc. Note also that the Hopkins application itself includes an "Other" field where agencies can further elaborate on their request. This field is not included in the summary sheet and often provides instructive context.

Conflicts of Interest

In the interest of the April 19th meeting, please be prepared to disclose any special relationships that you, your spouse, or dependents may have with any of the agencies seeking

funding. The term "special relationship" is vague, but is intended to include those relationships that would undermine the public (and agencies') confidence in the process if left undisclosed. In the past, members of the Committee have disclosed those relationships at the initial review of applications, declared their intent to participate fairly, objectively and in the public interest given this relationship, and have participated in the relevant votes. The Committee may adopt other restrictions on participation at this meeting.

If any member has a pecuniary interest in, or derives a profit from, one of any of the current applications, then they must declare the conflict, refrain from voting and deliberating on the subject proposal, and complete a State-proscribed conflict of interest form to be filed by staff. Failure to do so is a Level 6 Felony. I.C. § 35-44.1-1-4. A public servant has a pecuniary interest in a contract or purchase if the contract or purchase will result in, or is intended to result in, an ascertainable increase in the income or net worth of the public servant or a dependent of the public servant who is under the direct or indirect administrative control of the public servant; or receives a contract or purchase order that is reviewed, approved, or directly or indirectly administered by the public servant.

2022 JACK HOPKINS SOCIAL SERVICES SCHEDULE
Bold Fields = Committee meetings

MARCH	
09	Solicitations issued
22	Technical Assistance Presentation
APRIL	
01	Applications due
14	Applications sent to Committee
19	**Application Review Meeting**
28	(location TBD and Zoom link)
	Agency Presentations
MAY	
04	Committee members submit recommended allocations and comments
10	**Pre-allocation Meeting**
17	**Allocation Hearing**
26	**Debriefing Meeting**
JUNE	
Early June	Agencies sign funding agreements
15	Council Action on Committee Recommendations
21	HAND Technical Assistance Meeting

2022 Jack Hopkins Social Services Applications

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	$	**563,516.27**	

City of Bloomington
Office of the Common Council

Jack Hopkins 2022

Application Summaries

APPLICATION SUMMARY

Name of Lead Agency:

All-Options Pregnancy Resource Center, a program of All-Options

All-Options Period Equity Program

Name of Project to be Funded:

$4,000

Amount Requested:

300

Number of City Residents Served:

Number of Employees:

Full-Time	**Part-Time**	**Volunteers**
2 AOPRC 9 All-Options total (including the 2 at AOPRC)	0	45 (org-wide)

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

All-Options Pregnancy Resource Center is a direct-service program that promotes unconditional, judgment-free support for Hoosiers in all of their decisions, feelings, and experiences with reproductive issues.

Project Synopsis:

Our goal is to provide period product support for low-income and other marginalized populations in Bloomington and Monroe County (especially trans & nonbinary individuals), and to lift one burden from people who menstruate: access to free period products.

Need Addressed: (i.e. food, shelter, childcare)

Human rights & public health

Type of Funding Sought: (check all that apply)

Capital Investment

Operational Funds

Bridge Funding

X Pilot Project

Collaborative Project

Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Tampons	$3,300
2. Menstrual pads (2-3 absorbencies)	$2,600
3. Menstrual cups & cloth pads	$1,000
4. Outreach & educational materials	$1,000
5.	
Total Requested	$4,000
Total Project Cost	$7,900

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
2016	Granted	To purchase disposable diapers and wipes for the All-Options Diaper Bank	$8,400.00
2017	Granted	To purchase diapers and wipes for the Hoosier Diaper Bank	$12,000.00
2018	Withdrawn	Baby boxes	$0.00
2019	Denied	Hoosier Diaper Program	$4,000.00
2020	Granted	Essential supplies for local families	$4,450.00
2021	Granted	Mobile diaper distribution Program	$3,940.00

Staff Comments:

This request is for pilot project funding for period products. While this is not a collaborative project, applicant expects project funds from other sources in the amount of $3,900. Project will be able to proceed with partial funding. Applicant is hopeful that project will become self-supporting through donations, community sponsorships, and other grants.

APPLICATION SUMMARY

Name of Lead Agency:

Amethyst House, Inc.

Name of Project to be Funded:

Foundations

Amount Requested:

$18,000

Number of City Residents Served:

75

Number of Employees:

Full-Time	Part-Time	Volunteers
13	21	3

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Amethyst House provides a foundation for recovery by partnering with individuals, families and communities impacted by substance-use disorders, offering high-quality residential and outpatient treatment services and guidance for healthy living.

Project Synopsis:

We are asking $18,000 for foundation repair and removal of the side entrance into the crawlspace at the Men's House, and to install water drainage along the foundation of the Women's house.

Need Addressed: (i.e. food, shelter, childcare)

shelter

Type of Funding Sought: (check all that apply)

- [X] Capital Investment
- [ ] Operational Funds
- [ ] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [ ] Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Foundation @ 215 N Rogers St.	$13,000
2. Foundation @ 515 S. Madison St.	$6,000
3.	
4.	
5.	
6.	
Total Requested	$18,000
Total Project Cost	$19,000

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
1995	Denied	Start-up funds, office equipment and furnishings	$0.00
1997	Denied	Transitional Housing for men and women	$0.00
1999	Granted	New Van	$10,000.00
2000	Granted	Rebuild foundation of Women's facilities	$7,500.00
2001	Denied	Phone, voicemail, computer networking	$0.00
2002	Granted	To help rebuild and expand men's facility by restoring the historic façade	$20,000.00
2003	Granted	To purchase and install a stairway elevator at Men's House facility	$4,521.00
2006	Granted	To pay for property and liability insurance, utilities, food, and salaries needed to operate the Men's House at 215 North Rogers	$8,000.00
2010	Granted	To replace vinyl and carpet flooring in, and purchase three dishwashers for, the Men's and Women's houses	$7,860.00
2011	Granted	To purchase and install washers and dryers for men's and women's half-way houses.	$4,000.00
2012	Granted	Bathroom renovation	$3,775.00
2013	Granted	To renovate the roof at the men's facility ¾-way facility and to renovate the chimney at the women's residential facility	$9,090.00
2014	Granted	To purchase mattresses for all three transitional housing locations; to renovate Men's Halfway House bathroom; and, purchase an energy efficient refrigerator for the Women's Halfway House.	$9,238.03
2015	Granted	To upgrade and improve the Men's Three-Quarter (3/4) Way House, and new chairs for the Men's Halfway House	$19,000.00
2016	Granted	To pay for tree removal at both the Men's House and at the Women's House and for the replacement of the retaining wall	$13,500.00
2017	Granted	Replacement of two refrigerators, repair and refinishing of wooden floors, a retaining wall and repainting of floor	$20,350.00
2018	Granted	Expand and Renovate therapeutic space at men's house	$16,758.00

2019	Granted	Expand case managers office to increase capacity, flooring for therapeutic space and energy efficient AC unit	$15,000.00
2020	Granted	Upgrades to Men's and Women's Houses	$18,000.00
2020	Granted	Residential Bridge Funding	$13,000.00
2021	Granted	Upgrade Women's Residential Facility and paint the Women's House	$21,800.00

Staff Comments:

This is a request for one-time funding to repair the foundation of the Men's House and to install water drainage along the foundation of the Women's House. There is $1,000 in funding from the Fall 2022 Benefit Concert, which has been confirmed.

Application materials include estimate for repair and drainage install.

APPLICATION SUMMARY

Name of Lead Agency:

Auxiliary to the Boys & Girls Clubs of Bloomington

Name of Project to be Funded:

Pledge to Boys & Girls Club Support from COVID deficit

Amount Requested:

$17,630

Number of City Residents Served:

All children at the Boys & Girls Clubs

Number of Employees:

Full-Time	**Part-Time**	**Volunteers**
0	0	22

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

The Auxiliary functions as a voluntary organization adjust to the paid professional staff at the Boys & Girls Clubs of Bloomington with a focus on fundraising and program/activity planning for the children served at these clubs.

Project Synopsis:

Meet our annual pledge to the Boys & Girls Clubs

Need Addressed: (i.e. food, shelter, childcare)

Club then able to continue their incredible work with all kids with pledge met, we can then expand on serving greater number of children warm meals on Fridays and further programming and activities at each club

Type of Funding Sought: (check all that apply)

Capital Investment

Operational Funds

Bridge Funding

Pilot Project

Collaborative Project

General Request for operational funds

Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1 1 yr budget deficits post COVID in total fundraising	$17,630
Total Requested	$17,630
Total Project Cost	

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

This is a **first-time funding request** to ensure that the Applicant meets their promised pledge of $75,000 to the Boys and Girls Clubs of Bloomington. This pledge provides food for Boys and Girls Club members at the Crestmont Club and programming at all three Boys and Girls Clubs in Bloomington. Applicant indicates that in the event the Committee is unable to meet the full request they will be able to proceed with partial funding. Applicant indicates they have sufficient funds to meet their pledge by using their reserve funds.

Budget form was not included with the materials.

APPLICATION SUMMARY

Name of Lead Agency:

Beacon, Inc.

Name of Project to be Funded:

Housing Fast

Amount Requested:

$25,000

Number of City Residents Served:

~45

Number of Employees:

Full-Time	Part-Time	Volunteers
29	6	~1500

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Beacon is a solutions-driven, antipoverty organization, dedicated to aiding and empowering people experiencing extreme poverty, especially hunger and homelessness.

Project Synopsis:

We are seeking $25,000 to house people fast, providing quick access to the major financial barriers to finding a new home: application fees and security deposits.

Need Addressed: (i.e. food, shelter, childcare)

Shelter, Housing

Type of Funding Sought: (check all that apply)

- [ ] Capital Investment
- [ ] Operational Funds
- [ ] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [X] Other (Please Specify) One-time expense

Itemized Costs: (in order of priority)

Item Name	Cost
1. Application fees	$6,250
2. Security Deposits	$18,750
3.	
4.	
5.	
6.	
Total Requested	$25,000
Total Project Cost	$25,000

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
2003	Granted	Pay for six phone sets and install three new phone lines at its 219 East 4th Street facility	$1,900.00
2004	Granted	To pay for a part-time Food Service Coordinator to expand its breakfast & lunch program	$5,500.00
2005	Granted	Vertical lift for Shalom Center annex at 110 S. Washington St.	$9,000.00
2006	Granted	To purchase a communication system and a technology system network that includes both server and software to be installed at 110 South Washington, Bloomington, Indiana	$7,809.18
2007	Granted	To purchase and install a three-compartment deep well sink and convection oven for the Shalom Community Center	$5,450.00
2008	Granted	To purchase and install food service equipment for the Shalom weekday food program	$11,030.00
2009	Granted	To purchase food as well as kitchen and miscellaneous supplies	$18,000.00
2010	Withdrawn	Emergency Hunger Relief	$0.00
2011	Granted	To pay for renovations to expand facility at 620 S. Walnut	$19,000.00
2012	Granted	A safer and savvier Shalom	$15,794.00
2012	Denied	Homeless case manager	$0.00
2013	Granted		$20,900.00
2014	Granted	To pay for the following components of the Homelessness Assessment & Information Systems initiative: a server, laptops and accessories, computer upgrades, software, guest Wi-Fi, dual monitors, and installation costs of all the aforementioned.	$12,996.14
2015	Granted	To purchase 4 washers, dryers, and PureWash systems to allow us to continue to provide laundry services	$6,800.00
2016	Granted	To pay for two months of operational funding for emergency, overnight sheltering at A Friend's Place	$25,000.00
2017	Granted	To pay for two months of operational funding for emergency, overnight sheltering at A Friend's Place	$29,106.00

2017	Granted	To purchase Chromebook computers and internet access for residents and Staff support	$27,949.00
2018	Granted	Phone System	$13,740.00
2018	Granted	Crawford Homes II Housing First Program	$10,800.00
2019	Granted	Water-efficient toilets, washer and dryers and freezer	$12,502.00
2019	Granted	Fingerprint locks	$8498.00
2020	Granted	20th Anniversary Upgrade	$21,000.00
2020	Granted	Shalom Covid Response	$17,500.00
2021	Granted	Rent and utility support for up to 200 households	$25,000.00

Staff Comments:

This is a request for application fees and security deposits for people moving from the shelter to permanent housing. The project will be able to proceed with partial funding. This project is a one-time attempt to boost support for guests of Friend's Place as they seek new homes. Success of the project will be measured by the number of people who received funding and were able to obtain a home because of it.

APPLICATION SUMMARY

Name of Lead Agency:

Big Brothers Big Sisters of South Central Indiana

Name of Project to be Funded:

Operational Expenses, Recruitment and Capital Investments

Amount Requested:

$20,000 (+ $11,000 in capital investments)

Number of City Residents Served:

500+

Number of Employees:

Full-Time	Part-Time	Volunteers
7	1	225

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

To create and support one-to-one mentoring relationships that ignite the power and promise of youth.

Project Synopsis:

Big Brothers Big Sisters of South Central Indiana politely requests $20,000 in operational expenses and $11,000 in recruitment and capital investments for our new Big Tool Chests and office equipment. These funds will help power our mission by uniting young people (Littles) with caring, positive adult role models (Bigs) in professionally supported one-to-one mentoring relationships. Together, they clear a path to help our Littles achieve success by breaking societal barriers, closing opportunity gaps and overcoming adversities like poverty and identity-based discrimination.

Prior to COVID-19, our agency provided youth (Littles) in our school system with positive mentors (Bigs) during school hours in a professionally supported one-to-one

mentoring relationships. These relationships helped each child reach their full potential in a classroom and outside the academic setting. Through our required monthly staff conversations with each match, we were able to see the impact being made on these children. Their attendance increased at school, their grades started improving and their social skills were enriched. Unfortunately, COVID-19 stopped us in our tracks when the schools shut down. We are preparing to start our program in the schools again, but our needs and capacity to run this program have shifted and we are seeking support to get this back on track.

Need Addressed: (i.e. food, shelter, childcare)

Youth Development

Type of Funding Sought: (check all that apply)

- [X] Capital Investment
- [X] Operational Funds
- [ ] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [ ] Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1 Staff dollars - $15+/hour Approximately 1,040 hours (20 hours per week) Total Wages Only $15,600 *does not include benefits or paid time off	$15,600.00
2 Rent $2,100/month $25,200/12 months *Rent increased $1,200 annually in 2022.	$4,400.00

3	Big Tool Chest (program recruitment and support boxes for families, matches, and other volunteers) Chests will include items such as essentials, educational materials, non-perishable items, games and activities for the matches to utilize during their first three months while they are getting to know one another. In addition, these are recruitment materials to serve more clients. 150 custom reusable boxes $624.00 150 zipper canvas tote bags $677.00 150 personal hygiene item kits $2,250 (Families) 150 age-appropriate games/activities $1,500 (matches) 150 recruitment materials kits $3,000 (other volunteers: Board Members and Ambassador committee)	$8,000.00
4	Conference Room Chairs (armless for accessibility, ergonomic support) $300/chair $3,000/10 chairs	$3,000.00
Total Requested		$31,000
Total Project Cost		$417,000

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
1995	Granted	Office Renovation	$4,800.00
1999	Denied	Capital Grant	$0.00
2000	Denied	Long Range Business and Growth Plan	$0.00
2000	Granted	To expand hours and activities for children at their Crestmont Site	$9,500.00
2001	Granted	To purchase and install windows and doors for its facility	$8,779.00
2002	Granted	To purchase computer equipment for recruitment and training initiative	$3,623.00
2003	Granted	To pay for Program Manager and program expenses for Girl's Inc.'s Teen Outreach LEAP Program	$11,904.00
2004	Granted	Purchase a server, related equipment, and software to implement Phase I of its long range services plan	$4,500.00
2005	Granted	Salary of Partnership Coordinator for a multi-year Capacity Building project	$5,000.00
2006	Granted	To reconfigure and repair the roof and restore water-damaged areas at 418 South Walnut	$8,109.00
2007	Denied	Congregation Volunteer Recruitment Project	$0.00
2008	Denied	Bookend Bigs	$0.00
2010	Granted	To purchase BlackBaud Sphere in a Box website software and associated set up and training fee for use by agency.	$2,900.00
2011	Granted	To provide salaries, utilities, supplies, and other operational costs for the One-to-One child mentor program	$7,000.00
2012	Denied	Big Brothers Big Sisters relocation	$0.00
2013	Granted	To finish the basement of the new facility at 807 North Walnut to better meet their needs.	$25,600.00
2014	Denied	One-to-One Youth Mentoring	$0.00
2015	Granted	To support a Match Support Specialist position in our One-to One (OTO) Mentoring Program	$10,300.00
2018	Withdrawn	Kids with Absent Parents Pilot Program	$0.00

2019	Denied	A new mentoring program, Bigs with Badges	$0.00
2020	Granted	Lessening the Affect of ACEs (Adverse Childhood Experiences) – Personnel Expenses	$15,000.00
2020	Denied	Strategic Planned Sustainability and Growth	$0.00

Staff Comments:

This is a request for operational funding as the Agency recovers from COVID related impacts – including personnel expenses, rent, office supplies and equipment, and program materials. There is no clear plan for future funding articulated in the application.

2022 Jack Hopkins Social Services Grant

Bloomington Winter Farmers' Market Application Summary

The Bloomington Winter Farmers' Market (BWFM) Board of Directors is excited to partner with local businesses and organizations to match funds for the Supplemental Nutrition Assistance Program (SNAP) at our summer farmers' market, the Woolery Farmers' Market (WFM), held every Saturday, April through October, at the historic Woolery Mill.

SNAP helps food insecure families gain access to fresh, local food. Customers use their EBT cards at our market to purchase tokens that we treat like cash, so they may buy farm products from our market vendors. Thanks to generous donors, we are grateful to be able to offer matching of these market tokens for up to $27/week. Customers can draw up to $27 in SNAP benefits, and receive up to $54 in tokens to buy farm fresh, healthy, locally grown food at the farmers' market. It is our goal to continue to increase the availability of nutritious, local food options to those experiencing food insecurity within our community.

We seek a total of $15,500 to sufficiently match SNAP dollars for the 2022 Woolery Farmers' Market season. We are requesting $9,000 from the Jack Hopkins Social Services Grant. We anticipate helping up to 100 SNAP customers with food insecurity each month. Donations go directly to matching SNAP dollars.

The BWFM, a local 501(c)(3) non- profit organization, is the oldest winter farmers' market in Indiana, just completing its 18th season, and runs every Saturday, November through March, at the Switchyard Park Pavilion. In 2020, the BWFM Board of Directors created the Woolery Farmers' Market, a summer farmers' market where the community could gather in a celebration of local food and community. The Woolery Farmers' Market runs every Saturday, April through October at the historic Woolery Mill.

Now entering its third season, the Woolery Farmers' Market has offered the community over 50 diverse vendors with a wide variety of products, hosted over 45 performances by local musicians (in 2021 alone), and welcomed thousands of customers to support local businesses, enjoy fresh, nutritious food, and gather in our picnic area to foster community relationships. In addition, we have donated hundreds of pounds of leftover market products to the Community Kitchen of Monroe County and have helped underserved members of our community gain access to local food through our SNAP Program.

Staff Comments:

This is a first-time request. Seeking funding to match the Supplemental Nutrition Assistance Program (SNAP) at the summer farmers' market. The project is estimated to serve 600 City residents. Other Expected project funds: May Agency ($750 received); Hoosier Hills Credit Union ($500 received); IU Health ($5,000 pending). Plan for future funding includes reaching out to local businesses and organizations, grants and sponsorships, and individual donations.

APPLICATION SUMMARY

Name of Lead Agency:

Bloomington Homeless Coalition

Name of Project to be Funded:

Surviving All Seasons

Amount Requested:

$11,500

Number of City Residents Served:

150

Number of Employees:

Full-Time	Part-Time	Volunteers
0	0	8

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

The purpose and mission of BHC is to advocate for and build community capacity to address the needs of unhoused people living in the greater Bloomington community, while including those being served in the coalition's decision making and outreach programs, and providing for basic needs with minimal barriers.

Project Synopsis:

Bloomington Homeless Coalition is requesting $11,500 to support our 2022 Surviving All Seasons program, in which the BHC will provide complete all-weather survival packs to our friends in the unhoused community living outside. These survival packs will contain all basic needs for camp living; including but not limited to tents, sleeping bags, basic clothing for the full range of yearly temperatures, first aid supplies, toiletries, hot/cold water bottles, hygiene products, bus passes and much more.

Need Addressed: (i.e. food, shelter, childcare)

Homelessness, shelter, survival, clothing, hygiene, mental and physical health

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☐ Operational Funds

☐ Bridge Funding

☒ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Sleeping Bags	2,000
2. Bus passes	7,500
3. tarps	1,100
4. multitools	800
5. lighters	100
6.	
Total Requested	11,500
Total Project Cost	27,700

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

This is a first-time funding request for the 2022 pilot Surviving All Seasons program which will provide all-weather survival packs to people in the unhoused community living outdoors.

New Agency with 501(c)(3) status having been granted in July 2021.

APPLICATION SUMMARY

Name of Lead Agency:

Bloomington Pets Alive, Inc.

Name of Project to be Funded:

Feline Fine

Amount Requested:

$40,000

Number of City Residents Served:

450

Number of Employees:

Full-Time	Part-Time	Volunteers
14	5	9

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Pets Alive provides the compassionate solution to end the unnecessary euthanasia of cats and dogs by offering affordable, high-quality spay/neuter services. Our Wellness and Vaccine Clinic offers another critical program for our commumity.

Project Synopsis:

We are humbly requesting $40,000 to serve as bridge funding (partly operational) for our critical and popular Community and Feral Cat Program. Folks who utilize these services leave Pets Alive 'Feline Fine.'

Need Addressed: (i.e. food, shelter, childcare)

Needs addressed include susceptibility to disease and alleviation of poverty.

Type of Funding Sought: (check all that apply)

- [ ] Capital Investment
- [x] Operational Funds
- [x] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [ ] Other (Please Specify) _____

Itemized Costs: (in order of priority)

Item Name	Cost
1. Surgical supplies	$10,000
2. Salaries for veterinarians and medical staff	$30,000
3.	
4.	
5.	
6.	
Total Requested	$40,000.00
Total Project Cost	$50,000.00

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
2014	Denied	Accessible Door Installation	$0.00
2018	Denied	Camera Monitoring System	$0.00
2020	Denied	Online Learning & Social-Emotional Support for Students & Families	$0.00
2021	Granted	Expand high-volume spay/neuter program and Wellness Clinic	$12,500.00

Staff Comments:

Bridge funding support for Feral Cat spay/neuter program. Currently have grant applications pending with Petco Love ($10K) and the Gordon Flesch Charitable Foundation ($5k).

APPLICATION SUMMARY

Name of Lead Agency:

Boys & Girls Clubs of Bloomington (BGCB or "the Club")

Name of Project to be Funded:

Accessibility Improvements for Crestmont Youth with Disabilities

Amount Requested:

$23,005.32

Number of City Residents Served:

340

Number of Employees:

Full-Time	Part-Time	Volunteers
23	49	133

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

The mission of the Boys & Girls Clubs of Bloomington (BGCB) is to empower all young people, especially those who need us most, to reach their full potential as caring, productive, and responsible citizens.

Project Synopsis:

We are requesting $23,005.32 to replace the power unit in the elevator of the Ferguson Crestmont Club to make programs accessible to youth with disabilities again.

Need Addressed: (i.e. food, shelter, childcare)

Afterschool childcare

Type of Funding Sought: (check all that apply)

Capital Investment

Operational Funds

Bridge Funding

Pilot Project

Collaborative Project

Other (Please Specify) : Improvements to Property

Itemized Costs: (in order of priority)

Item Name	Cost
1. Elevator Power Unit	$23,005.32
2.	
3.	
4.	
5.	
6.	
Total Requested	$23,005.32
Total Project Cost	$48,005.32

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
1996	Granted	Central Air Conditioning	$3,000.00
1997	Denied	Van	$0.00
1998	Granted	Renovate and equip facility for a teen center and learning center	$23,000.00
2003	Granted	Job Development Specialist for TEEN Supreme Career Prep Program	$25,000.00
2004	Granted	Pay for salaries, transportation, and other operating costs related to the No Kid Left Behind Program	$8,000.00
2006	Granted	To pay for staffing, supplies, food, and rent for the Crestmont Youth Camp	$8,160.00
2007	Denied	Camp Rock Facility Improvements	$0.00
2008	Granted	To purchase a minibus for the transportation of children	$17,000.00
2009	Granted	To help pay for salary and benefits for Unit Director at Crestmont site	$14,257.14
2010	Granted	To purchase bicycles and equipment for the Club Riders Program	$3,567.14
2011	Granted	To pay for salaries for the Crestmont Boys and Girls Club	$12,000.00
2012	Denied	Teen Career Development Initiative	$0.00
2013	Granted	To purchase paint, and license a “gently used” full-size, 71 person school bus”	$25,000.00
2014	Granted	To pay for salaries and benefits for the Unit Director and Program Director for the Crestmont facility at 1037 N. Summit Street.	$23,270.00
2015	Granted	To replace the flat roof of a recently purchased building at 803 North Monroe Street	$25,000.00
2016	Granted	To cover renovation costs of a two-story section of a Boys and girls Club building located at 803 North Morton Street	$19,000.00
2017	Granted	To purchase chairs and tables for the New Crestmont Club	$15,000.00
2018	Granted	Furnishings for Lincoln Street Unit	$27,000.00
2019	Granted	Site preparation for new outdoor recreational space	$9,000.00
2020	Granted	Continued operations of clubs	$15,000.00
2021	Granted	Continuing Operations Post Covid-19	$24,000.00

Staff Comments:

One time investment to partially fund repairs needed to make the elevator at Crestmont Club functional in order to make programs accessible to youth with disabilities. Portion not funded by JHSSF will be funded by the Boys & Girls Clubs of Bloomington’s individual donors and other grant funders.

Outcome indicators:

1. An increase in the number of members served.
2. An increase in the number of events and outside groups that are able to use the Crestmont facilities.
3. Ability to host more programs on the second floor.

APPLICATION SUMMARY

Name of Lead Agency:

Cancer Support Community Indiana

Name of Project to be Funded:

"Survivorship on the Go"

Amount Requested:

$19,000

Number of City Residents Served:

100

Number of Employees:

Full-Time	**Part-Time**	**Volunteers**
21	20	12

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

To ensure that all people impacted by cancer are empowered by knowledge, strengthened by action, and sustained by community. So that no one faces cancer alone.

Project Synopsis:

We are requesting $19,000 for a small van to transport supplies such as comfort kits, hygiene supplies, meals, art kits, etc. to cancer patients and community outreach events such as health fairs.

Need Addressed: (i.e. food, shelter, childcare)

Cancer support services, i.e. essential items, psychosocial and mental health services

Type of Funding Sought: (check all that apply)

- [x] Capital Investment
- [ ] Operational Funds
- [ ] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [ ] Other (Please Specify) _____

Itemized Costs: (in order of priority)

Item Name	Cost
1. Ford Transit Connect (or similar van)	$30,000.00
2. Vehicle Wrap	$4,000.00
3. Supplies for art kits	$1,500.00
4. Supplies for comfort kits	$1,500.00
5.	
6.	
Total Requested	$19,000.00
Total Project Cost	$37,000.00

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
N/A	N/A	N/A	N/A

Staff Comments:

Request for a van to provide transportation of supplies such as comfort kits, hygiene supplies, meals, art kits, etc. to cancer patients.

City Residents Served: 100

Clients Served: 600

Other Expected Project Funds: CFBMC Grant ($1500 for art supplies); Baxter International Foundation ($10,000); 5 year grant agreement with Bloomington Health Foundation ($1.5M for staffing and operational expenases)

APPLICATION SUMMARY

Name of Lead Agency:

Monroe County CASA, Inc.

Name of Project to be Funded:

Creation of Functional Training Space

Amount Requested:

4191.19

Number of City Residents Served:

350

Number of Employees:

Full-Time	Part-Time	Volunteers
9	2	135

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Monroe County CASA Inc. is a non-profit organization that recruits, trains, and supervises court appointed volunteers to advocate for children who are involved in juvenile court die to abuse and neglect. Volunteer advocacy is based on the belief that all children are entitled to a safe and permanent home

Project Synopsis:

Purchase of furniture and equipment to create a functional training/meeting space to increase our volunteer capacity.

Need Addressed: (i.e. food, shelter, childcare)

Supporting an agency that advocates in and out of the court system for vulnerable youth

Type of Funding Sought: (check all that apply)

- [ ] Capital Investment
- [ ] Operational Funds
- [ ] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [X] Other (Please Specify) Purchase of furniture

Itemized Costs: (in order of priority)

Item Name	Cost
1. 24 stackable chairs	1662.78
2. 8 5ft rolling tables	1879.64
3. Rolling white board	386.27
4. 10 power surge protectors	267.50
5.	
6.	
Total Requested	4191.19
Total Project Cost	4191.19

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
1995	Denied	Renovation for office, conference room and storage	$0.00
2000	Granted	Hire staff for tracking services and measuring outcomes	$3,200.00
2009	Granted	To pay for rent, salary, and volunteer training for Court Appointed Special Advocates program	$8,066.76
2011	Granted	To pay for computers and presentation equipment to help recruit and train volunteers	$1,600.00
2012	Granted	Purchase CASA manager database system	$2,225.71
2014	Granted	To pay for a portable PA and presentation equipment and billboard marketing for outreach and recruitment of volunteers	$1,913.57
2016	Granted	To purchase and install a Toshiba C1X40 Digital Hybrid telephone system	$6,878.00
2018	Granted	Work stations and Projector	$7,768.00
2020	Granted	For security cameras and related equipment & resource materials	$1,620.00

Staff Comments:

Request for one-time purchase of office furniture to provide training space for new volunteers and meeting space for teams of professionals working with the families involved in family courts.

APPLICATION SUMMARY

Name of Lead Agency:

Courage to Change Sober Living

Name of Project to be Funded:

Courage to Challenge

Amount Requested:

$2129.00

Number of City Residents Served:

10-15

Number of Employees:

Full-Time	Part-Time	Volunteers
	3	<10

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Courage To Change Sober Living provides safe, low barrier, affordable staff and peer supported transitional housing to those suffering from substance misuse disorder in Monroe County.

Project Synopsis:

This project will allow our female recovering addicts to actively engage in twice monthly recreational and educational pro-social activities in and around Bloomington. Research has shown that pro social excursions reduce emotional and mental stress and allows participants to form bonds for continued support in their recovery journey. (Raposa 2015)

Need Addressed: (i.e. food, shelter, childcare)

Mental and physical health, economic stability, access to social services, connection to the community.

Type of Funding Sought: (check all that apply

- [ ] Capital Investment
- [x] Operational Funds
- [ ] Bridge Funding
- [x] Pilot Project
- [ ] Collaborative Project
- [ ] Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Tickets/Entrance fees to events.	$1205.00
2. Staff Hours (48 hours)	$624.00
3. Food/Snacks	$300.00
4. Kroger Card (private donation)	$600.00
5.	
6.	
Total Requested	$2129.00
Total Project Cost	$2729.00

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
2019	Granted	Expand Fresh Start Rent Subsidy program	$5,667.00
2020	Granted	Fresh Start Fund	$6,000.00
2020	Granted	Case/House Managers Salaries	$3,430.00
2021	Granted	Drug Testing Kits for Residents	$3,036.00

Staff Comments:

Number of City residents served: 10-15

Number of clients served: 10-15

Pilot project request for operational funding. Project could proceed with partial funding.

Other expected project funds: $600 private donation (confirmed)

APPLICATION SUMMARY

Name of Lead Agency:

Exodus Refugee Immigration, Inc.

Name of Project to be Funded:

General Operating

Amount Requested:

$20,000

Number of City Residents Served:

125

Number of Employees:

Full-Time	Part-Time	Volunteers
3	0	60

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Exodus Refugee Immigration is dedicated to the protection of human rights by serving the resettlement needs of refugees and other displaced people fleeing persecution, injustice, and war by welcoming them to Indiana.

Project Synopsis:

Exodus Refugee Immigration kindly requests a grant of $20,000 payable over one year for general operating support of its Bloomington sub-office. This funding will allow the agency the flexibility to support Bloomington sub-office personnel, resources, and services needed to aid refugee clients to make a successful transition to life in the United States.

Need Addressed: (i.e. food, shelter, childcare)

Exodus will address the following social service needs: adult education, K-12 education, finding and keeping a job, good place to live, banking development, economic self-sufficiency, economic challenges facing vulnerable populations, ensuring prenatal care and infant health, crisis services for refugees, and legal assistance for refugees.

Type of Funding Sought: (check all that apply)

- [ ] Capital Investment
- [X] Operational Funds
- [ ] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [ ] Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Compensation and benefits for staff	$10,000
2. Direct barrier reduction assistance to clients	$3,500
3. Interpretation in multiple languages	$3,000
4. Space occupancy	$2,000
5. Administrative expenses	$1,000
6. Staff mileage	$500
Total Requested	$20,000
Total Project Cost	$603,335

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
N/A			

Staff Comments:

City residents served: 125

Clients served: 125

Request for general operating support for personnel, resources, and services need to aid refugee clients to make a successful transition to life in the United States.

Other Project Funds include: Church World Service (Local Capacity Development Fund, $133,500 – Confirmed); Reception and Placement Funds (Federal Refugee Resettlement Program, $284,375 – Confirmed); Afghan Placement and Assistance Program Funding ($31,500 – Confirmed); Individual Donors, ($78,960 – Confirmed); Anonymous Foundation Grant ($50,000 – Confirmed).

APPLICATION SUMMARY

Name of Lead Agency:

Healing Hands Outreach Center, Inc.

Name of Project to be Funded:

Power Up

Amount Requested:

$5,976

Number of City Residents Served:

2500

Number of Employees:

Full-Time	Part-Time	Volunteers
1		20

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

The Healing Hands Outreach Center, Inc. offers extensive outreach services to low-income, high-risk communities across Monroe County and surrounding areas. Healing Hands Outreach provides the following no-cost services and resources to residents of Monroe County and surrounding communities: * Furniture, appliances, essential household items (such as toiletries), clothing and food * Pick-up and drop off services for anyone in need without way of transporting items requested and/or for any donations.

Project Synopsis:

We are requesting $5,976 for the utility of electric bill expense for one year that will give Healing Hands Outreach Center the opportunity to grow in financial support and help to achieve the goal of serving 2,500 clients will essential needs.

Need Addressed: (i.e. food, shelter, childcare)

No cost essential needs such as clothes, shoes, hygiene items, household items and furniture to low-income, high-risk communities that will leverage the finances of clients to spend on other needs such as food, rent and education.

Type of Funding Sought: (check all that apply)

- [ ] Capital Investment
- [x] Operational Funds
- [ ] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [ ] Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Utility/Electric Bill for one year expense	$5,976
2.	
3.	
4.	
5.	
6.	
Total Requested	$5,976
Total Project Cost	$5,976

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
N/A			

Staff Comments:

City residents served: 2,500

Clients served: 3,000

Other Funding Sources: Donor requested funding through the City Church/Heart for the House campaign.

Request for electricity bill support at the Healing Hands Outreach Center.

No clear plan for how this operation expense will be paid in the future.

APPLICATION SUMMARY

Name of Lead Agency:

HealthNet, Inc.

Name of Project to be Funded:

"Minding the Gap" - COVID Effects on a Health Center's Budget

Amount Requested:

$34,791.00

Number of City Residents Served:

3,150

Number of Employees:

Full-Time	Part-Time	Volunteers
17	9	0

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

HealthNet, Inc. is a not-for-profit 501(c)(3) federally qualified health center providing primary care, dentistry, mental health, and support services to the medically underserved. The HealthNet mission is to improve lives with compassionate health care and support services, regardless of ability to pay.

Project Synopsis:

HealthNet is requesting a one-time grant of $34,791 to offset the costs of 5 months of rent of the Bloomington Health Center building. (July-November 2022).

Need Addressed: (i.e. food, shelter, childcare)

Medical care

Type of Funding Sought: (check all that apply)

- [ ] Capital Investment
- [x] Operational Funds
- [ ] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [ ] Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. 5 months rent	$34,791.65
2. 4 months rent	$27,833.32
3. 3 months rent	$20,874.99
4.	
5.	
6.	
Total Requested	$34,791.00
Total Project Cost	$83,499.96.00

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
2007	Granted	To purchase computer equipment, commercial grade multi-function printer, subscription to messaging system, and IT network and support	$32,250.00
2008	Granted	To purchase computer equipment for three clinical work stations, a monitor and software	$10,725.00
2010	Granted	To purchase a Kirby Lester Tablet Counter to be housed at the facility located at 811 West 2nd Street	$5,880.00
2011	Granted	To purchase scanner to improve patient assistance	$2,700.00
2012	Granted	Promoting high quality care with high quality equipment	$7,141.69
2013	Granted	To purchase an automated medication refill system, including the Tele-Fill and Attendant-Rx program	$7,545.00
2014	Granted	An A1C Analyzer, a pilot study of Fenofibrate for 20 diabetic patients with triglycerides > 400, and an electronic vital signs monitor and mobile stand	$9,283.22
2015	Granted	To purchase the Alere Cholestech System in order to offer patients onside fasting lipid testing for screening	$5,700.00
2016	Granted	Salaries of dentists, dental assistants, and dental hygienists.	$21,500.00
2017	Granted	Electronic Medical Records (EMR) system	$24,830.00
2018	Granted	Diagnostic Labs and Imagining	$26,000.00
2019	Granted	Offset Nurse Practitioner salary and fringe benefit cost to staff Walk-in Clinic	$24,800.00
2020	Granted	Improving the Oral Health of Low-Income Children and Adults	$19,590.00
2020	Granted	COVID-Risk Mitigation for Safe Patient Care	$5,518.98
2021	Granted	Public Awareness Campaign	$12,300.00

Staff Comments:

Need – The application indicates that the agency's services were underutilized in 2021 as a result of COVID. Because of this, the agency is requesting one-time funding of 5 months rent for the BLHC building (July-November 2022) .

APPLICATION SUMMARY

Name of Lead Agency:

Habitat for Humanity of Monroe County

Name of Project to be Funded:

Habitat for Humanity of Monroe County Worksite Safety Initiative

Amount Requested:

$7,606.42

Number of City Residents Served:

885-1000

Number of Employees:

Full-Time	Part-Time	Volunteers
14	5	800+

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Habitat for Humanity of Monroe County builds strength, stability, self-reliance and shelter--the only thing we give away is an opportunity. Our mission is to eliminate poverty housing by building decent, affordable homes in partnership with qualifying families.

Project Synopsis:

This project will equip key volunteers and staff with safety tools and equipment to ensure all are protected when working with Habitat for Humanity of Monroe County. Increased volunteer safety and participation on HFHMC construction sites and at Habitat ReStore will build our capacity to construct affordable homes in partnership with area families.

Need Addressed: (i.e. food, shelter, childcare)

Affordable Housing

Type of Funding Sought: (check all that apply)

- [ ] Capital Investment
- [ ] Operational Funds
- [ ] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [x] Other (Please Specify) Capacity Building Program Improvements

Itemized Costs: (in order of priority)

Item Name	Cost
1. Fall Protection Supplies and Equipment	1992.88
2. Fire Extinguishers	870.00
3. Electrical Safety	1285.44
4. Personal Protective Equipment	1218.10
5. Staff / Volunteer CPR Certification	1500.00
6. Panel Hand Trucks	740.00
Total Requested	7606.42
Total Project Cost	7606.42

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
1995	Denied	Paving Habitat Street	$0.00
2000	Denied	Volunteer Coordinator	$0.00
2005	Granted	Two heaters and insulation for Habitat ReStore facility	$4,100.00
2008	Granted	To help pay for the renovation of Campbell House for use by agency programs and staff	$4,000.00
2009	Granted	To help purchase a truck with lift gate for ReStore facility	$20,069.93
2010	Granted	To purchase a job site trailer, tools and to help purchase a truck for the Construction Leadership Program	$17,000.00
2011	Granted	To pay for equipment for Construction Leadership Program	$6,000.00
2012	Denied	Materials, handling equipment and store fixutres	$0.00
2013	Granted	To purchase fixtures, equipment and supplies, power tools, hand tools and pneumatic tools and equipment	$19,085.00
2014	Denied	Habitat ReStore Donations Truck	$0.00
2015	Granted	To purchase a Chevy Silverado truck and John Deere skid steer wit a skid steer trailer	$30,000.00
2016	Granted	To pay for tools, construction volunteer expenses, materials for classes and education outreach supplies.	$14,500.00
2017	Denied	Purchase of heavy-duty 9 passenger van & seed funding for Certified Fund Raising Executive training	$0.00
2019	Granted	Pick-up truck and passenger van	$19,400.00
2020	Granted	Bridge funding for Habitat for Humanity of Monroe County Women Build	$10,000.00
2020	Granted	406 N. Spring Street lumbar for construction	$8,862.00
2021	Granted	Purchase a riding mower, chipper/mulcher, and chainsaw	$9473.00

Staff Comments:

City residents served: 850-1000

Clients served: 85

Request for protective safety equipment for HFHMC construction and ReStore programs.

Project can proceed with partial funding.

Spreadsheet with links to materials requested is included in the application materials.

Hotels For Hope Inc
(H4H, Hotels For Homeless)
Jack Hopkins Social Service Grant
Application Summary

H4H is a low barrier, housing first model that uses a holistic wraparound approach to shelter families and individuals during emergency and transitional situations. We use intensive individualized casework to overcome any and all barriers participants face in regard to housing stability. The overall goal of H4H's "Emergency and Transitional Program" is to keep families and individuals safe during their experience with homelessness and help them transition into stable long-term housing of their own.

When the weather is deadly due to temperatures or other factors H4H offers rooms to anyone sleeping outside who would otherwise be at risk of death due to the natural elements. When a family/individual is involved in a domestic violence incident we immediately shelter them to keep them safe while we work to find a more sustainable option. When families with children would otherwise be sleeping outside, we immediately shelter them to avoid DCS removing the children from the parents while we work to find a more sustainable option. When a person is experiencing serious medical conditions that would make it impossible for them to otherwise survive homelessness, we immediately shelter them while we work to find a more sustainable option. The overall goal of our Emergency Shelter is to keep families/individuals alive and together until long term solutions can be found.

Participants of the "Emergency and Transitional Program" will receive a private hotel room for the duration of their stay that includes highspeed Wi-Fi and access to digital equipment that can be checked out. We immediately provide any necessary items to survival including food, clothing, and hygiene supplies. For participants using emergency rooms who will be going back to sleeping outside after their stay we provide any necessary items to survival including tents, blankets, hand warmers, ect. Services offered through intensive individualized casework include links to other community resources, job readiness training, Online Navigation and Digital Literacy Training, volunteer defendant advocates to attend and testify during court hearings, assistance with filling out job and housing applications, assistance with attaining and maintaining government benefits including medical insurance, food stamps, and disability or social security, transportation to important appointments as available, and electronic devices to keep during and after participation including laptops, kid friendly tablets, and smartphones if needed and qualified.

Outreach Volunteers for H4H often provide transportation to the participants to important appointments when available and they have the resources to do so. Important appointments include but are not limited to; court hearings, job interviews, medical appointments, DCS appointments, probation and parole appointments. The outreach volunteer transportation services are often offered when busses are not running or the participant is physically unable to use public transportation. Other factors that are considered urgent needs for outreach volunteer transportation are missed busses or emergency/unplanned appointments. Outreach Volunteers also pick up and deliver donations of clothing, food, furniture, ect. to the hotels or to new apartments of participants who are transitioning into stable long-term housing of their own.

$10,000 of the funds requested will be used to shelter five families/individuals for one month each while we help them to transition into stable long-term housing of their own. $7,800 of the funds requested will be used to pay salary for casework at the rate of $300 per week for twenty-six weeks/six months.

Transitional Monthly Stays:	$10,000
Casework Salary:	$7,800

H4H will submit claims for reimbursement of funds monthly or bi-monthly with receipts and detailed description of how funds were used. The “Emergency and Transitional Program” will be evaluated using monthly progress reports from caseworkers. A 90-day and 180-day evaluation will be done to determine how many participants were served by Emergency and Transitional rooms and which services each participant used during their stay. H4H expects that up to 100 individuals will be safely sheltered during emergency or transitional periods of homelessness and that at least five families/individuals will have successfully transitioned into long-term stable housing of their own.

STAFF COMMENTS

2020	Granted	Keeping Women and Children Out of the Cold	$7,400.00
2021	Granted	To continue housing families experiencing homelessness	$21,500.00

Other Expected Project Funds: Downtown Outreach Grant ($10,500 – Confirmed); Grub Hubb ($10,000 – Confirmed).

APPLICATION SUMMARY

Name of Lead Agency:

Indiana Recovery Alliance

Name of Project to be Funded:

Syringe Service Program Coordinator

Amount Requested:

$21,600

Number of City Residents Served:

Over 5000 individuals per year

Number of Employees:

Full-Time	Part-Time	Volunteers
2	**3**	**10**

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

The IRA shifts resources and power to people who use drugs. We reduce both the individual and structural harms caused by racialized drug policy through direct action and advocacy.

Project Synopsis:

Indiana Recovery Alliance is seeking funding of $21,600 to fully fund the "Syringe Service Program Coordinator" position. We have secured funding through another grant that will fund this position part-time but believe a full-time position is essential. The SSP Coordinator will manage our outreach services to people with substance issues which include: distributing safer use supplies, offering Hepatitis C/HIV testing (through collaboration with Positive Link), referrals to resources in the community, and expanding our harm reduction & recovery meetings to help those in chaotic drug use to choose any positive change. Additional funding

will also allow us to expand our harm-reduction & recovery meetings into a more formal harm-reduction & recovery program, enabling us to access new funding sources reserved for recovery services that have been inaccessible to us without this position. A full-time SSP Coordinator will reach more people with our harm reduction approach to recovery, proven to be the most effective intervention to save lives, cut infection rates, and empower people with substance issues to make positive change in their lives. Our intention is for this position to be filled by someone who is directly impacted and will start between May and June 2022.

Need Addressed: (i.e. food, shelter, childcare)

With funding from Jack Hopkins, we will be fulfilling health and community well being needs as outlined in the SCAN assessment and HAND's survey of social service needs. The IRA provides safer use supplies, naloxone, and referrals to recovery services, housing, and healthcare services. We are the largest peer-to-peer distributor of (brand name: Narcan) in Indiana- we have given out over 100,000 doses of naloxone, and our participants have reported over 2446 drug overdose reversals with that naloxone to us. Because of our intimate relationship with people with substance issues and unhoused people, we are able to put this life saving medicine in the hands of people who use it the most, which is a function that no other organization in Bloomington provides.

Having a full time SSP Coordinator will free up time for the Executive Director and streamline tasks as our organization grows. This is essential to improving daily operations as it will allow the ED to focus on organization strategy, management, development, and on his mentorship of other SSPs, coalitions, & unions to become harm reductionists in their communities, & create a dedicated position with a clear job description with duties and responsibilities surrounding our safer use supply program

Type of Funding Sought: (check all that apply)

- ● Capital Investment
- ● Operational Funds
- ✓ Bridge Funding
- ● Pilot Project
- ● Collaborative Project

Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Half of Syringe Service Program Coordinator 40hours/week	$21,600
2. Half of Syringe Service Program Coordinator 40 hours/week (this is provided by another grant)	$21,600
3. SSP Coordinator Benefits (provided by individual donations)	$2,000

4.	
5.	
6.	
Total Requested	21,600.00
Total Project Cost	$45,200

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
2016	Granted	To pay for the purchase of an unmarked vehicle used in the provision of Indiana Recovery Alliance services	$17,600.00
2017	Granted	To purchase naloxone, syringe disposal units, a storage shed, two card laminators, storage totes, and two bike trailers.	$11,617.00
2018	Granted	Naloxone/Salary, Printer, Furnishings and Items for Disposal	$16,953.00
2020	Granted	Support Funds	$4,430.00
2021	Granted	Development Director salary support	$17,000.00

Staff Comments:

Need – This agency is seeking funding to cover the salary for a "Syringe Service Program Coordinator."

In the future, the position will pay for itself through additional funding that establishing the position makes Indiana Recovery Alliance eligible for – this appears to be additional grants or donations secured by the Development Coordinator position with JHSSF supported last funding cycle.

APPLICATION SUMMARY

Name of Lead Agency:

Mary Jean Holwager

Name of Project to be Funded:

MCUM out in the Community

Amount Requested:

$23,000

Number of City Residents Served:

1,290

Number of Employees:

Full-Time	Part-Time	Volunteers
28	1	35

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Monroe County United Ministries creates lasting solutions to economic, educational, and social injustices in our community through quality programs, collaboration, and innovation. Our vision is to eliminate generational poverty for the people we serve.

Project Synopsis:

We are requesting 23,000 to purchase a new (for us) service van.

Need Addressed: (i.e. food, shelter, childcare)

Providing easy access food, cleaning, and hygiene items to the low-income families of this community.

Type of Funding Sought: (check all that apply)

- [X] Capital Investment
- [ ] Operational Funds
- [ ] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [ ] Other (Please Specify) _____

Itemized Costs: (in order of priority)

Item Name	Cost
1. Service Van	21,000
2. Decals	2,000
3.	
4.	
5.	
6.	
Total Requested	
Total Project Cost	

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
1996	Denied	Facility Addition – Daycare	$0.00
1997	Granted	Addition and renovation of child care facility	$51,000.00
1998	Granted	Renovate existing building to meet new building code	$9,925.00
1999	Granted	Equipment for food area	$11,850.00
2001	Granted	To pay rent and utilities for city residents at risk of being dislocated	$32,884.00
2003	Granted	Subsidize childcare costs for low-income households within the City	$20,000.00
2004	Granted	To subsidize childcare services for low-income City residents primarily during the summer months	$15,000.00
2005	Granted	Caseworker salary for Emergency Services program	$16,000.00
2006	Granted	To pay for personnel expenses of an additional social worker for the Emergency Services program	$20,000.00
2007	Granted	To subsidize affordable childcare costs for working families residing in the City	$28,080.00
2010	Granted	To purchase cots, cot carriers, cot name plates and emergency kits for the Affordable Childcare program	$5,540.53
2011	Granted	To pay for electrical improvements and cold storage equipment for the Emergency Food Pantry	$11,000.00
2012	Granted	Roof replacement for emergency services building	$17,500.00
2013	Granted	To fund an energy audit and to pay for the purchase and installation of three air conditioning units and two furnace units	$20,845.00
2014	Denied	Energy Efficiency Improvements for MCUM Childcare Facility	$0.00
2015	Granted	For capital improvements to two playgrounds on its property in the Crestmont neighborhood	$27,475.00
2016	Granted	To pay for construction costs associated with MCUM's Food Pantry Expansion Project located at 827 W. 14th Ct.	$20,000.00
2017	Granted	To pay for staff salaries associated with the start-up operations of the Compass Early Learning Center.	$20,000.00

2017	Granted	To pay for kitchen renovation for the Compass Early Learning Center, located at 219 E. 4th St., Bloomington Indiana 47408	$21,600.00
2018	Granted	Equipment Upgrades and Additional Staffing for Compass Early Learning Center	$14,014.00
2019	Granted	Security system, fire protection/security, and energy efficient lighting	$31,45.00
2020	Granted	Upgrades to Foster Kindergarten Readiness	$16,000.00
2020	Granted	Building up Monroe County Residents	$9,500.00
2021	Granted	Upgrade building exterior	$22,000.00

Staff Comments:

Project – purchase service van to assist with food pantry and hygiene orders and provide delivery of these items to clients in the community.

City residents served – 1,290

Client served – 2,500

Ongoing maintenance of van and fuel will be covered by agency budget.

Agency did not include any supporting documents for the van in their application materials.

APPLICATION SUMMARY

Name of Lead Agency:

Middle Way House

Name of Project to be Funded:

Rise and Shine Childcare

Amount Requested:

$12,000

Number of City Residents Served:

50+

Number of Employees:

Full-Time	Part-Time	Volunteers
24	44	30

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Middle Way House works to support all survivors of domestic violence, sexual assault, and human trafficking; and to educate the community through outreach and prevention programs.

Project Synopsis:

We are requesting $12,000 to assist in covering the increased cost of operations for our childcare program. Rise and Shine Childcare is Middle Way House's fully subsidized, nationally accredited childcare program, accredited at Level 4 in Indiana's Paths to Quality Child Care Quality Rating and Improvement System. Rise and Shine is available to current and former clients of Middle Way House programming and is fully subsidized for clients. The program provides trauma informed early education for children up to kindergarten age who have experienced domestic violence as well as meals as snacks from 8 am to as late as 7 pm Monday through Friday. In 2019 Middle Way House scaled up the number of employees in its childcare program in order to meet a long present demand for services and increased the number of children served annually from around

24 to over 50 and the number of meals annually to grow to over 14,000. The organization also increased compensation for co-teachers in the program from minimum wage in 2017 to $12/hr in 2018 and to $14/hr in 2022. These combined factors have caused the annual cost to increase substantially. It is majority grant funded but some budgetary shortfalls remain.

Need Addressed: (i.e. food, shelter, childcare)

In the most recent SCAN, 33% of households indicate they have difficulty finding affordable childcare. Survivors of domestic violence, especially those served by Middle Way House, often fall below the 50% AMI marker and the majority of parents whose children attend R&S fall below the 30% AMI mark. Quality childcare can frequently cost hundreds to thousands of dollars per month, forcing parents in stable situations to forgo professional opportunities to care for their children as the cost of childcare can even outstrip projected wages for a full time position. Middle Way provides the highest possible level of accredited childcare in Indiana for no cost to survivors trying to rebuild personal and financial lives. The number of children served by R&S would represent just over 16% of the total capacity of Head Start in Monroe County as listed in the SCAN. Per the SCAN, only four childcare centers in Monroe County are accredited at Level 4 in the Paths to Quality state system and of those four, Rise and Shine is the only program providing childcare specifically tailored to children traumatized by domestic violence.

Type of Funding Sought: (check all that apply)

- [ ] Capital Investment
- [x] Operational Funds
- [ ] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [ ] Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Rise and Shine part-time co-teacher compensation	$12,000
2.	
3.	
4.	
5.	

6.	
Total Requested	$12,000
Total Project Cost	$157,162

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
1993	Denied	Transitional housing project and day care center	$0.00
1994	Granted	Women's and children's transitional facility	$35,000.00
1996	Granted	Child Care Facility	$17,350.00
1997	Denied	Construction Fees	$0.00
1999	Denied	Interim Salary for Coordinator	$0.00
2000	Granted	To construct addition onto their shelter	$10,000.00
2000	Granted	To buy and install security devices for two facilities	$2,426.00
2000	Denied	Travel and Conference	$0.00
2000	Granted	To buy an Industrial Grade document scanner for Confidential Document Destruction Program	$3,210.95
2001	Granted	To support pilot childcare nutrition program/enterprise by paying salaries of cook	$23,885.00
2003	Granted	Thermal carriers; pots, pans, and food trays; and dishwasher proof dishes and flatware	$4,100.00
2004	Granted	Pay a portion of salary and benefits for a Housing specialist	$7,500.00
2005	Granted	Steel ramp, tow bar loops, lifts for Confidential Document Destruction	$10,000.00
2006	Granted	To pay for the personnel expenses of the Childcare Program Coordinator	$12,000.00
2007	Granted	To pay for salaries, taxes, and benefits for House Manager and weekend staff for the Emergency Shelter	$6,500.00
2008	Denied	Alternative Power and Energy for New Wings Community Partnership	$0.00
2009	Granted	To purchase beds and mattresses for the Emergency Shelter	$10,500.00
2010	Granted	To purchase Food Works Kitchen equipment	$10,554.00
2011	Granted	To pay for equipment and lighting to make facilities on South Washington more sustainable	$12,000.00
2012	Granted	New Wings emergency DV shelter	$24,000.00

2013	Granted	To pay for the salaries of two Crisis Intervention and Prevention Service Coordinators, plus taxes and benefits	$11,715.00
2014	Denied	New Wings Community Partnership	$0.00
2015	Denied	To purchase a high-speed, fiber-optic, integrated internet/phone system and a server	$0.00
2016	Granted	To purchase beds, mattresses, vinyl sofas, rocking chairs and related furnishings for 338 S. Washington Street	$11,800.00
2018	Granted	Redesign Technology Closet	$11,000.00
2019	Granted	AEDs and hearing-impaired accessibility	$7,470.00
2020	Granted	Climate Control Panel	$3,000.00
2021	Granted	Replacement work truck	$10,000.00

Staff Comments:

Other Expected Project Funds – Victims of Crime Act grant funding - $77,000

The new VOCA grant cycle begins on 10/1/2022 and will reset the pool of available funding for the program.

APPLICATION SUMMARY

Name of Lead Agency:

Monroe County Humane Association

Name of Project to be Funded:

Pet Emergency Housing

Amount Requested:

$15,840.00

Number of City Residents Served:

20+

Number of Employees:

Full-Time	Part-Time	Volunteers
9	6	50

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

MCHA is dedicated to promoting the welfare of animals, strengthening the human-animal bond, and providing access to accessible veterinary care and humane education across our community.

Project Synopsis:

We are requesting $15,840 to continue the support of the Emergency Housing Program in our 800 square foot specialty facility. The space allows for up to twelve dogs, six cats, crate storage and both animal care and exam space.

Need Addressed: (i.e. food, shelter, childcare)

Shelter and food for pets that are displaced along with their humans for various reasons.

Type of Funding Sought: (check all that apply)

- [ ] Capital Investment
- [ ] Operational Funds
- [x] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [ ] Other (Please Specify) _____

Itemized Costs: (in order of priority)

Item Name	Cost
1. Boarding Canine & Feline	$10,950.00
2. Veterinary Wellness, Canine & Feline	$1,440.00
3. Staff Time	$3,450.00
4.	
5.	
6.	
Total Requested	$15,840.00
Total Project Cost	$18,640.00

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
2020	Granted	Immediate and extended emergency housing for pets (direct boarding and care, including housing, food, needed vaccines, and basic animal care)	$2,000.00

Staff Comments:

Requesting continued support for the Pet Emergency Housing Program.

Other expected project funds: MCHA Sponsorship (in-kind supplies, including food - $2,000 – confirmed); Pet Friendly Services (spay/neuter sponsorship - $800 – confirmed).

Application indicates that this is not a collaborative application but lists the names of agency partners. The Committee may want to ask for more details about this portion of the application.

APPLICATION SUMMARY

Name of Lead Agency:

Mother Hubbard's Cupboard

Name of Project to be Funded:

Operational Bridge Funding

Amount Requested:

$25,340.44

Number of City Residents Served:

7,560

Number of Employees:

Full-Time	Part-Time	Volunteers
7	7	0

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Mother Hubbard's Cupboard's (MHC) mission is to increase access to healthy food for all people in need in ways that cultivate dignity, self-sufficiency, and community.

Project Synopsis:

MHC respectfully requests funding for Pantry & Program staff salary, to bridge the gap left by our inability to hold large fundraising events during the last two years, due to COVID. MHC will hold its first fundraiser since the onset of the pandemic in September 2022.

Need Addressed: (i.e. food, shelter, childcare)

Food & community resource center

Type of Funding Sought: (check all that apply)

Capital Investment

Operational Funds

x Bridge Funding

Pilot Project

Collaborative Project

Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. July & August Salary for: Operations Manager, Education Coordinator, Garden Coordinator, Youth Educator, **OR**	$25,340.44
2. July & August Salary for: Operations Manager, Education Coordinator, Garden Coordinator, **OR**	$19,392.16
3. July or August Salary for: Operations Manager, Education Coordinator, Garden Coordinator, Youth Educator	$12,670.22
Total Requested	$25,340.44
Total Project Cost	$33,646.22

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
1999	Granted	Refrigeration unit	$1,029.00
2000	Granted	To establish a new Southside food pantry in concert with the Community Kitchen and the Perry Township Trustees	$9,000.00
2002	Granted	To fund a new nutrition education program	$5,000.00
2006	Granted	To pay for the purchase and installation of one two-door freezer unit and one two-door refrigeration unit	$6,670.00
2008	Granted	To provide bridge-funding to pay for salaries to operate the Mother Hubbard's Cupboard community food pantry	$24,000.00
2009	Granted	To help purchase a cargo van for the Food Pantry program	$28,650.00
2011	Granted	To help purchase a van for the Garden and Nutrition Program	$12,575.00
2012	Granted	Freezer storage for food pantry program	$7,285.71
2013	Granted	Salaries of the Food Pantry Manager and Nutrition Education Coordinator and to pay CE) for 18 weeks	$23,815.00
2013	Granted	To pay for staff salaries, printed materials, program supplies and scholarships	$1,960.00
2014	Denied	Expansion of Garden and Nutrition Education	$0.00
2015	Granted	To purchase 4 laptop computers, 2 external CD drives, and software to increase organizational efficiency	$4,250.00
2016	Granted	To pay for staff salaries to expand Mother Hubbard's Cupboard's Education and Tool share programs	$15,000.00
2017	Granted	To purchase a freezer, safety lighting, and a power washer for Mother Hubbard's Cupboard	$4,002.00
2018	Granted	Equipment Purchase	$7,017.00
2019	Granted	Computers and software	$8,620.00
2020	Granted	Bridge Funding	$10,000.00

2020	Granted	Winter preparation and staff support	$19,100.00
2021	Granted	Office and pantry furniture	$11,325.03

Staff Comments:

Request for bridge funding for staff salary.

City residents served – 7,560

Clients served – 14,000

Other expected project funds – United Way Allocations (July & August $3,440 – confirmed); Donations (July & August $4,865 – pending)

My Sister's Closet Application Summary

Agency did not send Application Summary, though this may have simply been an error made when attaching the documents. Agency did not send Project Budget Form.

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
2000	Denied	Wages, Rent, Credit Card Processing, Parking Stickers and Loan Repayment	$0.00
2001	Granted	To purchase display, tagging, and laundry equipment for clothing donation program	$1,130.00
2003	Denied	Re-open retail and service facility	$0.00
2007	Granted	To purchase equipment for resale store of women's workforce clothing and display case	$2,500.00
2008	Denied	Supporting Progress Towards Women's Economic Self-Sufficiency	$0.00
2009	Granted	To pay rent and purchase boxes for storage facility	$1,781.88
2011	Denied	Maximized impact: Addressing the needs of the clothing voucher recipients with extended store hours	$0.00
2013	Denied	The Green Side of Pink	$0.00
2014	Granted	To purchase an Apple iPad Air with Wifi, a Square Point-of-Sale System and supporting components, and an iPad compatible projector	$1,621.43
2015	Granted	Year's salary to executive director, for funding assistance, and software and computer hardware requests	$7,000.00
2016	Granted	To pay for the salary of the Success Institute Coordinator	$10,000.00
2017	Denied	Ready-2-Work Experience Training Pilot Program	$0.00

2018	Granted	Ready-2-Work Program and Technology Equipment	$9,490.00
2019	Granted	Pilot project online sales coordinator	$9,474.00
2020	Denied	Continuing Client Services in the midst of COVID	$0.00
2021	Granted	Supplement the salary of an Assistant Store Manager	$22,400.00

Staff Comments:

Request for salary offset for Director of Operations.

APPLICATION SUMMARY

Name of Lead Agency:

New Leaf, New Life

Name of Project to be Funded:

Reducing Recidivism: Reentry Case Management & Direct Service Supplies

Amount Requested:

$11,136.90

Number of City Residents Served:

570

Number of Employees:

Full-Time	Part-Time	Volunteers
3	0	~10

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

To support individuals who are currently incarcerated or have been recently released from incarceration with their reentry back into our community.

Project Synopsis:

We are requesting $9,688.20 to directly support our case managers (both full-time) which provide critical services to our clients and have lived experience of incarceration themselves. The remaining $1,468.70 will assist us with purchasing necessary supplies for our reentry efforts.

Need Addressed: (i.e. food, shelter, childcare)

Meeting the Essentials: shelter, employment, housing, substance use treatment, health care, SNAP/HIP, low income

Type of Funding Sought: (check all that apply)

- [ ] Capital Investment
- [ ] Operational Funds
- [x] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [ ] Other (Please Specify) _____

Itemized Costs: (in order of priority)

Item Name	Cost
1. Salary Support #1	$4,844.78
2. Salary Support #2	$4,823.42
3. Reading Glasses	$363.72
4. Backpacks	$279.98
5. Printing	$450.00
6. Postage	$275.00
7. Bus Tickets	$100.00
Total Requested	$11,136.90
Total Project Cost	$21,532.17

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
2006	Denied	Inmate Transition Program	$0.00
2007	Denied	Families and Children of Incarcerated Parents	$0.00
2008	Denied	Hal Taylor House	$0.00
2009	Granted	To pay for salaries, benefits, and supplies for all New Leaf/New Life programs	$14,577.96
2012	Granted	Funding part-time facility manager for transition program	$9,285.71
2014	Granted	To purchase the following for the New Transition Support Center located at 1010 S. Walnut Street: a washer, a dryer, computers, carrels, a copier, folding chairs, folding tables and a caddy	$4,085.71
2015	Granted	Pilot project to provide an additional 20 hours/week of much needed casework capacity at our Transition Support Center	$6,000.00
2017	Granted	To provide salary support for the Director of New Leaf-New Life Transition Support Center	$10,000.00
2018	Granted	New Leaf-New Life Services	$11,229.00
2019	Granted	Salary for Day-1 support and computer equipment	$12,090.00
2020	Granted	Transition Supportive Services	$9,000.00
2020	Granted	Re-Entry Support & Direct Service Items	$9,540.00
2021	Granted	Re-entry Case Management and Direct Service Supplies	$12,000.00

Staff Comments:

APPLICATION SUMMARY

Name of Lead Agency:

Open Arms Christian Ministries, Inc

Name of Project to be Funded:

Project FACE (Foster-care Awareness & Cultivating Excellent parents)

Amount Requested:

$ 13,497

Number of City Residents Served:

100

Number of Employees:

Full-Time	Part-Time	Volunteers
34	3	24

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Open Arms Christian Ministries (Open Arms) is a 501(c)(3) Human Service agency. Open Arms' mission is to bring hope and healing to the thousands of Indiana's children who have experienced trauma and neglect. Open Arms believes all youth have fundamental rights to a healthy living environment, consistent education, guidance, and wholesome family life. This mission is accomplished through licensing foster homes and placing children in safe homes, offering group homes when more in-depth care is needed and providing therapeutic services for overall healing.

Project Synopsis:

Open Arms is asking for $13,497.00 to cover the cost to license eleven foster families and place children into their homes.

Need Addressed: (i.e. food, shelter, childcare)

To provide shelter and care for foster children.
To provide licensing and training for foster parents.
To provide case management and support for foster parents and children placed in their homes.

Type of Funding Sought: (check all that apply)

- [ ] Capital Investment
- [ ] Operational Funds
- [ ] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [X] Other (Please Specify) For operational and programing for satellite office.

Itemized Costs: (in order of priority)

Item Name	Cost
1. The Cost to license 11 families to foster children	$13,497.00
2.	
3.	
4.	
5.	
6.	
Total Requested	$13,497.00
Total Project Cost	$18,405.00

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Request for funding to license eleven foster families and place children into their homes to address the epidemic shortage of foster homes in Indiana.

City Church for All Nations is providing office space for Open Arms to open a satellite office to conduct foster care services in Bloomington. Open Arms goal is to recruit new foster parent prospects from local churches through awareness events and paid marketing techniques.

APPLICATION SUMMARY

Name of Lead Agency:

Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky

Name of Project to be Funded:

Safety-Net Family Planning Services

Amount Requested:

$7,500

Number of City Residents Served:

37

Number of Employees:

Full-Time	Part-Time	Volunteers
475	88	1,075

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Together we advocate, educate, and provide exceptional health care supporting sexual health, wellness, and reproductive freedom — without judgment, without fear, without fail.

Project Synopsis:

PPGNHAIK will provide low-to-no cost family planning services for patients who are uninsured, under-insured, and/or living at or below 150 percent of the federal poverty level. Patients can choose whatever family planning method works best for them no matter their ability to pay for care.

Need Addressed: (i.e. food, shelter, childcare)

Heath care access for patients who are uninsured and/or low-income.

Type of Funding Sought: (check all that apply)

- [ ] Capital Investment
- [x] Operational Funds
- [ ] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [ ] Other (Please Specify) _____

Itemized Costs: (in order of priority)

Item Name	Cost
1. Long-acting reversible contraceptives	$5,000
2. Contraceptives used on a schedule	$2,500
3. Contraceptives used every time	$500
4. Emergency contraception	$500
5.	
6.	
Total Requested	$7,500
Total Project Cost	$37,000

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
1997	Denied	ADA Approved restrooms and waiting room expansion	$0.00
1999	Granted	Exam table for individuals who are handicapped	$5,000.00
2000	Denied	Offset $34,000 need for program	$0.00
2001	Granted	To purchase equipment to test for anemia	$1,394.00
2002	Granted	To purchase an autoclave for the purpose of sterilizing instruments	$1,495.00
2003	Granted	Purchase four computers for its 421 South College facility	$3,600.00
2004	Granted	To purchase 6 sets of cervical biopsy equipment	$2,923.00
2005	Granted	Security cameras and equipment for the facility at 421 S. College Ave.	$1,500.00
2006	Granted	To install cabinetry and purchase files & furniture for renovation.	$2,440.00
2007	Granted	Friend to Friend Patient Pass program	$5,000.00
2008	Granted	To pay for colposcopies for women with abnormal Pap test results	$2,500.00
2010	Granted	Recession Rx program for City of Bloomington residents	$5,000.00
2011	Granted	To purchase HIV test kits	$4,200.00
2012	Denied	Love, Sex, and the Freshman 15	$4,930.00
2013	Granted	Ensuring Access to Life-Saving Preventative Health Services program	$4,930.00
2014	Granted	Office visits, exams, STD tests, colposcopies, pap tests, pregnancy tests	$2,785.71
2015	Granted	Subsidized services, LARCs, testing for STDs, and colposcopies	$5,000.00
2016	Granted	To pay for LARCs, STD Testing, and Colposcopies	$3,000.00
2017	Granted	To pay for LARCs, STD Testing, and Colposcopies	$9,000.00
2020	Granted	For colposcopy equipment and related expenses	$11,134.00

2020	Granted	Contraception subsidies	$7,500.00

Staff Comments:

Requesting funding to subsidize family planning services for patients who are uninsured, under-insured, and/or living at or below 150 percent of the federal poverty level.

Other funding sources – Individual donors ($24,920 – pending); Sophia Travis Community Service Grant ($3,580 – confirmed); Bloomington Township Trustee ($1,000 confirmed)

APPLICATION SUMMARY

Name of Lead Agency:

Bloomington St. Vincent de Paul serving Monroe County

Name of Project to be Funded:

Utility Assistance Program

Amount Requested:

$30,000.00

Number of City Residents Served:

100 households (240 individuals)

Number of Employees:

Full-Time	Part-Time	Volunteers
		78

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Bloomington St. Vincent de Paul provides safety-net services to families and individuals in our community who are suffering, forgotten, or deprived—the working poor, the homeless, those who have been incarcerated, and all people living on the margins of society. We seek a solution to help those in need to keep their utilities on to maintain safe living conditions

Project Synopsis:

We request $30,000 to provide utility bill assistance, including electricity, water, and gas for Bloomington city residents. Our funding request directly addresses identified priorities for social service funds for basic services related to shelter for City residents in need.

Need Addressed: (i.e. food, shelter, childcare)

Utility bill assistance, including electricity, water, and gas for Bloomington city residents.

Type of Funding Sought: (check all that apply)

- [ ] Capital Investment
- [ ] Operational Funds
- [x] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [ ] Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Utility bills (electric, gas, and water)	Up to $300/household
2.	
3.	
4.	
5.	
6.	
Total Requested	$30,000.00
Total Project Cost	$64,000.00

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
2005	Denied	SVDP Furniture distribution and resale center	$0.00
2008	Denied	Replace truck engine	$0.00
2019	Granted	Funding to support vehicle repair program	$8,167.00
2020	Granted	COVID-19 Supplemental Back-Rent Program	$15,000.00
2020	Granted	Bloomington Utility Assistance Program	$15,000.00
2021	Denied	Housing Stability Program – pay rent and rent deposits	$0.00

Staff Comments:

Requesting funding to provide utility bill assistance, including electricity, water and gas for Bloomington City residents.

APPLICATION SUMMARY

Name of Lead Agency:

Wheeler Mission

Name of Project to be Funded:

Case Management for those Experiencing Homelessness

Amount Requested:

$16,068

Number of City Residents Served:

1025

Number of Employees:

Full-Time	Part-Time	Volunteers
10	2	412

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Wheeler Mission aims to ensure that every person experiencing homelessness in Bloomington has access to a safe, compassionate environment where they can receive a clean bed and a hot, nutritious meal while also receiving access to additional supports and services that may assist them on their journey to addressing the root causes of their circumstance(s).

Project Synopsis:

Wheeler Mission is seeking an investment of $16,068 to help absorb the cost of the full-time (emergency shelter services) case manager at Wheeler Mission for up to six months. This role is critical to Wheeler's operation, carrying the responsibility of providing case management services for a diverse population that may include, but is not limited to, assessment of a guest's strengths, resources and needs, and whether crisis intervention or a referral to additional resources is needed.

Need Addressed: (i.e. food, shelter, childcare)

Wheeler aims to meet the shelter needs of those experiencing homelessness while, simultaneously, providing meals to those seeking a healthy, nutritious meal. This request intersects with both food and shelter provision, as the goal is to ensure our most vulnerable neighbors have access to their basic needs.

Type of Funding Sought: (check all that apply)

- [ ] Capital Investment
- [X] Operational Funds
- [ ] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [ ] Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Case Manager / FT@$15.45/hour for one month	$2,678
2. Case Manager / FT@$15.45/hour for one month	$2,678
3. Case Manager / FT@$15.45/hour for one month	$2,678
4. Case Manager / FT@$15.45/hour for one month	$2,678
5. Case Manager / FT@$15.45/hour for one month	$2,678
6. Case Manager / FT@$15.45/hour for one month	$2,678
Total Requested	$16,068
Total Project Cost	$38,563.20

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
2016	Denied	Eight-passenger van	$0.00
2017	Granted	To pay for security cameras and associated equipment for the Center for Women and Children	$2,044.00
2018	Granted	Expand Capacity	$25,000.00
2019	Granted	Increased safety and security for the most vulnerable	$12,726.00
2020	Granted	Safety and shelter during COVID-19 crisis	$17,000.00
2020	Granted	Shelter and case management for homelessness COVID-19	$12,990

Staff Comments:

Requesting funds to absorb the cost of the full-time emergency services case manager at Wheeler Mission for six-months.

The person occupying the Case Manager role is already in the role and has been for several years. The role will always be an ongoing need but there will not be an ongoing request for support as the costs associated with the role will be absorbed by general fundraising income in future years.

City of Bloomington
Office of the Common Council

Jack Hopkins 2022

Collaborative Application Summaries

APPLICATION SUMMARY

Name of Lead Agency:

Beacon, Inc.

Name of Project to be Funded:

Crawford Housing Stability Improvement Project

Amount Requested:

$10,000

Number of City Residents Served:

~70

Number of Employees:

Full-Time	Part-Time	Volunteers
29	6	~1500

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Beacon is a solutions-driven, antipoverty organization, dedicated to aiding and empowering people experiencing extreme poverty, especially hunger and homelessness.

Project Synopsis:

We are seeking $10,000 to improve housing stability in the Crawford Homes program by helping residents maintain the cleanliness of their homes two key ways: cleaning support and availability of supplies in our Hygiene Pantry.

Need Addressed: (i.e. food, shelter, childcare)

Housing

Type of Funding Sought: (check all that apply)

- [ ] Capital Investment
- [ ] Operational Funds
- [ ] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [X] Other (Please Specify) One-time expense

Itemized Costs: (in order of priority)

Item Name	Cost
1. Life Skills (Cleaning) Support	$5,000
2. Hygiene/Cleaning Supplies	$5,000
3.	
4.	
5.	
6.	
Total Requested	$10,000
Total Project Cost	$10,000

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

This is a first time collaborative application with Beacon, Inc. and Cinnaire, which owns Crawford and Crawford II Apartments. Crawford and Crawford II are two permanent supportive housing complexes dedicated to serving people with disabilities who experienced long-term homelessness. Beacon is the primary service provider for residents of these complexes. Project is able to proceed with partial funding.

This project is a one-time support boost for residents in cleaning and maintaining their apartments. Housing stability is the primary goal of this project and success will be measured by the number of residents served and the number of residents who maintained their homes.

APPLICATION SUMMARY

Name of Lead Agency: LIFEDesigns

Name of Project to be Funded:

Job-A-Palooza (JAP) and ALL Abilities Health and Arts Fair

Amount Requested: $7250

Number of City Residents Served: 210

Number of Employees:

Full-Time	Part-Time	Volunteers
99	51	17

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

To partner with and promote independence for people with disabilities.

Project Synopsis:

We are requesting $7250 in order to facilitate Job-A-Palooza and an ALL Abilities Health and Arts Fair for people of all ages and all abilities. Job-A-Palooza (JAP) is a joint effort between LIFEDesigns and Stone Belt Arc that provides a day of job exploration. Over 30 local employers will come to a one-day event and each set up a table with multiple job tasks. Participants can try actual job tasks from each of the employers and ask questions about employment. Participants will also practice their interview skills by completing a mock interview. JAP is held in October (Disability Employment Awareness Month) at The Warehouse. We will have an ALL Abilities Health and Arts Fair the same day. The fair will allow people with disabilities to set up their own booths and sell/show off their arts and crafts, perform in front of an audience, and receive health and wellness screenings and resources. This project will focus on employment, health, and participation in the arts.

Need Addressed: (i.e. food, shelter, childcare)

Help people earn a living, fill open jobs in the community, access health and wellness resources including screenings, and be included in the arts. Personal finances, person-centered planning, and employer training are involved.

Type of Funding Sought: (check all that apply)

- [ ] Capital Investment
- [ ] Operational Funds X
- [ ] Bridge Funding
- [ ] Pilot Project X
- [ ] Collaborative Project X
- [ ] Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. JAP Programming Costs	3425
2. ALL Abilities Fair Programming costs	3425
3. Operation costs for Pre JAP Workshops	400
4.	
5.	
6.	
Total Requested	7250
Total Project Cost	12750

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
2012	Granted	Housing Options II Essentials	$6,196.86
2013	Granted	To purchase the College of Direct Support and College of Employment Services training packages	$13,470.00
2014	Granted	To purchase furniture for bedrooms along with furniture and entertainment equipment for common areas at the Dunn and Winslow homes (located within the City).	$7,090.00
2016	Granted	To pay for the purchase of a wheelchair-accessible vehicle	$14,000.00
2017	Granted	To purchase tablets, mobile briefcases, and design services for the LIFEDesigns Mobilizing Work Project	$15,000.00
2019	Granted	Maintenance truck and snow plow	$16,084.00
2020	Granted	Residential Services for Intellectual and Developmental Disabilities	$8,800.00
2020	Granted	PPE for Disability Services	$10,000.00
2021	Granted	Pilot a Day Services Program	$28,676.26

Staff Comments:

Collaborative Project with Stone Belt Arc as Official Partner. Agency is anticipating that SCCAP, MCCSC, ETC and more than 30 employers will participate.

Agencies currently partner with Stone Belt and Work to Include on the JAP aspect of this project. Looking to expand.

APPLICATION SUMMARY

Name of Lead Agency:

Pro Bono Indiana, dba District 10 Pro Bono Project

Name of Project to be Funded:

Housing and Eviction Prevention Program- HEPP

Amount Requested:

$7,155

Number of City Residents Served:

298

Number of Employees:

Full-Time	Part-Time	Volunteers
16	10	varies

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Pro Bono Indiana provides legal service to indigent people who otherwise would not be able to obtain justice. We do so with a variety of free, innovative legal services which allow Hoosiers to obtain fairness through the court system, in pursuit of the necessities of life, and for the peace, happiness and wellbeing of individuals and the community.

Project Synopsis:

To fund HEPP legal advice to tenants and mom-and-pop landlords to save housing and money for unrepresented litigants, in pursuit of justice at eviction hearings.

Need Addressed: (i.e. food, shelter, childcare)

Shelter

Type of Funding Sought: (check all that apply)

[ ] Capital Investment

[X] Operational Funds

[ ] Bridge Funding

[ ] Pilot Project

[X] Collaborative Project

[ ] Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. JU legal funding 20 hrs/6.5 mos@29.75	3,867.50
2. D10 funding 17 hrs/6.5@29.75	3,287.38
3.	
4.	
5.	
6.	
Total Requested	7,155.00
Total Project Cost	$7,869.00

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount
2012	Denied	2012 Bridge Funding	$0.00
2019	Granted	Collaboration with South Central Indiana Housing Opportunities, CJAM, Justice Unlocked & Tenant Assistance Program- Pilot tenant assistance project	$7,676.00

Staff Comments:

This is a collaborative application between Pro Bono Indiana (doing business as District 10 Pro Bono Project) and Justice Unlocked (JU) for the Housing and Eviction Prevention Project (HEPP). The project also involves another agency, Community Justice and Mediation Center (CJAM).

The Committee funded this project last year.

Outcome indicators: 1)number of legal consultations provided; 2) Agreed judgments – tenants leave but there's no eviction record marring future opportunities; may also indicate agreement to mutually beneficial terms; 3) Default judgments - these happen when a tenant doesn't attend court and loses. HEPP is well-known so fewer default judgments will occur because tenants know they'll have help; and 3) tenancies saved – these could be either the number of evictions which the tenant wins, or in which the landlord dismisses because the eviction becomes unnecessary.

APPLICATION SUMMARY

Name of Lead Agency:

Summit Hill Community Development Corporation (SHCDC)

Name of Project to be Funded:

BHA Resident Grocery Shuttle & Services Vehicle

Amount Requested:

$50,000.00

Number of City Residents Served:

150

Number of Employees:

Full-Time	Part-Time	Volunteers
27	1	0

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

The overall goal of the SHCDC is to expand community access to affordable housing as a hub for resources, policy advocate, and/or property developer. The mission of the BHA is to offer a variety of affordable housing opportunities and supportive services that foster stability and self-sufficiency through creative partnerships while servicing customers with the highest professionalism and respect.

Project Synopsis:

We are requesting $50,000 to procure a services vehicle to establish a grocery & household goods shopping shuttle for BHA residents who are presently in a "food desert".

Need Addressed: (i.e. food, shelter, childcare)

Food Access, Transportation, Self-Sufficiency

Type of Funding Sought: (check all that apply)

- [ ] Capital Investment
- [ ] Operational Funds
- [ ] Bridge Funding
- [ ] Pilot Project
- [ ] Collaborative Project
- [x] Other (Please Specify) One-Time Equipment/Enhancement of Services Program Capacity

Itemized Costs: (in order of priority)

Item Name	Cost
1. New/Used 6-8 Passenger Vehicle	$46,800.00
2. Annual Cycle of Vehicle: regular maintenance, insurance, registration & fuel	$3,200.00
3. Staff Time (268 hours Year: 16 hrs. x 26 weeks + 5 hrs./mo. x 12 mos.)	$5491.32
4.	
5.	
6.	
Total Requested	$50,000.00
Total Project Cost	$55,491.32

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Collaborative Project with the Bloomington Housing Authority to procure a services vehicle to establish a grocery & household goods shopping shuttle for BHA residents.

Relationship between the agencies – Summit Hill Community Development Corporation is a wholly controlled 501(c)(3) instrumentality of the Bloomington Housing Authority. They work in tandem to improve access to affordable housing and supportive resources for low-income households in Monroe County.

Plan for long-term costs associated with maintaining and using the vehicle will be absorbed by the BHA. The BHA will also cover all future on-going staff costs associated with the facilitation of the grocery shuttle program.

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: All-Options Pregnancy Resource Center

Address: 1014 S Walnut Street
Bloomington, IN 47401

Phone: 812-558-0089

E-Mail: info@alloptionsprc.org

Website: www.alloptionsprc.org

President of Board of Directors: Dana Huber

Name of Executive Director: J. Parker Dockray

Phone: 510-817-0781

E-Mail: parker@all-options.org

Name of Grant Writer: Jess Marchbank

Phone: 812-558-0089

E-Mail: jess@all-options.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
9	0	45 (org-wide)

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

At All-Options Pregnancy Resource Center, we trust and support people through every reproductive turning point, including pregnancy, parenting, abortion, adoption, infertility, and pregnancy loss. These issues are complex and each person ' s reality is different, but we know one thing for certain: Everyone deserves to have all options!

All-Options PRC is a secular, client-centered organization where everyone is welcome. We are proud to offer judgment-free support including free pregnancy tests, peer counseling, diapers, abortion funding, safer sex supplies, menstrual products, and referrals to community partners, all under one roof.

PROJECT INFORMATION

Name of the project to be funded:

All-Options Period Support Program

Total cost of project: 7,900

Requested amount of Jack Hopkins funding: 4,000

Number of City residents to be served by this project in 2022: 300

Number of clients to be served by this project in 2022: 350

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We request $4,000 to begin our dedicated menstrual equity program. Just as 1 in 3 families experiences diaper need, at least 1 in 4 menstruating people struggle to purchase period products. A quarter of menstruating teens report missing classes due to lack of access to period supplies. Often, trans men and nonbinary people who menstruate have difficulty accessing period products due to cost, gendered availability, and the risk of being outed. A 2015 U.S. Transgender Survey found that trans and nonbinary individuals are more than twice as likely to live in poverty and three times as likely to be unemployed.

While we have been providing limited menstrual support here in Bloomington (as supplies have allowed), we have not had a dedicated period program. We are excited to be joining the national Alliance for Period Supplies, which will support our work to ensure that individuals in need have access to the essential period products they require to participate fully in daily life.

Just as diaper need creates countless economic consequences, so can period need. We want to help people in Bloomington end that cycle of period poverty; to ensure that a period is not a setback, keeping them from attending school or work.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [x] No

If yes, list the name(s) of agency partner(s)

While we don't intend to formally engage other agencies as partners, we will certainly reach out to food pantries, school, and other agencies so that they know to refer clients to us for their period product needs.

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

1014 S Walnut Street, Bloomington

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

[ ] Yes [x] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

Is the property zoned for your intended use? [ ] Yes [ ] No [x] 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.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[ ] Yes [x] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

Individual Donations & Sponsorships ($2,500)
Sophia Travis Community Service Grant ($1400)

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Once we know what our total funding for the program will be, we will place an order in bulk through a supplier with whom we have a discounted purchasing agreement. After placing the order for supplies, we will submit our claim for reimbursement, no later than Nov 1, 2022.

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

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

We anticipate that the launch of a new period support program will motivate and excite donors, sponsors, and volunteers. We hope to leverage this to receive a grant from SIA (Subaru of IN Automotive) Capital grants for a large, secure donation box outside our Center, which will also enable more people to conveniently and securely donate supplies for this program. Launching a new program of this nature will also open doors for new funders who support eliminating period poverty and providing more targeted care and support for trans and gender nonconforming communities.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Tampons	2000
Priority #2	Menstrual cups & cloth pads	1000
Priority #3	Outreach & educational materials	1000
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		4000

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

Half of our population menstruates; we all know plenty of people who have a period. The SCAN report shows that 34.8% of our K-12 students receive free or reduced lunch, and that at least 18% of children are living in poverty. We know that, statistically, at least 1 in 3 low-income menstruating people will miss work, school, or similar events due to lack of access to period products, and these supplies are rarely available in a safe, gender-affirming way for trans and nonbinary people. We have already witnessed a great demand, as 50-60 of our diaper client families each month request menstrual supplies - but we know that there are many more people in Bloomington who are struggling to access adequate menstrual supplies each month. While our local schools do offer some period supplies, they are often limited, and may require gender-expansive students to potentially out themselves to staff, administration, or fellow students in order to request supplies. Providing support in this one small way has a real impact on the people in need: it may mean the difference between being forced to stay home or go to school or work.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

We are already seeing interest from donors in supporting an ongoing period equity program. Between our existing donors and new donors who want to support menstrual equity, and seeking community partners (we have been contacted by high school students who want to conduct year-long service projects focused on period support), we hope the program will become self-supporting through donations, community sponsorships, and other grants.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

Just as our Hoosier Diaper Program helps to keep local children healthy by preventing the issues that come from a lack of clean diapers, a period support program will enable at-risk students and adults to eliminate at least one worry: having an adequate supply of period products allows them to attend school or work with dignity. No student should have to miss school, no adult should have to miss work, and no person should have to miss out on daily life because they are unable to afford the basic necessities they require to thrive. Through working with community partners and reaching out to other agencies, we can leverage our existing diaper distribution infrastructure to add period supplies to the growing list of support items we provide.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

At least 100 new-to-All-Options individuals will receive menstrual supplies during the grant period.

All-Options will develop and maintain relationships with at least 1-2 community organizations who support trans and gender-expansive communities, thereby ensuring that community members seeking menstrual hygiene or pregnancy support have a trusted resource within their network

All new clients will be asked for feedback about their experience receiving supplies from All-Options; at least 95% of survey respondents will indicate feeling more supported, more able to attend work or school, and more connected to community resources.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

We have been grateful for the support of this committee through the years; over the past 2 years especially, we have refined our processes and created an infrastructure for our diaper distribution program that is more efficient than ever. Using these same processes we've developed for contact-free diaper distribution, we are optimistic about bringing relief to a new underserved population of Bloomington. Thank you for your consideration!

2022 Jack Hopkins Project Budget

All-Options Pregnancy Resource Center	Period Support Program
Total Project Cost	$7,900

	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant	$4,000.00		$4,000.00
Other Grants		$3,900.00	
Other Income Sources	$3,900.00		
TOTAL PROJECT FUNDS FROM ALL SOURCES	**$7,900.00**	**$3,900.00**	**$4,000.00**
EXPENSES			
Tampons	$3,300.00	$1,300.00	$2,000.00
Pads	$2,600.00	$2,600.00	
Menstrual Cups / Cloth Pads	$1,000.00		$1,000.00
Outreach materials, printing, bundling	$1,000.00		$1,000.00
TOTAL PROJECT EXPENSES	**$7,900.00**	**$3,900.00**	**$4,000.00**

All-Options

Balance Sheet

As of June 30, 2021

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	**$809,637.60**
Accounts Receivable	**$143,545.15**
Other Current Assets	**$21,506.37**
Total Current Assets	**$974,689.12**
Fixed Assets	**$2,446.35**
Other Assets	**$1,800.00**
TOTAL ASSETS	**$978,935.47**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	**$68,160.00**
Long-Term Liabilities	**$87,100.00**
Total Liabilities	**$155,260.00**
Equity	
Opening Bal Equity	209.01
Temp. Restricted Net Assets	250,235.11
Unrestricted Net Assets	296,405.92
Net Income	276,825.43
Total Equity	**$823,675.47**
TOTAL LIABILITIES AND EQUITY	**$978,935.47**

All-Options

Profit and Loss

July 2020 - June 2021

	TOTAL
Income	
DONATED INCOME	917,698.80
EARNED INCOME	13,180.00
MISC INCOME	3,225.68
Total Income	**$934,104.48**
GROSS PROFIT	**$934,104.48**
Expenses	
CONTRACTORS	3,649.10
EMPLOYEES	500,390.76
OPERATIONS	171,870.55
Total Expenses	**$675,910.41**
NET OPERATING INCOME	**$258,194.07**
Other Income	
OTHER INCOME	18,631.36
Total Other Income	**$18,631.36**
NET OTHER INCOME	**$18,631.36**
NET INCOME	**$276,825.43**

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Amethyst House

Address: P.O. Box 11
Bloomington, IN
47402

Phone: (812) 336-3570

E-Mail: glovell@amethysthouse.org

Website: www.amethysthouse.org

President of Board of Directors: Pat Schrems

Name of Executive Director: Mark DeLong

Phone: (812) 699-0144

E-Mail: mdelong@amethysthouse.org

Name of Grant Writer: Gina Lovell

Phone: (812) 325-0870

E-Mail: glovell@amethysthouse.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[X] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
13	21	3

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Amethyst House provides a foundation for recovery by partnering with individuals, families, and communities impacted by substance-use disorders, offering high-quality residential and outpatient treatment services and guidance for healthy living.

PROJECT INFORMATION

Name of the project to be funded:

Foundations

Total cost of project: $19,000

Requested amount of Jack Hopkins funding: $18,000

Number of City residents to be served by this project in 2022: 75

Number of clients to be served by this project in 2022: 75

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are asking $18,000 for foundation repair which is starting to crumble on the north wall and removal of the side entrance into the crawlspace. This space is deteriorating and pulling away from the infrastructure at the Men's House. Additionally, we are looking to install water drainage along the foundation of the Women's house. This will prevent water damage to our foundation, which will likely occur if it continues to go untreated.

The Jack Hopkins funding, if awarded, will be used to benefit multiple residents living in the house at one time. Completing these repairs will help guarantee the stability of our facilities for many years.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [x] No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

NA

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

215 N. Rodgers st.Bloomington, IN, 47404

515 S. Madison St. Bloomington, IN 47403
322 W. 2nd St., Bloomington, IN, 47403

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

[X] Yes [ ] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use? [X] 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

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[ ] Yes [x] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

$1,000 will come from our Fall 2022 Benefit Concert. - confirmed

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

If granted funds from this funding, Amethyst House will schedule the work to be done as soon as possible and will will draw down the funds within 2 claims - one for each location. Our goals would be to have both projects completed by Oct 2022.

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

N/A

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

$1,000 will come from our 2022 Fall Concert funds.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Foundation Repair @ 215 N. Rogers	$12,000
Priority #2	Water drainage @ 515 S. Madison	$ 6,000
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		$18,000

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

Amethyst House has served Bloomington and the surrounding areas for the past 42 years. We are dedicated to assisting those who need it most. In 2021, amid the COVID-19 pandemic we were able to serve 62 men at our Men's Residential Treatment facility and 43 women at our Women's Residential Treatment facility. We prioritize IV drug users, pregnant women, and women with dependent children. The majority of our clientele fall below the poverty line, aiding people who are experiencing poverty is another priority of ours.

Indiana historically has a significant history with addiction. Since the beginning of the pandemic, the CDC has reported exacerbated substance abuse cases throughout the country, including Indiana. In order to effectively address the vicious cycle of homelessness, incarceration, addiction and instability, individualized treatment plans need to be created. At Amethyst House that is exactly what we do. We provide unique plans to allow our clients to rebuild their lives during their 3-6 month stay. With the help of the Jack Hopkins funding initiative, we hope to continue our trend of improvements throughout 2022. Creating paths to a healthy lifestyle and reintegration into Monroe County.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

The foundational repair, removal of crawlspace, and installation of water drainage all will be one-time investments. We expect the improvements to help our houses be operational for many years to come.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

Within the past 42 operational years of Amethyst House, we have provided services to thousands of clients many of whom have not only reintegrated back into society successfully but have been able to apply what they have learned about maintaining a healthy lifestyle for years to come. Since the clients at Amethyst House typically come from the criminal justice system or are currently experiencing homelessness, Monroe County is no longer required to allocate as many funds, lessening their burden of tax distribution. Additionally, these individuals in recovery go on to make meaningful contributions to their community, in inestimable ways. Throughout our individualized programs, we strive to create a foundation of success for each client, including ways they can give back to the community.
The only way Amethyst house succeeds is by fostering quality services. The constant upkeep required in all our facilities, significantly impacts our abilities to relay those services. As our facilities age the expenses to refurbish them become a toll on our finances. The Jack Hopkins grant can help alleviate the financial impact of required renovations, allowing Amethyst House to utilize other funds to benefit our clients.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Increase the value of the property.
Reduce short-term upkeep and maintenance spending for the house.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

2022 Jack Hopkins Project Budget			
Amethyst House		**Foundations**	
Total Project Cost		$19,000	
	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant			18,000
Other Grants			
Other Income Sources		1,000.00	
TOTAL PROJECT FUNDS FROM ALL SOURCES	**19,000.00**	**1,000.00**	**18,000.00**
EXPENSES			
Foundation Repair @ 215 N. Rogers			6,500
Remove outside entrance @ 215 N. Rogers			4,500
Fill hole from removal of entrance @ 215 N. Rogers		1,000	1,000
Install drainage @ 515 S. Madison			6,000
TOTAL PROJECT EXPENSES	**19,000**	**1,000.00**	**18,000.00**

ROBERTS CRAWLSPACE

Date: 3/2022

& Basement Services LLC

(812)961-3445

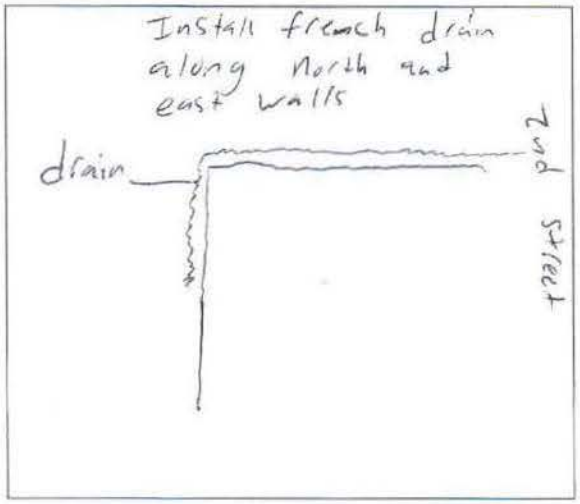
robertscrawlspace@gmail.com

Customer Name:

Address: 322 W. 2nd St. / 515 S. MADISON

City/State/Zip: Bloomington, IN 47403

Phone: Email:



Encapsulation		Main Beam	
Drainage	6000	Door	
Sump Pump		Dig Out	
Vapor Barrier		Clean Out / Ins	
Joist		Anchor	
Sill Plate		Foam Board	
Helper Beam			
Downspout Extension		Sub Total	6000
Box Header Ban Board		Down Payment	
Mold Removal Mold Spray		**TOTAL**	$ 6000

Our Service Agreement

- This proposal is a working contract. It is a binding agreement stating that a certain amount of work will be completed at a certain price. Days of work subject to change due to weather conditions.
- Warranties will be sent out when payment clears and will state what it does and does not cover. Warranties will only cover wrong doing by our crew. We are not liable for any tampering of our system by a non-crew member, an animal, or natural disaster (such as a flood, tornado, lightening, etc..). Warranty is void if pump is unplugged or power is not being received by pump.
- We are not responsible for providing power to the sump pump. You must contact an electrician to install an outlet or run your own extension cord.
- Any leveling of floors or beams are guaranteed level from the crawlspace. We do not guarantee level flooring inside the house, although it usually is if it is level in the crawlspace. Wall cracking inside the home may occur, we are not liable for these damages.
- The sump pump we use is an M53 Zoeller .3 HP pump. It is very sturdy and comes with a 3 year warranty itself.
- Payment is due same day as job completion. We accept cash, checks, and credit cards(+3.75%). Late fees may occur if late payment is not discussed and documented before work begins.
- **Customer satisfaction is our number one priority and we can prove it with our detailed work.**

By signing this contract you are agreeing to our service agreement.

Customer Sign:

ROBERTS CRAWLSPACE

Date: 3/2022

& Basement Services LLC

(812)961-3445

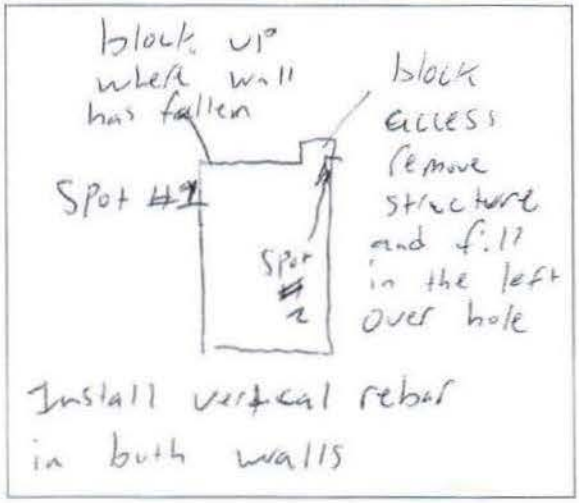
robertscrawlspace@gmail.com

Customer Name:

Address: 215 N. Rogers St.

City/State/Zip: Bloomington, IN 47404

Phone: Email:



Encapsulation		Main Beam	
Drainage		Door Spot 2	4500
Sump Pump		Dig Out	
Vapor Barrier		Clean Out / Ins	
Joist		~~Anchor~~ fill hole	2000
Sill Plate		Foam Board	
Helper Beam		Spot 1	6500
Downspout Extension		Sub Total	
Box Header Ban Board		Down Payment	
Mold Removal Mold Spray		**TOTAL**	$ 13,000

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By signing this contract you are agreeing to our service agreement.

Customer Sign:

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04/01/22
Accrual Basis

Amethyst House
Profit & Loss
July 2020 through June 2021

		Jul '20 - Jun 21
Ordinary Income/Expense		
Income		
6000 · DMHA FUNDS		
6070 · SABG 103		84,688.68
6080 · SABG 104		182,518.08
6010 · Chronic Abuse (CA) Funding		341,974.49
Total 6000 · DMHA FUNDS		609,181.25
6075 · INTECARE		29,026.51
6100 · CLIENT FEES		
Housing Program		
6105 · Residential Tx Fees	22,119.72	
6106 · Medicaid - PerDiem		
8995 · Medicaid Per-Diem Write off	-62,289.32	
6106 · Medicaid - PerDiem - Other	514,900.80	
Total 6106 · Medicaid - PerDiem	452,611.48	
6107 · RW - PerDiem	6,575.92	
Total Housing Program		481,307.12
OP Treatment		
6110 · Treatment Fees	2,734.00	
6112 · RW - Treatment	1,000.00	
6153 · Insurance	35,661.88	
Total OP Treatment		39,395.88
Total 6100 · CLIENT FEES		520,703.00
6200 · DONATIONS		
6250 · Unrestricted		21,466.72
Total 6200 · DONATIONS		21,466.72
6300 · FUNDRAISING		
6310 · NAP		20,806.00
6305 · Amazon Smile		191.99
6320 · Annual Campaign		8,868.13
6330 · Dine & Donate		44.37
6360 · Gift Card Program		645.66
6380 · Concert		
6385 · Sponsors	11,580.00	
Total 6380 · Concert		11,580.00
Total 6300 · FUNDRAISING		42,136.15
6400 · GRANTS		
HHFB		829.43
6420 · CARES		8,289.56
6430 · EFSP		11,386.00
6440 · Jack Hopkins		23,076.50

Amethyst House
Profit & Loss
July 2020 through June 2021

	Jul '20 - Jun 21	
6460 · Perry Township	1,164.14	
6491 · Blgtn Township Trustee	1,000.00	
6492 · Sophia Travis	4,010.00	
Total 6400 · GRANTS		49,755.63
6500 · UNITED WAY		
6510 · Relief Funds	10,000.00	
6500 · UNITED WAY - Other	15,234.45	
Total 6500 · UNITED WAY		25,234.45
6600 · OTHER INCOME		
6605 · Investment Income	20,807.68	
PPP Cares Act Funding	311,432.50	
6615 · AH Foundation	1,323.00	
6625 · Interest Income	91.06	
6675 · Reimubersments	1,100.54	
Total 6600 · OTHER INCOME		334,754.78
Total Income		1,632,258.49
Gross Profit		1,632,258.49
Expense		
7000 · PAYROLL		
7050-1 · FFCRA Time Off	4,306.96	
7080 · 403 (B) Compnay Match	22,201.68	
7025 · Salaries & Wages	690,215.11	
7050 · Vacation, Holiday & Sick Pay	73,147.67	
Total 7000 · PAYROLL		789,871.42
7100 · PAYROLL TAXES		
7125 · Comp MCARE	10,748.19	
7150 · Comp SS	45,957.81	
7175 · Comp SUI	2,550.98	
Total 7100 · PAYROLL TAXES		59,256.98
7200 · EMPLOYEE BENEFITS		
7225 · Health Ins.	69,154.14	
Total 7200 · EMPLOYEE BENEFITS		69,154.14
7350 · SUBCONTRACT		
MBE/WBE/IVOSB - SABG	44,987.32	
7355 · Counseling for Change		
7356 · CA Funding	55,200.00	
Total 7355 · Counseling for Change	55,200.00	
7360 · SPEA Service Corp Contract		
7365 · INTECARE FEES	1,172.48	

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Accrual Basis

Amethyst House
Profit & Loss
July 2020 through June 2021

	Jul '20 - Jun 21	
Total 7350 · SUBCONTRACT		101,359.80
7400 · FUNDRAISING EXPENSE		
7495 · Marketing	400.00	
7410 · Annual Campaign	203.79	
7440 · Celebrations		
7480 · Concert	1,559.06	
7490 · Website & Social Media	539.64	
Total 7400 · FUNDRAISING EXPENSE		2,702.49
7500 · SUPPLIES		
7510 · Office	5,029.77	
7520 · Postage & Shipping	858.60	
7530 · Technology	8,570.23	
7540 · Printing & Copying	1,461.02	
Total 7500 · SUPPLIES		15,919.62
7575 · DUES & SUBSCRIPTIONS		
Relias Training	4,638.09	
7585 · Financial	2,336.10	
7576 · EHR System	11,113.50	
7580 · Donor Database	2,400.00	
7595 · Publications	786.36	
7575 · DUES & SUBSCRIPTIONS - Other	58.00	
Total 7575 · DUES & SUBSCRIPTIONS		21,332.05
7600 · MEDICAL FEES		
7625 · Supplies	8,448.33	
7650 · Clients	12,462.40	
7675 · Staff	255.08	
Total 7600 · MEDICAL FEES		21,165.81
7700 · FOOD & BEVERAGE COSTS		
7725 · Clients	23,477.67	
7750 · Staff/Board	6,634.20	
Total 7700 · FOOD & BEVERAGE COSTS		30,111.87
7800 · RENT		49,200.00
7900 · TELEPHONE		
7910 · Telephone	10,599.66	
7920 · Internet Services	3,548.93	
Total 7900 · TELEPHONE		14,148.59
7950 · UTILITIES		
7960 · Electric	14,790.06	
7970 · Gas	2,881.88	
7980 · Water	5,492.43	
7990 · Cable	2,863.71	

Amethyst House
Profit & Loss
July 2020 through June 2021

	Jul '20 - Jun 21
Total 7950 · UTILITIES	26,028.08
8000 · INSURANCE	
8010 · Commercial Package	13,791.00
8020 · Directors & Officers Liability	3,370.00
8030 · Employee Bond	500.01
8050 · Rental Property	1,807.41
8060 · Umbrella	2,303.98
8070 · Workers Comp.	6,734.01
8080 · Vehicle	68.00
Total 8000 · INSURANCE	28,574.41
8100 · MAINTENANCE & REPAIRS	
Damage	4,213.08
8140 · Improvements from Jack Hopkins	14,076.50
8110 · SubContract Labor	14,258.31
8120 · Supplies	4,028.62
8150 · Routine	13,663.54
Total 8100 · MAINTENANCE & REPAIRS	50,240.05
8200 · PROFESSIONAL FEES	
8220 · CARF Survey	995.00
8240 · CPA	21,555.00
8230 · Certifications	
Total 8200 · PROFESSIONAL FEES	22,550.00
8400 · INTEREST EXPENSE	
8420 · Other Mortgages	4,427.80
8410 · LOC	1.86
Total 8400 · INTEREST EXPENSE	4,429.66
8500 · CLIENT EXPENSES	
8580 · Leisure Enhancement	1,553.43
8510 · Supplies	1,207.99
8520 · Household Goods (non-consumbl.)	6,101.39
8540 · Transportation	4,775.23
8560 · Client Fees - Refund	1,928.15
Total 8500 · CLIENT EXPENSES	15,566.19
8600 · ADVERTISING	
8640 · Job Advertising	6,966.80
Total 8600 · ADVERTISING	6,966.80
8700 · TRAINING	
Background Checks	734.80
8725 · Staff Conferences	5,090.96
8775 · Materials	
Total 8700 · TRAINING	5,825.76

Amethyst House

Profit & Loss

July 2020 through June 2021

	Jul '20 - Jun 21	
8800 · TRAVEL		
8810 · Mileage	1,973.50	
8840 · Parking		
8860 · Lodging	89.71	
8870 · Meals	240.23	
Total 8800 · TRAVEL		2,303.44
8900 · EQUIPMENT RENTAL/LEASE/PURCHASE		
Equipment Lease	6,821.47	
Property Taxes	200.14	
8900 · EQUIPMENT RENTAL/LEASE/PURCHA...	3,050.97	
Total 8900 · EQUIPMENT RENTAL/LEASE/PURC...		10,072.58
8950 · DEPRECIATION		20,450.00
9000 · OTHER EXPENSES		
9020 · Gifts	5,262.64	
9040 · Service Charges	5,805.27	
9000 · OTHER EXPENSES - Other		
Total 9000 · OTHER EXPENSES		11,067.91
Total Expense		1,378,297.65
Net Ordinary Income		253,960.84
Net Income		**253,960.84**

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Accrual Basis

Amethyst House
Balance Sheet
As of June 30, 2021

	Jun 30, 21
ASSETS	
Current Assets	
Checking/Savings	
1000 · ONB 4026850	6,342.46
1040 · Investment Account - #610012015	408,415.76
Savings Accounts	
1025 · Reserve Savings #23312	36,835.09
1026 · Depreciation Savings # 5446	73,128.73
Total Savings Accounts	109,963.82
Total Checking/Savings	524,722.04
Accounts Receivable	
1080 · Insurance OP Services	8,959.10
1055 · Recovery Works	3,035.04
1050 · DMHA	89,644.46
1065 · Misc. Grants	370.74
1070 · Medicaid Per-Diem	131,134.46
Total Accounts Receivable	233,143.80
Other Current Assets	
1110 · Accounts Receivable	
1114 · Outpatient AR	285.00
1116 · Men's House AR	-821.31
1119 · Women's House AR	-419.47
1112 · Bad Debt Allowance	-500.00
Total 1110 · Accounts Receivable	-1,455.78
1309 · C.I.P	7,924.00
1345 · Petty Cash -- Admin	200.00
1346 · Petty Cash - Men's	100.00
1347 · Petty Cash - Women's	100.00
1360 · Outpatient Change Fund	30.00
Total Other Current Assets	6,898.22
Total Current Assets	764,764.06
Fixed Assets	
1500 · Property 3/4 Way House	
1538 · Accum Depreciation - 4th St.	-2,169.00
Total 1500 · Property 3/4 Way House	-2,169.00
1400 · Property Women's House	
1410 · Second St. Property	357,006.26
1420 · Accum Depr.- 2nd St.	-163,703.38
Total 1400 · Property Women's House	193,302.88
1415 · Furniture and Equipment	
1416 · Furniture & Equipment	43,809.13
Office Equipment	2,194.15

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Accrual Basis

Amethyst House
Balance Sheet
As of June 30, 2021

	Jun 30, 21	
1417 · Accumulated depreciation	-34,110.13	
Total 1415 · Furniture and Equipment		11,893.15
1430 · Land		10,000.00
1435 · Property Men's House		
1436 · Rogers St.	447,587.42	
1405 · Accum. Depr.- Rogers	-201,079.27	
Total 1435 · Property Men's House		246,508.15
Total Fixed Assets		459,535.18
TOTAL ASSETS		**1,224,299.24**
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 · Accounts Payable		12,570.27
Total Accounts Payable		12,570.27
Credit Cards		
Bank of America (Jill #3818)		1,733.33
Bank of America (Jill - 4285)		521.49
Bank of America (Mark #4278)		-299.06
Bank Of America (Gina #4514)		1,704.18
Bank of America (Steve #5890)		549.66
Lowes		293.26
Staples #5180		1,294.93
Total Credit Cards		5,797.79
Other Current Liabilities		
Alumni Account		236.48
3086 · Payroll - Supplemental Insuranc		89.48
4022 · Current Portion of LTD		
4027 · Women's	7,162.00	
Total 4022 · Current Portion of LTD		7,162.00
3030 · Accrued Vacation		12,733.87
3035 · Payroll - 403 (B)		2,419.07
3050 · Payroll-INDIANA		2,327.22
3055 · Payroll-MCARE		352.64
3060 · Payroll-County Taxes		912.20
3065 · Payroll-SOCSEC		2,463.35
3070 · Payroll-SUI		542.32
3075 · Payroll-United Way		555.00
3095 · Salaries & Wages Payable		29,500.48
Total Other Current Liabilities		59,294.11
Total Current Liabilities		77,662.17
Long Term Liabilities		

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Accrual Basis

Amethyst House
Balance Sheet
As of June 30, 2021

	Jun 30, 21
4015 · German American - Women's #9105	16,727.47
Total Long Term Liabilities	16,727.47
Total Liabilities	94,389.64
Equity	
5001 · Temp Restricted Asset	16,723.75
5000 · Open Bal Equity	25,491.17
5005 · Earnings	833,733.84
Net Income	253,960.84
Total Equity	1,129,909.60
TOTAL LIABILITIES & EQUITY	1,224,299.24

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Auxiliary to the Boys & Girls Clubs of Bloomington

Address: PO Box 6834
Bloomington, IN 47407

Phone: 812-322-3838

E-Mail: parmenter.megan@gmail.com

Website: auxiliarybloomington.org

President of Board of Directors: Megan Parmenter

Name of Executive Director: Jaimie Schwartzman, Vice President

Phone: 812-219-1902

E-Mail: jaimie.schwartzman@gmail.com

Name of Grant Writer: Katherine Linger

Phone: 952-484-0137

E-Mail: agugliak@gmail.com

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[X] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
0	0	22

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

The Auxiliary functions as a voluntary organization adjunct to the paid professional staff at the Boys & Girls Clubs of Bloomington with the focus of fundraising and program or activity planning for the children served at these clubs.

PROJECT INFORMATION

Name of the project to be funded:

Pledge to Boys & Girls Club Support from COVID deficit

Total cost of project: $17,630

Requested amount of Jack Hopkins funding: $17,630

Number of City residents to be served by this project in 2022: all club childre

Number of clients to be served by this project in 2022: _____

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

The past two years has challenged our organization's goals of both improving upon our annual financial donation to the Club and providing more high-quality programming. Since the start of the pandemic, we have creatively problem solved how to continue meeting these goals, despite pandemic barriers. The change to an online/virtual auction, due to the pandemic, these last two years limited our ability to raise prior levels of funds and left a larger than expected deficit in our organization's annual fundraising budget. Thankfully, this year the auction will return to an in-person event in which we historically have raised significantly more than the virtual auction, as noted in budget outline within the Auction Revenues row when comparing the 2019-20 vs 2020-21 columns. Therefore, after two years of a gap in fundraising, we are asking for your generous aid to fill the first year's gap of $17,630 (found in red under net revenue within 2020-21 actual column of budget). As seen in the budget we have pulled this amount of $17,630 from our reserve funds and have an anticipated $17,041 we will be pulling from reserve funds again to make up for the second year's virtual fundraiser during the pandemic. Two years of significant fundraising deficits, coupled with growing club attendance to feed and plan activities for, leaves an even greater unaccounted for deficit in overall future budget.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [X] No

If yes, list the name(s) of agency partner(s)

No, however, it is worth noting that we do all of our work and fundraising for and with the Boys and Girls Clubs of Bloomington.

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

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

☐ Yes ☐ No ☒ N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

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.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[ ] Yes [X] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[X] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Will go directly to our promised Boys & Girls Club annual pledge.

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

The remainder of money for the club pledge pf $75,000 (in addition to costs we cover for the Friday meals at Crestmont we provide, and variety of programming and activities throughout school year) comes from revenue made from Annual Auction and Strawberry Shortcake Festival.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Our partnership with the Boys & Girls Clubs of Bloomington brings greater attention to the club's needs through both fundraising events we host: Annual auction and Strawberry Shortcake festival. These fundraisers also bring additional attention to the needs of the club. Also, each member has their sphere of influence which produces greater long term involvement with the club and sustained financial support.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1		
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

The change to an online/virtual auction, due to the pandemic, these last two years limited our ability to raise prior levels of funds and left a larger than expected deficit in our organization's annual fundraising budget. The auction will return to an in-person event this year in which we historically have raised significantly more than the virtual auction. Therefore, after two years of a gap in fundraising, we are asking for your generous aid to fill the first year's gap of $17,630. As seen in the budget we have pulled this amount of $17,630 from our reserve funds and have an anticipated $17,041 we will be pulling from reserve funds again to make up for the second year's virtual fundraiser during the pandemic. Two years of significant fundraising deficits, coupled with growing club attendance to feed at Crestmont and plan activities for at all clubs, leaves an even greater unaccounted for deficit in overall future budget.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

This funding request is a one-time investment of $17,630 to ensure our organization meets the promised pledge this year of $75,000 to the Boys & Girls Clubs of Bloomington. With the return to an in-person auction fundraiser, end of pandemic barriers to serving and fundraising, and greater recruitment numbers for Auxiliary membership anticipated this year, we can continue and progress as our organization has since 1968 without greater financial assistance beyond this grant request.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

The funds of $17,630 from the Jack Hopkin's Grant will allow the Auxiliary to confidently meet the annual financial pledge of $75,000 given to the clubs (in combination with Strawberry Shortcake revenue and reserve fund transfer). With the club pledge confidently met, we can then shift greater member energy towards extending basic food services and activities to the children at the clubs. The impact of a voluntary group of highly compassionate women working to meet the needs of a vulnerable group of children is difficult to objectify. We serve as a set of positive role models outside the staff at the clubs. These children at risk need to see that there is a possibility of something else outside their poverty. (Specifically, at the Crestmont club, $7,500 is the average household income of the children's families.) The Auxiliary's works with Club staff to develop and fund opportunities that most of these children would not otherwise experience is a downstream benefit we see as these children age.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

The Auxiliary can demonstrate that our annual pledge to the Boys & Girls Clubs of Bloomington was met and in turn was able to increase number of children fed and served at each club.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Since the Auxiliary's beginnings in 1968 over 250 past and current members have voluntarily contributed their time, energy, and financial resources to help meet the basic needs and well-being of the children at these clubs in conjunction with their incredible staff. The Auxiliary has historically been the organization the club staff knows to call on for new needs with their club families or general club support. For example, 4 years ago the Auxiliary started the Friday Crestmont meals when members noticed a need for exposure to healthier foods and warm meals. Many of the children take left overs home to have food on weekends or would not eat otherwise. Since the meal's beginnings we have confidently relied on past and current members who gladly serve and fund the meals without reimbursement expectation, found community support via donations and discounts, and last year obtained a grant to cover some of Crestmont total meal cost. You'll notice our budget accounts for about half the total estimated costs to serve these Crestmont meals each Friday due to these factors noted. I share this with the grant committee as one specific example of our organization's unwavering drive and collaborative abilities to gather resources and meet club kids needs.

All past and present voluntary members of the Auxiliary are eternally thankful for Bloomington's history of supporting local community organizations. Thank you for your time to consider the Auxiliary to the Boys & Girls clubs of Bloomington an asset of your community worth supporting.

			2019-2020 ACTUAL	2020-21 ACTUAL	21-22 Projected	21-22 Actual to date		Description
EXPENSES								
		BGC PLEDGE	$75,000.00	**$75,000.00**	**$75,000.00**	**$50,000.00**		
	Auxiliary Operating Expenses							
		Storage Unit	$420.00	$420.00	$420.00	$420.00		
		Sam's Membership	$45.00	$45.00	$45.00	$110.23		
		Insurance	$1,002.00	$1,002.00	$1,002.00	$1,025.00		
		Constant Contact	$168.00	$378.00	$378.00	$378.00		
		PO Box	$130.00	$166.00	$166.00			
		Accountant/Tax Filing	$0.00	$200.00	$375.00	$575.00		
		Website (Wix)	$280.85	$480.85	$200.00	$180.85		
		Quickbooks	$270.00	$270.00	$270.00	$270.00		
		Membership Book	$100.00		$100.00			
		Office Supplies	$363.47	$502.00	$100.00			
		End of Year Celebration	$0.00	$662.50	$0.00			for Auxiliary members to reflect on yrs work
		Member Awards	$54.00	$721.06	$200.00			for Aux members completing 5yr commitment, # varies by graduating class
		Recruitment Events	$189.16	$125.44	$150.00			varies based on # recruits attending
		OPERATING SUBTOTAL	***$3,022.48***	**$4,972.85**	**$3,406.00**	**$2,959.08**		
	Fundraising Expenses							
		Strawberry Shortcake Festival (SSF)	$16,940.52	$16,129.30	$18,000.00			SSF is beginning of June
		Annual Auction	$27,460.58	$7,289.14	$10,000.00	$8,526.05		2019-20 in person auction vs 20-21 virtual
		FUNDRAISING SUBTOTAL	***$44,401.10***	**$23,418.44**	**$28,000.00**	**$8,526.05**		
	Programming Expenses							
		Crestmont Meals***	$5,806.44	$2,897.04	$4,800.00	$2,763.27	*	without the support of current and past members, restaurants, and the Rotary, the budgeted amount would be $9600 to serve ~100 kids/week during the school year.
		Fall Clubs Event	$749.45	$655.41	$900.00	$664.16		
		Spring Clubs Event	$285.33	$751.97	$900.00			
		Father/Daughter Dance	$95.28	$0.00	$500.00			
		Crestmont Awards Night	$222.61	$536.24	$550.00			
		Holiday Market	$548.44	$878.02	$900.00	$674.51		this cost does not reflect the each member's own private donations, cost = what Auxiliary purchased to fill in gaps only
		PROGRAMMING SUBTOTAL	$7,707.55	**$5,718.68**	**$8,550.00**	**$4,101.94**		
TOTAL EXPENSES			***$130,131.13***	***$109,109.97***	***$114,956.00***	***$77,072.20***		
Revenue								
		Strawberry Shortcake Festival Revenu	$35,794.25	$42,746.85	$50,000.00			
		Auction Revenue	$103,941.44	$46,317.54	$40,000.00	$39,229.35		
		Membership Dues	$1,300.00	$1,365.00	$1,365.00	$1,365.00		
		Member Auction Basket Contributions	$1,090.00	$1,050.00	$1,050.00	$1,100.00		
		Rotary Grant for Crestmont Meals			$5,500.00	$2,400.00		
		Reserve fund transfer from savings			$17,041.00			represents anticipated $ we'll need to pull from savings to make up for deficit from virtual vs in person auction primarily
TOTAL REVENUE			***$142,125.69***	***$91,479.39***	***$114,956.00***	***$44,094.35***		
		NET REVENUE	$11,994.56	**-$17,630.58**	**$0.00**			

*meals worth $2800 has been donated so far this year by current and past members

The Boys & Girls Club Auxiliary of Bloomington

Profit and Loss

July 2019 - June 2021

	TOTAL
Income	
Annual Auction 2020 Income	34,180.62
Crestmont Meals Donations 2020	300.00
Donation	505.00
Kelley School Online Auction	12,651.67
Non-Profit Income	655.22
Silent Auction/Live Auction/Auction Donations	9,197.00
Sponsorship	0.00
Gold Sponsorship	2,500.00
Total Sponsorship	**2,500.00**
Total Non-Profit Income	**12,352.22**
Sales	110,909.44
Strawberry Shortcake 2020	35,794.25
Strawberry Shortcake Festival 2021 Income	39,954.69
Uncategorized Income	78.76
Yearly Membership Dues	4,935.00
Total Income	**$251,661.65**
GROSS PROFIT	**$251,661.65**
Expenses	
Annual Auction	225.00
Annual Auction 2019	807.88
Annual Auction 2019- Expenses	26,002.92
Annual Auction 2020	9,212.04
Annual Auction Decor 2019	424.78
Awards Banquet 2019	222.61
Back to School Carnival	749.45
BGCB Awards Banquet 2021	470.49
BGCB Club Funding	37,500.00
BGCB Club Funding 2020	85,151.67
BGCB Club Funding 2021	25,000.00
Club Spring Event 2021	609.39
Coffee Cake Fundraiser	104.82
Constant Contact	714.00
Crestmont COVID activities	46.49
Crestmont Holiday Market	1,426.46
Crestmont Meal 2021	1,802.82
Crestmont Meal Supplies 2021	127.69
Crestmont Meals	6,588.72
Dr. Seuss Day 2020	285.33
End of year Celebration	213.69
Fall Bash at Club	655.41

The Boys & Girls Club Auxiliary of Bloomington

Profit and Loss

July 2019 - June 2021

	TOTAL
Father-Daughter Dance	95.28
Insurance	2,004.00
Interest Paid	-3.22
Member Awards	686.81
Member Awards 2019	53.15
Member Awards 2020	87.65
Office Supplies & Software	1,421.47
Recruitment Event	314.60
Rent & Lease	840.00
Social Committee	41.94
Staff Appreciation	54.27
Strawberry Shortcake Festival 2020	17,590.52
Strawberry Shortcake Festival 2021	16,107.14
Uncategorized Expense	24.56
Website	661.70
Total Expenses	**$238,321.53**
NET OPERATING INCOME	**$13,340.12**
NET INCOME	**$13,340.12**

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 08 2003

AUXILIARY TO THE BOYS AND GIRLS
CLUB OF BLOOMINGTON
C/O SARAH B HOLBROOK
2413 CANADA DR
BLOOMINGTON, IN 47401

Employer Identification Number:
76-0710149
DLN:
17053290084042
Contact Person:
JAMES A BRANDES ID# 31150
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
July 31
Form 990 Required:
Yes
Addendum Applies:
Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware

Letter 947 (DO/CG)

of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than $25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally $25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of $20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed $10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding $1,000,000 in any year, the penalty is $100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding $1,000,000 shall not exceed $50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

AUXILIARY TO THE BOYS AND GIRLS

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Lois G. Lerner

Lois G. Lerner
Director, Exempt Organizations

Addendum

Letter 947 (DO/CG)

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Beacon, Inc.

Address: PO Box 451 / 620 S. Walnut St.
Bloomington, IN 47402-0451

Phone: 812-334-5734

E-Mail: beacon@beaconinc.org

Website: www.beaconinc.org

President of Board of Directors: Jean Capler

Name of Executive Director: Forrest Gilmore

Phone: 812-334-5734, x122

E-Mail: forrest@beaconinc.org

Name of Grant Writer: Forrest Gilmore

Phone: 812-334-5734, x122

E-Mail: forrest@beaconinc.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
29	6	~1500

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Beacon is a solutions-driven, antipoverty organization, dedicated to aiding and empowering people experiencing extreme poverty, especially hunger and homelessness. Founded in 2000 in response to a growing community concern about the needs of people without homes, Beacon has grown rapidly these past 22 years to become the largest housing provider of any nonprofit in Monroe County. Beacon provides daytime and overnight shelter, hunger relief, permanent supportive housing, rapid re-housing, social services and case management, employment support, street outreach, eviction prevention, life essentials (restrooms, laundry, showers, mail, ID, etc.), and other health and human services to hundreds of adults and children each day and thousands each year.

PROJECT INFORMATION

Name of the project to be funded:

Housing Fast

Total cost of project: $25,000

Requested amount of Jack Hopkins funding: $25,000

Number of City residents to be served by this project in 2022: ~45

Number of clients to be served by this project in 2022: ~50

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are seeking $25,000 to house people fast, providing quick access to the major financial barriers to finding a new home: application fees and security deposits.

Over the past two years, we've seen a drop in the percentage of guests of Friend's Place, Beacon's overnight shelter, who leave the shelter to move into permanent housing. One of the main barriers to accessing housing is the cost of application fees and security deposits, very little of which is provided by other service providers in Bloomington.

This project will seek to boost our guests' housing outcomes by making these essential start-up funds available quickly and easily.

We estimate the average guest makes 5 application at approximately $50 each. A typical security deposit for a one-bedroom apartment is $750, creating an approximate cost of $1,000 per move-in.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [x] No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Friend's Place
919 S. Rogers Street
Bloomington

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

[ ] Yes [ ] No [x] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use? [ ] Yes [ ] No [x] 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

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[ ] Yes [x] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

We are currently not seeking additional funding from other sources for this specific project.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We plan to seek reimbursements monthly. Given the nature of this funding and the desire to extend out the spending, we will likely seek an extension to finalize expenses by March 2023.

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

N/A

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

The annual budget of Friend's Place shelter is $261,018. This would supplement the efforts of Friend's Place to move people out of the shelter and into new homes, which would have a side benefit of allowing us to shelter more Monroe County residents.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Application Fees	$6,250
Priority #2	Security Deposits	$18,750
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		$25,000

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

The 2020-2024 Consolidated Plan lists one of its core goals as "Housing/services to the homeless/ near-homeless." It describes that goal in part as "provide funds to support shelter operations (p 105)." The plan also lists as a goal, "Services for community members in need" and describes that goal as "fund organizations providing services lifting individuals out of poverty, including financial assistance, food assistance, shelter, education, and more."

Friend's Place is the longest running homeless shelter in Bloomington and the only local shelter that actively prioritizes Monroe County (mostly Bloomington) residents.

This project will work specifically to support homeless guests of Friend's Place shelter to move into new homes by providing some of the initial move-in funding that's not sufficiently available elsewhere, including application fees and security deposits.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

While there is long-term need for this type of funding, this project is a one-time attempt to boost support for the guests of Friend's Place as they seek new homes.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

The most essential long-term benefit of this program is moving people more quickly into new homes. While homes are not a cure-all for the obstacles that some people experience homelessness face, we know that everything is made easier by having a home: finding a job, enrolling in school, seeking medical care, establishing and maintaining recovery, etc.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

We'll measure the number of people who received funding and were able to obtain a home because of it.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Beacon and its program, Friend's Place, are active participants in the Heading Home plan, including serving as the Coordinated Entry Lead for our region as well as a user of the Homeless Management Information System, both essential components of our community's efforts to collaborate among social service providers.

Beacon, Inc.
620 S Walnut St / PO Box 451
Bloomington, IN 47402-0451
www.beaconinc.org
Day Shelter: (812) 334-5728
Administration: (812) 334-5734
Fax: (812) 334-5736

Housing Fast Project
Program Budget 2022

EXPENSES

$6,250	Application fees – 125 at $50 each
$18,750	Security Deposits – 25 at $750 each
$25,000	**TOTAL COST**

Beacon, Inc

Statement of Financial Income and Expense

January - December 2021

	TOTAL
Revenue	
40000 Donations	
40100 Individual Donations	556,575.64
40110 Individual - Events	2,135.00
Total 40100 Individual Donations	**558,710.64**
40200 Faith Community Donations	27,396.77
40300 Corporate Donations	29,021.92
40400 Organization Donations	38,851.35
41000 NAP Contributions	20,350.00
Total 40000 Donations	**674,330.68**
41500 Isolation Shelter Income (deleted)	108,881.66
42000 Government Grants	3,064,014.73
42010 Federal Government Grants	335,828.75
Total 42000 Government Grants	**3,399,843.48**
42500 Occupancy Fee Income	33,721.00
43000 Nongovernment Grants	95,000.00
48300 Fundraising Event Income	58,586.24
49000 Investment & Interest Income	5,758.68
Total Revenue	**$4,376,121.74**
GROSS PROFIT	**$4,376,121.74**
Expenditures	
27160 GAB Loan	1,131.00
60000 Personnel Expenses	0.00
60100 Salaries & Wages	1,373,393.16
60150 Yearly Bonus	23,490.00
60400 Payroll Taxes	124,856.46
60500 Zane Enrollment Fee	6,436.00
60550 Employee Life Insurance	5,612.07
60600 FSA Reimbursements	5,842.62
60650 Zane Reimbursements	29,805.71
60700 Workers' Compensation	18,121.00
60800 New Employee Costs	722.70
60900 Staff Development & Education	681.28
61100 Mileage & Travel Expense	8,861.28
61150 Gas - Van	194.15
Total 61100 Mileage & Travel Expense	**9,055.43**
61200 Contract Services	4,400.66
61210 Accounting Fees	11,000.00
61220 Audit Costs	15,500.00
61230 Consulting Services	8,541.16
Total 61200 Contract Services	**39,441.82**

	TOTAL
61300 Payroll Accounting Fees	5,005.73
Total 60000 Personnel Expenses	**1,642,463.98**
61110 Vehicle Maintenance & Repair	204.85
62000 Administrative Costs	3,128.82
62100 Office Supplies	6,493.97
62200 Postage & Mailing	511.48
62300 Internet	4,502.78
62400 Telephone	8,128.12
62500 Technology	9,885.22
62600 Memberships & Dues	749.46
62800 Marketing	569.34
Total 62000 Administrative Costs	**33,969.19**
64000 Facility Expenses	144.72
64100 Facilities and Equipment	25,501.81
64200 Utilities	
64201 Electricity	20,119.96
64202 Natural Gas	6,389.93
64203 Water	10,997.33
Total 64200 Utilities	**37,507.22**
64300 Waste Removal	10,724.25
64400 Snow Removal	325.00
64500 Fire Suppression	2,176.52
64600 Pest Control	6,240.20
64700 Security	7,803.37
64800 Custodial Supplies	13,537.62
64900 Kitchen Supplies	24,291.58
65000 Maintenance and Repair	68,709.13
65200 Property & Liability Insurance	16,162.00
65205 Flood Insurance	591.00
65400 Equipment Lease	4,635.76
73250 - Auto Insurance	7,342.40
Total 64000 Facility Expenses	**225,692.58**
66000 Client Support	1,808.95
66100 Client Rents	1,185,246.98
66150 Renters Insurance	1,461.02
66200 Client Security Deposits	41,842.90
66250 Client Application Fees	4,185.56
66300 Client Utilities	61,605.41
66500 Client BMV/BC Expenses	2,629.12
66700 Pharmacy	1,752.63
66800 Bus Tickets - Local	2,860.00
66900 Bus Tickets Out-of-Town	3,710.64
67000 Food	78,148.19
67300 Hygiene Pantry	7,005.17
67600 Other Client Needs	188,024.70
67700 Lyft Transportation	2,361.20
Total 66000 Client Support	**1,582,642.47**

	Beacon, Inc. TOTAL
66901 Reconciliation Discrepancies	1,239.75
68000 Fundraising Expenses	9,187.56
68200 Postage - Fundraising	45.38
68300 Fundraising Event Expenses	4,536.23
Total 68000 Fundraising Expenses	**13,769.17**
70000 Bank & Credit Card Fees	23,283.53
71000 Interest Expense	288.75
73000 Miscellaneous Expense	633.13
73100 COVID 19 Expenses (deleted)	48,840.99
73150 ISO Shelter Rent (deleted)	37,500.00
73200 Hotel Rents- COVID Isolation (deleted)	284,966.63
Total 73100 COVID 19 Expenses (deleted)	**371,307.62**
Total 73000 Miscellaneous Expense	**371,940.75**
Total Expenditures	**$3,896,626.02**
NET OPERATING REVENUE	**$479,495.72**
NET REVENUE	**$479,495.72**

Beacon, Inc.

Statement of Financial Position

As of March 31, 2022

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
10000 Old National Checking 9643	61,140.95
10001 In-Kind Bank	0.00
10002 Old National Savings 2314	17,458.07
10003 Friends Place Account	0.00
10005 German American Bank 6001	252,000.65
10006 Payroll Clearing	-9,613.88
Total Bank Accounts	**$320,985.79**
Accounts Receivable	
11000 Accounts Receivable	556.05
Total Accounts Receivable	**$556.05**
Other Current Assets	
12001 *Undeposited Funds	0.00
12100 Friend's Place CD	0.00
Total Other Current Assets	**$0.00**
Total Current Assets	**$321,541.84**
Fixed Assets	
18000 Land	140,980.88
18100 Land Improvements	6,899.00
18200 Buildings	177,879.12
18300 Building Improvements	292,742.96
18500 Equipment - FP	1,199.00
18600 Equipment	85,490.66
18700 Furniture and Fixtures	38,387.25
18800 Furniture and Fixtures - FP	8,650.20
19000 Accumulated Depreciation	-236,753.23
Total Fixed Assets	**$515,475.84**
Other Assets	
10004 Endowment	50,736.42
12200 Marketable Securities	0.00
Total Other Assets	**$50,736.42**
TOTAL ASSETS	**$887,754.10**

	Beacon, Inc. TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
26000 Deductions Payable	687.40
26050 Payroll Tax Liabilities	58.00
26100 Flex Med Spending Ded	4,673.65
26200 Empl United Way Payable	137.92
26300 Garnishment	474.40
26400 Life and AD&D - Employee	1,533.61
Total Other Current Liabilities	**$7,564.98**
Total Current Liabilities	**$7,564.98**
Long-Term Liabilities	
27100 PPP Loan (ONB)	166,309.28
27150 Old National Loan	11,619.38
27200 Other Liabilities	-2,137.60
Total Long-Term Liabilities	**$175,791.06**
Total Liabilities	**$183,356.04**
Equity	
30000 Opening Balance Equity	1,159,391.83
30001 Retained Earnings	0.00
30002 Net Income	0.00
32000 Unrestricted Net Assets	-267,483.55
Net Revenue	-187,510.22
Total Equity	**$704,398.06**
TOTAL LIABILITIES AND EQUITY	**$887,754.10**

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
PO Box 2508
Cincinnati, OH 45201

Date:
July 6, 2021
Employer ID number:
74-3056968
Form 990 required:
990, YES
Person to contact:
Name: Ms. Wiles
ID number: 0196728

BEACON INC
PO BOX 451
BLOOMINGTON, IN 47402

Dear Sir or Madam:

We're responding to your request dated September 22, 2020, about your tax-exempt status.

We issued you a determination letter in September 2002, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,
Stephen A. Martin
Stephen A. Martin
Director, Exempt Organizations Rulings and Agreements

Letter 4168 (Rev. 09-2020)
Catalog Number 66666G

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Big Brothers Big Sisters of South Central Indiana

Address:
501 N Walnut
Bloomington, IN 47404
P.O. Box 2534

Phone: 812-929-2809

E-Mail: bbbs@bigsindiana.org

Website: www.bigsindiana.org

President of Board of Directors: Kelly Abel

Name of Executive Director: Jennifer Quick-Cook

Phone: 812-929-2748

E-Mail: jquick-cook@bigsindiana.org

Name of Grant Writer: Alycyn DeClerk

Phone: 812-929-0443

E-Mail: adeclerk@bigsindiana.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
7	1	225

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Our Mission at Big Brothers Big Sisters of South Central Indiana is:

To create and support one-to-one mentoring relationships that ignite the power and promise of youth.

Our vision is that all youth will achieve their full potential.

By partnering with parents/guardians, volunteers and others in the community we are accountable for each child in our program to achieve:
*Higher aspirations, greater confidence and better relationships
*Avoidances of risky behaviors
*Educational Success

PROJECT INFORMATION

Name of the project to be funded:

Operational Expenses, Recruitment and Capital Investments

Total cost of project: $417,000

Requested amount of Jack Hopkins funding: $20,000 (+ $11,000 in recruitment and capital investments)

Number of City residents to be served by this project in 2022: 500+

Number of clients to be served by this project in 2022: 350+

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

Big Brothers Big Sisters of South Central Indiana (BBBSSCI) politely requests $20,000 in operational expenses and $11,000 in recruitment and capital investments for our new Big Tool Chests and office equipment. These funds will help power our mission by uniting young people (Littles) with caring, positive adult role models (Bigs) in professionally supported one-to-one mentoring relationships. Together, they clear a path to help our Littles achieve success by breaking societal barriers, closing opportunity gaps and overcoming adversities like poverty and identity-based discrimination.

Prior to COVID-19, our agency provided youth (Littles) in our school system with positive mentors (Bigs) during school hours in a professionally supported one-to-one mentoring relationships. These relationships helped each child reach their full potential in a classroom and outside the academic setting. Through our required monthly staff conversations with each match, we were able to see the impact being made on these children. Their attendance increased at school, their grades started improving and their social skills were enriched. Unfortunately, COVID-19 stopped us in our tracks when schools shut down. We are preparing to start our program in the schools again, but our needs and capacity to run this program have shifted and we are seeking support to get this back on track.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [x] No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

N/A

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

[ ] Yes [x] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use? [x] 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

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[x] Yes [ ] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[x] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

Events (approximately) - $200,000 ($100,000 confirmed/$100,000 Pending)
Indirect contributions (approximately) $40,000 (Confirmed/Pending)
Individual contributions (approximately) $115,000 (Pending)
Private grants (approximately) $31,000 (Confirmed: Miller Foundation Grant, Duke Energy Foundation Grant)

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

All expenses will be submitted at the time they are incurred, with all official paperwork and receipts.

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

We receive funds throughout the year through fundraising events and individual donations. Due to the continued impact of COVID-19 on our fundraising events for the past two years, we continue to focus our efforts to moving to an individual-donor focused fundraising strategy. There is a balanced calendar of fundraising, individualized giving and granting strategies throughout the year.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Receiving the Jack Hopkins funding will show our potential donors and volunteers that we are supported by the City of Bloomington in our efforts to positively impact the lives of youth in our community. By receiving this funding, our community presence is elevated to a broader audience, from which we can draw additional support, thereby supporting us to gain more diverse engagement from the greater community.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Operational Expenses (Personnel & Rent)	$20,000
Priority #2	150 Big Tool Chests	$8,000
Priority #3	Office Equipment	$3,000
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		$31,000

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

BBBSSCI is focused on youth development, which specifically relates to the SCAN, "Human development can include the fostering of self-empowerment, positive values, access to community support networks, a commitment to learning, social competencies, and constructive use of time. In critical stages of development early in life, changes are rapid, leaving only short windows of time to establish the developmental successes that are prerequisites for success in later life stages." In addition, our Littles face greater exposure to adverse childhood experiences (ACEs) than the general population. ACEs can have a lasting negative effect on mental health and physical well being throughout life. Mentoring relationships through BBBSSCI protect against the harmful effect of ACEs and help young people with childhood trauma.

According to the National Library of Medicine, "In fact, the response to the COVID-19 pandemic may be amplifying some ACEs. There are several ways in which ACEs may be exacerbated by the social isolation, job loss, school closures, and other stressors unleashed by the pandemic."

At Big Brothers Big Sisters, we know that every child has potential within them. Our one-to-one mentoring program provides support that addresses both SCAN and ACEs.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

This funding request is a one-time investment to support operational needs and expenses incurred to support BBBSSCI as we recover from COVID-19 related impacts.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

Our evidence-based program supports the following broad and long-lasting benefits:

- Keep children engaged while waiting on their long-term mentoring relationship through various programs
- Encourages children to be college and/or career ready
- Promotes a healthy physical and mental well being
- Discourages children from engaging in risky behavior
- Supports achieving educational milestones (high school diploma or GED)
- Helps children develop healthy relationships with parents, teachers and peers

The supportive, healthy relationships formed between Bigs and Littles are both immediate and long-term and contribute to a host of benefits for children, as detailed above.

Our Child Outcome Surveys (ages 6-11) and Youth Outcome Surveys (ages 12-17) confirm the benefits of having a professionally-supported positive role model.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

BBBSSCI measures the number of new volunteers, children enrolled, and matches made in order to track the outcomes of funding being provided for our agency. We measure this through our Youth Outcome Surveys, Child Outcome Surveys, and Risk and Protective Inventory Surveys. These surveys measure variables such as social acceptance educational expectations, risk behaviors, parental trust and involvement in the juvenile justice system.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

BBBSSCI has served Monroe County for 49 years. This year, we will serve over 150 families, supporting 250+ Littles. Our programs are 100% free to the families we serve, which is why operating support is so essential to our mission. We are the only youth serving agency with no cost to families or volunteers involved in our program.

BBBS programs impact youth for a lifetime. Of all the steps Littles take in their journey, walking through our door are the ones they always remember. It is these steps that lead to a friend, a confidante, or someone that will inspire them. It is these steps that give them hope and a chance to dream bigger. BBBSSCI helps them see beyond the boundaries of their neighborhoods, beyond their ideas of what they can achieve, and beyond the journey they imagined they'd be taking.

Former Big Sister Danell and Little Sister Kali were matched in 2006 when Kali was 9 years old. Kali lived with her single mother and had some academic and social struggles. They stayed matched until Kali aged out of the program.

Now 25, Kali and Danell keep in close contact, navigating life challenges and celebrations in Kali's young adulthood.

During their Big Brothers Big Sisters site-based+ matched-relationship, Danell and Kali enjoyed simple things like going to coffee shops, playing tether ball on the school playground, attending local musical performances, attending IU athletic events, and volunteering at local non-profits. In addition to their activities, Danell supported Kali's academic success. Kali graduated from high school as a 21st Century Scholar, which allowed her to attend Danell's alma mater, Ball State University, where Kali graduated in four years. During Kali's college years she often called upon Danell for support with decisions about her academic interests and fields of study, as well as navigating relationships. Kali's post-graduation has been extremely successful, and she has excelled as a professional in IT Sales, winning several performance-based awards.

In a recent conversation, where Danell was congratulating Kali on her latest award, Kali responded, "I learned from the best!"

"Being a Big Sister to Kali has been one of the greatest gifts I have been given. I have been blessed to watch her grow from a shy 9 year old to a confident, successful and kind young woman," Danell remarked on her relationship with Kali.

We are very proud to share that last year we were identified by Big Brothers Big Sisters of America as a recipient of the Quality Award for the second year in a row. The Quality Award is given to a BBBS agency who provided high-quality, long-term programming for children we serve. In addition, the Greater Bloomington Chamber of Commerce awarded BBBSSCI with the Nancy Howard Diversity Award for excellence in Justice, Equity, Diversity and Inclusion education and practices.

2022 Jack Hopkins Project Budget

Big Brothers Big Sisters of South Central Indiana		**Operational Expenses**	
Total Project Cost		$417,000	
	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant			31,000.00
Other Grants		31,000.00	
Other Income Sources		355,000.00	
TOTAL PROJECT FUNDS FROM ALL SOURCES	**417,000.00**	**386,000.00**	**31,000.00**
EXPENSES			
Personnel Expenses		308,300.00	15,600.00
Rent		25,200.00	4,400.00
Employee Health/Dental/Vision Insurance		20,000.00	
Utilities		10,600.00	
Liability Insurance		14,200.00	
Office Supplies & Equipment (computer support, rentals, general supplies)		23,750.00	3,000.00
Program Materials		14,950.00	8,000.00
TOTAL PROJECT EXPENSES	**417,000.00**	**417,000.00**	**31,000.00**

Big Brothers Big Sisters Financial Statement for Year End 2021 (January-December 2021)

Total Revenue	$462,566.13
Total Expenditures	$455,027.76
Net Operating Revenue	$17,538.37
Operating Assets	$498,945.96
Accounts Receivable	$4,175.44
Other Prepaid Assets	$3,290.94
Total Current Assets	**$506,412.34**
Fixed Assets	$752.45
Other Assets (Endowment	$49,856.11
TOTAL ASSETS	**$557,020.90**
Total Liabilities	$185,006.34
Total Equity	$372,014.56
Total Liabilites and Equity	**$557,020.90**

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Bloomington Homeless Coalition

Address: 1261 N Lindbergh Drive
Bloomington, IN 47404

Phone: n/a

E-Mail: bloomingtonhomelesscoalition@gmail.com

Website: facebook.com/bloomingtonhomelesscoalition

President of Board of Directors: Heather Lake

Name of Executive Director: Albert (Harry) Collins

Phone: 812-508-1270

E-Mail: bloomingtonhomelesscoalition@gmail.com

Name of Grant Writer: Lindsey Dominguez

Phone: 817-504-8523

E-Mail: bloomingtonhomelesscoalition@gmail.com

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
0	0	8

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

The Bloomington Homeless Coalition (BHC) is a 501(c)3 charitable organization that collaborates with other local resources to provide aid to people experiencing homelessness here in Bloomington, IN. The purpose and mission of BHC is to advocate for and build community capacity to address the needs of unhoused people living in the greater Bloomington community, while including those being served in the coalition's decision making and outreach programs, and providing for basic needs with minimal barriers. BHC envisions a world in which all people have autonomy, access to basic needs, and are treated with kindness, dignity, and respect regardless of their housing status; with a focus on helping those experiencing homelessness and housing insecurity.

PROJECT INFORMATION

Name of the project to be funded:

Surviving All Seasons

Total cost of project: $27,700

Requested amount of Jack Hopkins funding: $11,500

Number of City residents to be served by this project in 2022: 100+

Number of clients to be served by this project in 2022: 100+

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

Bloomington Homeless Coalition is requesting $11,500 to support our 2022 Surviving All Seasons program, in which the BHC will provide complete all-weather survival packs to our friends in the unhoused community living outside. These survival packs will contain all basic needs for camp living; including but not limited to tents, sleeping bags, basic clothing for the full range of yearly temperatures, first aid supplies, toiletries, hot/cold water bottles, hygiene products, bus passes and much more. (Please see the budget spreadsheet for the complete list of items in our survival packs.) The goal of this program is not only to supply those in need with basic items for survival but to exceed and build upon those basic needs so that recipients can live safely and comfortably outdoors. Once basic needs such as safety, food, and shelter are met, those served will be able to begin focusing on more than day to day survival, and instead devote time and energy to achieving growth and fulfillment in higher levels of psychological and self-fulfillment needs such as self-care and self-esteem, better mental and physical health, respect for self and others, freedom of choice, and community connection.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [x] No

If yes, list the name(s) of agency partner(s)

n/a

How do your missions, operations and services complement each other?

n/a

What is the existing relationship between agencies?

n/a

How will communication and coordination change as a result of the project?

n/a

Explain any challenges and steps you plan to take to address those challenges.

n/a

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Outreach and advocacy will be done all over the city- visiting camps, parks, community centers, and anywhere that is reasonably accessible to both clients and volunteers.

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

[ ] Yes [ ] No [x] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

n/a

Is the property zoned for your intended use? [ ] Yes [ ] No [x] 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

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[ ] Yes [x] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

City of Bloomington Downtown Outreach grant $13,200 confirmed
Trinity Episcopal Church Outreach Grant $1,000 pending
Walmart Community Grant $2,000 confirmed

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We worked with people previously and currently experiencing homelessness to determine the list of critical items, we then researched average costs for each item and determined total costs for each pack. Attached is a budget spreadsheet detailing cost estimates. Based on the number and type of requests for supplies we regularly receive, BHC plans to have 4 or 5 complete packs available to those in need each month once the program is fully funded. Claims for reimbursement and accompanying receipts will be filed quarterly for the total costs of the created packs during that time period.

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

We were awarded the Downtown Outreach Grant in February and we are awaiting the MOU to sign as soon as possible so that we may begin spending and filing reimbursement claims for those specific items.
The Walmart Community Grant was received and deposited at the begining of March and is being held in anticipation of use for this project.
The Trinity Episcopal Grant was submitted February 22 and we anticipate an answer in mid- April.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

As this is our first year applying for grants we expect to leverage those that we have been rewarded to encourage other municipalities, organizations and companies to include their support in our mission. The volunteer board is working to create and implement strategies for recurring funding such as use of an online giving platform, selling logo merchandise, public events, corporate giving and sponsorships of varying ranges. Our dedicated team has had excellent success soliciting and collecting donations from the community and we expect this to continue and even increase. As the organization grows so does the power of volunteers, we are actively recruiting IU students and staff, teams from local businesses and community members to join us in our important work. We are also looking at a plan to include more of those persons previously served that are now housed to join as volunteers in a varitety of capacities, and maybe one day paid employees.

FUNDING PRIORITIES – RANKED

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

[x] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	sleeping bags	$2,000
Priority #2	bus passes	$7,500
Priority #3	tarps	$1,100
Priority #4	multitools	$800
Priority #5	lighters	$100
Priority #6		
Priority #7		
Total Requested		$11,500

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

As is made clear in the HAND Consolidated Plan as well as the Heading Home 2021 Plan, homelessness in our area is a high priority and a very difficult and multifaceted issue to tackle. There are plans in place for long term goals of supporting regional services, creating more affordable housing options while combating housing insecurity, as well as reducing chronic homelessness and its myriad of causes. However, the plans are lacking guidelines for the immediate care of this especially vulnerable group of the population while they wait for these extensive plans to be implemented. The needs and support of our chronically, episodically and transitionally street homeless neighbors are no less urgent than the creation of housing or building of shelters. The items in these survival packs have been specifically chosen by our board members and clients that have previously or are currently battling homelessness for their durability, necessity, comfort, and efficacy. Basic needs fulfillment, like providing shelter and clothing, lays a foundation for upward mobility with improvements such as personal security, health and employment coming next, followed by love and self-esteem. This project seeks to fulfill those basic needs with dignity, so that our neighbors experiencing homelessness can not only survive but go on to thrive as respected citizens in this community.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

Surviving All Seasons is a pilot project created with the help of currently and formerly houseless individuals to determine what mode of providing basic needs items is best suited to the Bloomington community. Historically, items have been distributed on an as-needed basis or during outreach programming. However, this method creates unnecessary barriers between BHC and those we serve, takes more time and energy for clients and volunteers, and makes it difficult to manage inventory while also prioritizing needs. We intend to use this year as a research and learning opportunity and leverage the positive expected outcomes to secure future funding.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

When packs are distributed we anticipate that the need for individual supply distributions will become less frequent, there will be fewer emergency situations during extreme weather, we can prevent illness and death from exposure to the elements and decrease the burden on our local social services and healthcare systems. We plan to compare the existing data in these categories with that compiled during the pilot year of this program to determine if it is in fact more effective to provide everything at once in a complete pack or if as needed assistance is the better option for this specific population.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

BHC was granted 501(c)3 nonprofit status by the IRS in July 2021, as such we do not yet have a year-end financial statement. We are happy to provide financial information from that date to the present or another duration of time, if needed. Please reach out to our treasurer at bloomingtonhomelesscoaltion@gmail.com

The BHC is staffed and governed by an all volunteer team. We hope to transform these titles into paid positions in the near future.

2022 Jack Hopkins Project Budget

Bloomington Homeless Coalition	Surviving All Seasons
Total Project Cost	$27,700

	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant			11500
Walmart Grant		2000	
Trinity Church Grant		1000	
Downtown Grant		13200	
TOTAL PROJECT FUNDS FROM ALL SOURCES	**27,700.00**	**16,200.00**	**11,500.00**
EXPENSES			
Ozark 4 person tents		2000	
Heavy Duty Tarps			1100
10F Sleeping Bags			2000
Waterproof Backpacks		2500	
Raincoats		700	
Boots		2500	
Underwear, Gloves, Hats, Socks		2700	
Insulated Hot/Cold Waterbottle		1000	
First Aid and Toiletry Kits		3750	
Lighting Kits		550	
Can Openers		250	
Lighters			100

Utility Ropes		200	
Multitools			800
Semi-annual Bus Passes			7500
TOTAL PROJECT EXPENSES	**27,700.00**	**16,200.00**	**11,500.00**

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

Date:
10/18/2021
Employer ID number:
87-1947923
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: (877) 829-5500
Accounting period ending:
June 30
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
July 30, 2021
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053615001291

BLOOMINGTON HOMELESS COALITION INC
1261 NORTH LINDBERGH DRIVE
BLOOMINGTON, IN 47404-3060

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Bloomington Pets Alive, Inc.

Address: 2444 S. Walnut Street
Bloomington, IN 47401

Phone: 812-349-1349

E-Mail: allison@petsaliveindiana.org

Website: petsaliveindiana.org

President of Board of Directors: Jennifer Turrentine

Name of Executive Director: Allison Hess

Phone: 812-219-4058

E-Mail: allison@petsaliveindiana.org

Name of Grant Writer: Allison Hess

Phone: 812-219-4058

E-Mail: allison@petsaliveindiana.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[X] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
14	5	9

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Pets Alive provides the compassionate solution to end the unnecessary euthanasia of cats and dogs by offering affordable, high-quality spay/neuter services. Our Wellness and Vaccine Clinic offers another critical program for our community.

While our services are open to all, the bulk of our clients are members of our community facing poverty. Many of our clients and patients reside in Bloomington. Bloomington Animal Care and Control is a top shelter partner, bringing adoptable animals to us for surgery each day.

PROJECT INFORMATION

Name of the project to be funded:

Feline Fine

Total cost of project: $50,000

Requested amount of Jack Hopkins funding: $40,000

Number of City residents to be served by this project in 2022: 450

Number of clients to be served by this project in 2022: 1,000

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting $40,000 to serve as bridge support for our critical and very popular Community and Feral Cat Program. Folks who utilize our affordable services for these cats—who have been raised in the wild or turned to wild ways after being abandoned or lost—leave Pets Alive 'Feline Fine.'

When Pets Alive openend in 2005, the local residents who are our co-founders imagined that decades down the way our services may no longer be needed. While we have struck a serious punch to pet overpopulation (more than 222,000 surgeries performed!) there is much work to be done, especially in the realm of community and feral cats.

Nationwide, there are estimated to be over 40,000,000 community and feral cats, and only 2% of them have been "fixed". Already in February and March, at Pets Alive we are seeing the majority of young cats (4 months of age!) coming into our clinic already in heat. "Kitten season" never truly begins because it never truly ends.

Caring for community and feral cats (and the humans who either by choice or necessity care for them) is a matter of public safety and alleviating poverty.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [X] No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

The project will be housed at Pets Alive.

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

[X] Yes [ ] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

We have resided at and leased our current location since 2011, expanding into a neighboring space in 2019.

Is the property zoned for your intended use? [X] 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

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[X] Yes [X] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [X] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

In addition to continually researching grant funding opportunities and working to expand our donor base, we currently have modest grant applications pending with Petco Love ($10K) and the Gordon Flesch Charitable Foundation ($5K).

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Our software, Clinic HQ and Quickbooks, allows us to continually pull data relevant to the Feline Fine project. We will submit reimbursement claims as they accrue in a deliberate fashion.

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

N/A

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Word of mouth is a powerful thing! Clients who find themselves able often make donations of in-kind supplies or contributions. Additionally, we are in the process of piloting a new and robust cloud-based software system to enhance donor engagment.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Surgical supplies	$10,000
Priority #2	Salaries for veterinarians and medical staff	$30,000
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		$40,000

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

‘ Feline Fine ’ provides a direct, one-time solution that addresses a core need for Bloomington residents. Cats will show up in conditions that support their survival; whether by choice or necessity, we have folks in our community feeding “ outdoor ” cats. Feeding one or two cats is much less expensive that feeding one or two cats and their offspring, and their offspring's offspring.

Additionally at Pets Alive, every cat coming to us for surgery through our Community and Feral Cat Program, receives the state-mandated rabies vaccination as well as deworming for zoonotic parasites.

Appointments are not required for these cats; community members can drop these patients off Monday through Wednesday each week. The majority of folks who utilize this program are low-income, City residents and older residents. ‘ Feline Fine ’ directly impacts the susceptibility to disease these kind-hearted and responsible individuals may face without Pets Alive ’ s services.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

Our organization has been impacting the local community for nearly twenty years; we are one of Bloominton's best kept secrets! We have performed more than 222,000 affordable, high-quality spay/neuter sugeries, leading to a reduced financial burden on taxpayers and millions of unwanted births prevented. The funds we are requesting will allow Pets Alive to “bridge the gap” as we move with focus and deterimination back towards our pre-COVID surgery numbers*.

* In January of 2020, we performed 1,325 surgeries. This January, we performed 815 surgeries.
In February of 2020, we performed 1,348 surgeries. This February, we performed 635 surgeries.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

In the years before Pets Alive, euthanasia rates at the Bloomington shelter hovered around 75-80%. Those numbers are tragic and astounding; rates were even higher for feral cats. The issue of pet overpopulation simply cannot be adopted away. Spay/neuter is the answer. Period.

Many issues facing our community are complex, requiring difficult, expensive and time consuming analysis. Luckily for us, we have two of the most talented high-quality, high-volume spay/neuter surgeons in the nation working at Pets Alive (Dr. Nancy Ferguson and Dr. Theresa Navarro).

We will continue to make a positive impact in our community with a focus on assisting elderly, low-income folks who may not be able to get into an expensive and over-booked full service veterinary clinic.

Additionally, we are incredibly proud to provide local employment opportunities above the City's Living Wage Ordinance.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Data is very important to us at Pets Alive. Our surgery numbers, vaccinations and deworming given will be carefully tracked each day leading to an understanding of our impact. Operations will continue to move forward as we proceed towards all of us 'Feline Fine.'

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Thank you for the opportunity to apply for funding. We are incredibly grateful for your support in 2021.

It is worth mentioning that our Community and Feral Cat Program is an emergency service. As mentioned previously, kittens coming in this winter are already in heat or pregnant. Cats can have up to 3 litters each year with 8 kittens or more in each litter. The numbers are incredible. Each surgery we perform, quite literally, saves lives—keeping individuals out of the sheltering system, reducing taxpayer burden and mitigating the transmission of zoonotic disease.

Bloomington is an incredible community that I feel very grateful to have lived in for more than 20 years. We are game changers; we think outside the box and set the tone for our state.

The staff of Pets Alive looks forward to continuing to do our part through our ‘ Feline Fine ’ program. We are so committed to this work in fact, that we are scheduling Feral Cat Days once each month— March through November—to focus on these patients and the vulnerable populations their care impacts.

2022 Jack Hopkins Project Budget

BLOOMINGTON PETS ALIVE, INC.		FELINE FINE	
Total Project Cost		$50,000	
	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant			40,000.00
Other Grants		5,000.00	
Other Income Sources		5,000.00	
TOTAL PROJECT FUNDS FROM ALL SOURCES	**50,000.00**	**10,000.00**	**40,000.00**
EXPENSES			
Medical Supplies			10,000.00
Staff Time (200 hrs.)		10,000.00	30,000.00
TOTAL PROJECT EXPENSES	**50,000.00**	**10,000.00**	**40,000.00**

Bloomington
Pets Alive, Inc.

PETS ALIVE
Profit and Loss
Year ended December 31, 2021

REVENUE AND SUPPORT	2021
Donations and Special Events	114,212.91
Grant Revenue	280,903.97
Product Sales	123,649.94
Surgery Fees	543,472.00
Vaccine and Wellness Income	282,531.03
TOTAL REVENUE AND SUPPORT	1,344,769.85
COST OF GOODS SOLD	
Preventative Medicine	93,589.57
Surgical and Medical Supplies	116,758.32
Vaccine and Wellness Supplies	51,945.26
TOTAL COST OF GOODS SOLD	262,293.15
GROSS PROFIT	1,082,476.70
EXPENSES	
Banking and Processing Fees	15,469.73
Computers and IT	15,801.01
Depreciation	884.78
Development and Marketing	15,477.68
Employee Benefits	60,593.58
Insurance	12,667.62
Office Expenses	7,640.54
Payroll Taxes	51,372.09
Professional Fees	48,980.18
Rent	67,968.31
Repairs & Maintenance	6,880.48
Utilities	18,669.17
Vehicle Expenses	1,564.56
Wages: Administrative/Office	134,622.66
Wages: Medical Staff	597,313.50
TOTAL EXPENSE	1,055,905.89
OTHER INCOME/EXPENSE	
Interest Income	819.21
Other Income/Expense	2,600.00
Sales Tax Collection Allowance	13.91
TOTAL OTHER INCOME/EXPENSE	3,433.12
NET INCOME	30,003.93

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Bloomington Winter Farmers' Market

Address:
P.O. Box 503
Bloomington IN 47402

Phone: 812-935-5953

E-Mail: bwfmboardpresident@gmail.com

Website: www.bloomingtonwinterfarmersmarket.com

President of Board of Directors: Rosie Sill

Name of Executive Director: _____

Phone: _____

E-Mail: _____

Name of Grant Writer: Rosie Sill

Phone: 812-935-5953

E-Mail: bwfmboardpresident@gmail.com

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
	We have 3 independent contractors: a Market Manager, SNAP Administrator, and a Local Food M	We have volunteers at our summer farmers' market.

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Our mission is to extend the farmers' market season and increase the availability of fresh produce and other local products throughout the four seasons of the year. We seek to encourage direct contact between producer and consumer and increase understanding of local food economy issues. We strive to produce and provide the greatest possible variety of local foods while working together in a cooperative atmosphere to ensure the success of the market.

PROJECT INFORMATION

Name of the project to be funded:

Woolery Farmers' Market SNAP Dollar Matching

Total cost of project: $15,500 for the season

Requested amount of Jack Hopkins funding: $9,000

Number of City residents to be served by this project in 2022: 600

Number of clients to be served by this project in 2022: _____

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We seek a total of $9,000 to sufficiently match dollars for the Supplemental Nutrition Assistance Program (SNAP) at our summer farmers' market, the Woolery Farmers' Market, held every Saturday, April through October. We anticipate helping up to 100 SNAP customers with food insecurity each month.

SNAP helps food insecure families gain access to fresh, local food. Customers use their EBT cards at our market to purchase tokens that we treat like cash, so they may buy farm products from our market vendors. Thanks to generous donors, we are grateful to be able to offer matching of these market tokens for up to $27/week. Customers can draw up to $27 in SNAP benefits, and receive up to $54 in tokens to buy farm fresh, healthy, locally grown food at the farmers' market. It is our goal to continue to increase the availability of nutritious, local food options to those experiencing food insecurity within our community.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes ☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

2250 W Sunstone Dr., Bloomington, IN 47403

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

[ ] Yes [ ] No [x] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

Is the property zoned for your intended use? [ ] Yes [ ] No [x] 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.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[x] Yes [ ] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[x] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

IU Health, $5,000 - application submitted
May Agency $750 - donation received
Hoosier Hills Credit Union $500 - donation received

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We plan to submit our claims for reimbursement at the end of each month. We must hold the markets each week to report the amount needed for SNAP matching.

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

N/A

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

We have received donations from other businesses in the community and continue to reach out to many local businesses and organizations requesting sponsorships to match SNAP dollars. We have applied for an IU Health sponsorship. In addition, we plan to add a donation button to our website so community members can easily donate to help with SNAP matching. Furthermore, the Bloomington Winter Farmers' Market will donate funds, if necessary, to help food insecure families.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	All funding will go to SNAP matching.	We anticipate needing $500 per market.
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		$9,000

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

SNAP matching for the Woolery Farmers' Market addresses a previously-identified priority for social services funding as documented in the Service Community Assessment of Needs (SCAN). The SCAN report identifies Hunger and Food Insecurity under "Meeting Essential Needs". The 2020 SCAN Report shows that in December 2018, there were 3,552 Households in Monroe County receiving SNAP, while 7,134 individuals were receiving SNAP. These numbers are pre-pandemic, and are likely much higher at this time. Clearly, there is a need in Monroe county to help families with food insecurity. Our project not only helps these families by increasing their SNAP benefits, but it also encourages them to use these benefits to gain access to healthy, local food.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

For future funding we intend to reach out to local businesses and organizations, apply for grants and sponsorships, and seek donations from individuals in the community.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

SNAP matching at the Woolery Farmers' Market will have long-lasting benefits for our community. Matching SNAP dollars not only helps families gain food security, but it also encourages these food insecure families to come to the farmers' market, explore healthier food options, learn about what foods are grown locally, meet farmers, and gather as a community. It is a wonderful opportunity to open these individuals up to a world they might not otherwise explore. Stepping foot into a farmers market, and purchasing and consuming fresh, local food can have a life long impact on the health and wellbeing of food insecure families. Our project lays a foundation of food awareness and health in these families, bringing them the opportunity to make healthier food choices. It enables and encourages them to purchase food through a farmers' market, and will likely become part of their weekly life for years to come. Furthermore, our project is putting money back into our local economy by supporting local farms and businesses. Finally, the lasting relationships that grow between customers and vendors is invaluable and strengthens the community as a whole.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

We track weekly SNAP usage at our market. Each week we record how many customers used SNAP, how many SNAP dollars were withdrawn with EBT cards, and how many dollars were matched. As a result, at any point in the season we can identify how many customers have benefited from the program, how many dollars they used with their card, and the total amount of SNAP dollar matching the program provided.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Purchasing local food products can seem unattainable to food insecure families due to the higher costs than the processed food that lines the grocery store shelves or lack of familiarity with local food options. With a limited amount of SNAP dollars allocated to them through the program, they may choose to purchase lower quality, nutrient void foods out of necessity. Our project of matching SNAP dollars at the farmers' market gives these families the opportunity and encouragement to purchase healthier, local foods. It opens the doors of opportunity to explore a farmers' market and local food, something they may be unfamiliar with. This will have lasting effects on the health of these families, while giving everyone in our community access to this basic need - healthy, fresh, local food products.

Thank you for your consideration.

2022 Jack Hopkins Project Budget

Bloomington Winter Farmers' Market

Bloomington Winter Farmers' Market	Woolery Farmers' Market SNAP Dollar Matching
Total Cost of Project	**$15,500**

	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant			**$9,000**
Other Grants		$5000 IU Health (Pending)	
Other Income Sources		$1,250	
Total Project Funds from all sources	**$15,250 (includes pending sources)**	**$6,250**	**$9,000**

EXPENSES			
SNAP matching per market		**April – June 13 markets $500/market $6,500**	**July - October 18 markets $500/market $9,000**
TOTAL PROJECT EXPENSES	**$15,500**	**$6,500**	**$9,000**

We hope to receive the IU Health sponsorship mid-April. This will help us nearly reach our goal for the first half of the market season. We are confident that we can raise the remaining funds to match SNAP dollars through June.

If we should receive any donations beyond our stated goal for this season or do not use all of the funds we have received for our project due to less SNAP customers, extra funds will be used for SNAP matching in the 2023 Woolery Farmers' Market season.

If we should not receive enough money to fund our project, the Bloomington Winter Farmers' Market will donate to the project to ensure SNAP matching for the season.

We will continue to accept donations throughout the season until we reach our project goal. We do not need to reach our project goal before offering SNAP matching.

BLOOMINGTON WINTER FARMERS' MARKET

INCOME STATEMENT

January - December 2021

INCOME	
Woolery Farmers' Market Application Fees	$1,080
Woolery Farmers' Market Vendor Fees	$19,850
Winter Market Application Fees	$940
Winter Market Vendor Fees	$14,782
Merchandise Sales	$459
TOTAL =	**$37,111**

EXPENSES	
Market Manager	$6,000
SNAP Coordinator	$2,600
PO Box	$138
Checks	$72
Local Food Marketplace Site License	$1,158
Local Food Marketplace Administrator	$3,420
Insurance	$337
Marketing	$486
Supplies	$521
Summer Market Rent	$6,200
Winter Market Rent	$9,740
Port-a-potties for Summer	$1,120
Woolery Farmers' Market Music	$3,100
SNAP Matching	$502
Website fees	$60
Sales Tax	$51
TOTAL =	**$35,505**

DIFFERENCE = $1,606

Bloomington Winter Farmer's Market

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

BLOOMINGTON WINTER FARMERS MARKET INC
PO BOX 503
BLOOMINGTON, IN 47402

Date:
12/15/2021
Employer ID number:
84-3387313
Person to contact:
Name: Ms. Humphrey
ID number: 31729
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
509(a)(2)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
October 7, 2019
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053491002561

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Boys & Girls Clubs of Bloomington (BGCB or "the Club")

Address: 803 N Monroe St. PO Box 1716
Bloomington, IN 47402

Phone: 812 332 5311

E-Mail: labshier@bgcbloomington.org

Website: https://bgcbloomington.org

President of Board of Directors: Jamie Crowhurst

Name of Executive Director: Jeff Baldwin

Phone: 812 332 5311 ext. 212

E-Mail: jbaldwin@bgcbloomington.org

Name of Grant Writer: Leslie Abshier

Phone: 812 332 5311

E-Mail: labshier@bgcbloomington.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
23	49	133

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

The mission of the Boys & Girls Clubs of Bloomington (BGCB) is to empower all young people, especially those who need us most, to reach their full potential as caring, productive and responsible citizens. Club programs build character and strengthen life skills while providing hope and opportunity through accessible programming made possible by low membership dues ($20/year, $5 for residents of the Bloomington Housing Authority), transportation from school to Clubs, and programs such as cooking, tutoring, drama, etc. BGGCB meets the needs of the community by providing well-rounded after school programs that support the goals of the city and needs of its families.

PROJECT INFORMATION

Name of the project to be funded:

Accessibility Improvements for Crestmont Youth with Disabilities

Total cost of project: $48,005.32

Requested amount of Jack Hopkins funding: $23,005.32

Number of City residents to be served by this project in 2022: 340

Number of clients to be served by this project in 2022: 400

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting $23,005.32 to replace the power unit in the elevator of the Ferguson Crestmont Club to make programs accessible to youth with disabilities again. The elevator is original to the building and was not replaced with a new one when renovations were done in 2017. The Club did some repairs to the elevator in 2021, but it has recently, this Spring, stopped working completely and needs more extensive repairs than anticipated. The library, homework center, technology room, art room, and two program rooms are located on the second floor and cannot be accessed currently by anyone who needs mobility accommodations. The elevator will make our building more accessible to our neighborhoods youth and families.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [x] No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Ferguson Crestmont Unit
1111 W 12th St
Bloomington, IN 47404

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

[x] Yes [ ] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use? [x] 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.*

The required permits from Homeland Security will be included in the OTIS proposal if we are awarded Jack Hopkins funding.

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[ ] Yes [x] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

The portion of the project not funded by the Jack Hopkins grant will be funded by the Boys & Girls Clubs of Bloomington's individual donors and other grant funders.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

The project consists of a one-time payment for elevator repairs. Upon making the payment, we plan to submit a reimbursement claim by the end of December 2022. Preceding claims, we will report on the number of members, families, and community partners that use our facility on an average daily basis.

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

The remaining cost of elevator repairs will be covered by our organization's individual donors and other grant funders. Funds are all in progress and nothing is secured to date. Jack Hopkins funding will be leveraged to help us secure these additional funds needed.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Support from the Jack Hopkins Social Services Fund accompanies the CDBG funding we receive, our corporate and private donor support, and serves to indicate the community service we provide as a United Way member.

FUNDING PRIORITIES – RANKED

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

[x] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Elevator Power Unit	$23,005.32
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		$23,005.32

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

The Ferguson Crestmont unit is located in the Bloomington Housing Authority and directly addresses two of the city's primary needs according to the 2020 Consolidated Plan for the City of Bloomington: 1) improving public facilities and infrastructure; and 2) access to public services for youth (2020-24 Consolidated Plan p. 84-85). The Club building in the Crestmont community serves as a community center for youth after-school, on Saturdays, during the summer, and during school breaks. Serving families in a public housing neighborhood, the Ferguson Crestmont Club provides a safe environment and strong mentoring programs to a demographic at high risk for dropping out of school, teen pregnancy, crime, abuse, and neglect. According to the Afterschool Alliance Special Needs report, youth with special needs who participate in afterschool programming have higher academic achievement, improved social competence, higher aspirations, and improved behavior. Our programs provide a positive, safe, and supportive environment to our community's most vulnerable, yet most promising citizens. Repairing our elevator will enable us to make our facility and our programs more accessible to youth and families in our community.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

This project is a one-time investment to partially fund repairs needed to make our elevator at the Ferguson Crestmont unit functional. These repairs, we have been told by OTIS, should allow the elevator to remain in working order for 15 to 20 years.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

BGCB is committed to ensuring our facilities and programs are accessible and inclusive for all members of our community. We provide skill-based, progressive programs that foster positive youth development in three priority outcome areas: 1) Academic Success; 2) Healthy Lifestyles; and 3) Good Character and Leadership. Our programs are designed to equip our youth with tools and resources to live healthy, thriving, and productive lives as successful adults and community contributors. Improving the accessibility of our facility will allow all members the opportunity to participate in our programs.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

# of people using the elevator. Outside groups that are able to use our facilities. Members that can access programs, using our elevator.
Our outcome indicators will be:
1) An increase in the number of members served
2) An increase in the number of events and outside groups that are able to use our facilities
3) Ability to host more programs on the second floor

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Since the building was renovated and expanded as recently as 2017, the committee may ask why these repairs need to be done so soon after that. The elevator was in working condition when the building was renovated and expanded in 2017. Due to funding constraints at the time, other areas of that project were prioritized over the elevator improvements since the elevator was still in usable condition. So although the building has recently had work done, this elevator has not had any work done to it in many years and is now due for repairs. The Club did some repairs to it in 2021, but it has recently, this Spring, stopped working completely and needs more extensive repairs than anticipated. Partial funding would still allow us to complete this repair, but it may take until the end of the 2022 year to secure the supplemental funding needed to accomplish it. If fully funded, repairs would be made in the same month funding is received.

2022 Jack Hopkins Project Budget

Boys & Girls Clubs of Bloomington	Accessibility Improvements for Crestmont Youth with Disabilities
Total Project Cost	$48,005.32

	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant			23,005.32
Other Grants		15,000.00	
Other Income Sources		10,000.00	
TOTAL PROJECT FUNDS FROM ALL SOURCES	**48,005.32**	**25,000.00**	**23,005.32**
EXPENSES			
Elevator Power Unit			23,005.32
Elevator Circuit Board		15,000.00	
Other Elevator Repairs		8,000.00	
Lift Repairs		2,000.00	
TOTAL PROJECT EXPENSES	**48,005.32**	**25,000.00**	**23,005.32**

OTIS
Made to move you

Otis Service and Repair Order

DATE: 03/22/2022

TO:
BOYS & GIRLS CLUB BLOOMINGTON
Po Box 1716

Bloomington, IN 474021716

FROM:
Otis Elevator Company
6010 Corporate Way
Indianapolis, IN 46278

Rachel Edwards
Phone: (463) 202-5608
Fax:

EQUIPMENT LOCATION:
BOYS & GIRLS CLUBS OF BLO
1111 W 12th Street
Bloomington, IN 47402

PROPOSAL NUMBER: RXE220322164525

MACHINE NUMBER(S) : F98666

CUSTOMER DESIGNATION(S) : ELV.

POWER UNIT (NEW)
The existing power unit will be replaced with a new power unit. The new power unit consists of a positive displacement pump, motor, integral 4-coil control valve, oil tank and muffler. The pump and motor are submerged and are mounted to the tank with rubber isolators to reduce vibration and noise. A muffler is provided to dissipate pulsations and noise from the flow of hydraulic fluid. The valve consists of up, up leveling, down and down leveling controls along with manual lowering and a pressure relief valve.

PRICE: $ 23,005.32
Twenty-three thousand five dollars and thirty-two cents

This price is based on a **one hundred** percent (**100 %**) downpayment in the amount of **$ 23,005.32.**

PAYMENT TERMS:

- The base proposal price is contingent upon receiving a pre-payment of 100% of the base contract amount.
- The pre-payment amount is due in full prior to ordering material and/or mobilizing.
- If you choose the alternative down-payment amount listed below, the corresponding Add shall be applied to the base contract amount.

Down Payment Amount	Price Adjustment Percentage	Authorization (Initial)
50%	+10%	

In the event 100% of the contract price is not paid up front, we must be paid the remaining balance no later than the completion of work. Final invoice will be submitted once work is scheduled

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000188

This proposal, including the provisions printed on the last page(s), and the specifications and other provisions attached hereto shall, when accepted by you below and approved by our authorized representative, constitute the entire contract between us, and all prior representations or agreements not incorporated herein are superseded.

Submitted by: Rachel Edwards
Title: Account Manager
E-mail: rachel.edwards@otis.com

Accepted in Duplicate

CUSTOMER
Approved by Authorized Representative

Date: _____

Signed: _____

Print Name: _____

Title _____

E-mail: _____

Name of Company _____

□ Principal, Owner or Authorized Representative of Principal or Owner

□ Agent: _____
(Name of Principal or Owner)

Otis Elevator Company
Approved by Authorized Representative

Date: _____

Signed: _____
Adam Sisson

Print Name: _____

Title _____

Otis Service and Repair Order

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TERMS AND CONDITIONS

Boys and Girls Clubs of Bloomington

Otis Service and Repair Order

1. This quotation is subject to change or withdrawal by us prior to acceptance by you.

2. The work shall be performed for the agreed price plus any applicable sales, excise or similar taxes as required by law. In addition to the agreed price, you shall pay to us any future applicable tax imposed on us, our suppliers or you in connection with the performance of the work described.

3. Payments shall be made as follows: A down payment of one hundred percent (100 %) of the price shall be paid by you upon your signing of this document. Full payment shall be made on completion if the work is completed within a thirty day period. If the work is not completed within a thirty day period, monthly progress payments shall be made based on the value of any equipment ready or delivered, if any, and labor performed through the end of the month less a five percent (5%) retainage and the aggregate of previous payments. The retainage shall be paid when the work is completed. We reserve the right to discontinue our work at any time until payments shall have been made as agreed and we have assurance satisfactory to us that subsequent payments will be made when due. Payments not received within thirty (30) days of the date of invoice shall be subject to interest accrued at the rate of eighteen percent (18%) per annum or at the maximum rate allowed by applicable law, whichever is less. We shall also be entitled to reimbursement from you of the expenses, including attorney's fees, incurred in collecting any overdue payments.

4. Our performance is conditioned upon your securing any required governmental approvals for the installation of any equipment provided hereunder and your providing our workmen with a safe place in which to work. Additionally, you agree to notify us if you are aware or become aware prior to the completion of the work of the existence of asbestos or other hazardous material in any elevator hoistway, machine room, hallway or other place in the building where Otispersonnel are or may be required to perform their work. In the event it should become necessary to abate, encapsulate or remove asbestos or other hazardous materials from the building, you agree to be responsible for such abatement, encapsulation or removal, and in such event Otis shall be entitled to delay its work until it is determined to our satisfaction that no hazard exists and compensation for delays encountered if such delay is more than sixty (60) days. In any event, we reserve the right to discontinue our work in the building whenever in our opinion this provision is being violated.

5. Unless otherwise agreed in writing, it is understood that the work shall be performed during our regular working hours of our regular working days. If overtime work is mutually agreed upon and performed, an additional charge therefore, at our usual rates for such work, shall be added to the contract price. The performance of our work hereunder is conditioned on your performing the preparatory work and supplying the necessary data specified on the front of this proposal or in the attached specification, if any. Should we be required to make an unscheduled return to your site to begin or complete the work due to your request, acts or omissions, then such return visits shall be subject to additional charges at our then current labor rates.

6. Title to any material to be furnished hereunder shall pass to you when final payment for such material is received. In addition, we shall retain a security interest in all material furnished hereunder and not paid for in full. You agree that a copy of this Agreement may be used as a financing statement for the purpose of placing upon public record our interest in any material furnished hereunder, and you agree to execute a UCC -1 form or any other document reasonably requested by us for that purpose.

7. Except insofar as your equipment may be covered by an Otis maintenance or service contract, it is agreed that we will make no examination of your equipment other than that necessary to do the work described in this contract and assume no responsibility for any part of your equipment except that upon which work has been done under this contract.

8. Neither party shall be liable to the other for any loss, damage or delay due to any cause beyond either parties reasonable control, including but not limited to acts of government, strikes, lockouts, other labor disputes, fire, explosion, theft, weather damage, flood, earthquake, riot, civil commotion, war, mischief or act of God.

9. We warrant that all services furnished will be performed in a workmanlike manner. We also warrant that any equipment provided hereunder shall be free from defects in workmanship and material. Our sole responsibility under this warranty shall be at our option to correct any defective services and to either repair or replace any component of the equipment found to be defective in workmanship or material provided that written notice of such defects shall have been given to us by you within ninety (90) days after completion of the work or such longer period as may be indicated on the front of this form. All defective parts that are removed and replaced by us shall become our property. We do not agree under this warranty to bear the cost of repairs or replacements due to vandalism, abuse, misuse, neglect, normal wear and tear, modifications not performed by us, improper or insufficient maintenance by others, or any causes beyond our control. We shall conduct, at our own expense, the entire defense of any claim, suit or action alleging that, without further combination, the use by you of any equipment provided hereunder directly infringes any patent, but only on the conditions that (a) we receive prompt written notice of such claim, suit or action and full opportunity and authority to assume the sole defense thereof, including settlement and appeals, and all information available to you for such defense; (b) said equipment is made according to a specification or design furnished by us; and (c) the claim, suit or action is brought against you. Provided all of the foregoing conditions have been met, we shall, at our own expense, either settle said claim, suit or action or shall pay all damages excluding consequential damages and costs awarded by the court therein and, if the use or resale of such equipment is finally enjoined, we shall, at our option, (i) procure for you the right to use the equipment, (ii) replace the equipment with equivalent noninfringing equipment, (iii) modify the equipment so it becomes noninfringing but equivalent, or (iv) remove the equipment and refund the purchase price (if any) less a reasonable allowance for use, damage and obsolescence.

THE EXPRESS WARRANTIES SET FORTH IN THIS ARTICLE 9 ARE THE EXCLUSIVE WARRANTIES GIVEN; WE MAKE NO OTHER WARRANTIES EXPRESS OR IMPLIED, AND SPECIFICALLY MAKE NO WARRANTY OF MERCHANTABILITY OR OF FITNESS FOR ANY PARTICULAR PURPOSE; AND THE EXPRESS WARRANTIES SET FORTH IN THIS ARTICLE ARE IN LIEU OF ANY SUCH WARRANTIES AND ANY OTHER OBLIGATION OR LIABILITY ON OUR PART.

10. Under no circumstances shall either party be liable for special, indirect, liquidated, or consequential damages in contract, tort, including negligence, warranty or otherwise, notwithstanding any indemnity provision to the contrary. Notwithstanding any provision in any contract document to the contrary, our acceptance is conditioned on being allowed additional time for the performance of the Work due to delays beyond our reasonable control. Your remedies set forth herein are exclusive and our liability with respect to any contract, or anything done in connection therewith such as performance or breach thereof, or from the manufacture, sale, delivery, installation, repair or use of any equipment furnished under this contract, whether in contract, in tort (including negligence), in warranty or otherwise, shall not exceed the price for the equipment or services rendered.

11. To the fullest extent permitted by law, you agree to hold us harmless, and defend us and indemnify us against any claim or suit for personal injury or property damage arising out of this contract unless such damage or injury arises from our sole negligence.

12. It is agreed that after completion of our work, you shall be responsible for ensuring that the operation of any equipment being furnished hereunder is periodically inspected. The interval between such inspections shall not be longer than what may be required by the applicable governing safety code. Notwithstanding any other provisions hereof, if any part delivered hereunder incorporates software, the transaction is not a sale of such software; rather, you are hereby granted merely a license to use such software solely for operating the equipment for which such part was ordered. By accepting delivery of such part, you agree not to copy or let others copy such software for any purpose whatsoever, to keep such software in confidence as a trade secret, and not to transfer possession of such part to others except as a part of a transfer of ownership of the equipment in which such part is installed, provided that you inform us in writing about such ownership transfer and the transferee agrees in writing to abide by the above license terms.

13. In furtherance of OSHA"s directive contained in 29 C.F.R § 1910.147(f)(2)(i), which requires that a service provider (an "outside employer") and its customer (an "on-site employer") must inform each other of their respective lock out/tag out ("LOTO") procedures whenever outside servicing personnel are to be engaged in control of hazardous energy activities on the customer"s site, Otis incorporates by reference its mechanical LOTO procedures and its electrical LOTO procedures. These procedures can be obtained at www.otis.com by (1) clicking on "The Americas" tab on the left side of the website; (2) choosing "US/English" to take you to the "USA" web page; (3) clicking on the "Otis Safety" link on the left side of the page; and (4) downloading the "Lockout Tagout Policy Otis 6.0" and "Mechanical Energy Policy Otis 7.0," both of which are in .pdf format on the right side of the website page. Customer agrees that it will disseminate these procedures throughout its organization to the appropriate personnel who may interact with Otis personnel while Otis personnel are working on site at Customer"s facility.

14. This Agreement constitutes the entire understanding between the parties regarding the subject matter hereof and may not be modified by any terms on your order form or any other document, and supersedes any prior written or oral communication relating to the same subject. Any amendment or modifications to this Agreement shall not be binding upon either party unless agreed to in writing by an authorized representative of each party.

15. This Contract will be deemed null and void, even after execution, if it is determined by Otis that performance of the services and/or engagement in the contractual relationship/transaction will violate, or is otherwise restricted by, any and all laws, regulations and/or orders, including sanctions laws, that are applicable to Otis or otherwise apply to Otis' operations.

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Boys & Girls Clubs of Bloomington

Statement of Activity

January - December 2021

	TOTAL
Revenue	
40000 Auxiliary Funding	75,000.00
40010 Special Events	
40011 Boys to Men	234,128.86
40012 Club Heroes Golf Outing	63,967.43
40013 Father Daughter Dance	4,250.00
40014 Hoops Hysteria	6,250.00
40015 Lemonade Day	35,500.00
40016 Smart Girls, Strong Women	54,510.67
40017 Other Fundraising Events/Income	23,037.89
Total 40010 Special Events	**421,644.85**
40020 Contributions	
40021 Bequests/Memorials	49,499.15
40022 Major Gift Initiative	296,583.97
40023 Individual	243,231.24
40024 Civic Groups	16,420.92
40025 Corporate	146,010.82
40026 Alumni Club	1,594.62
40027 Big Hearts	67,565.56
40028 Our Kids	257,898.58
Total 40020 Contributions	**1,078,804.86**
40040 Fees	
40041 Camp Rock Fees	82,152.72
40042 Club Camp Fees	165,105.87
40050 Memberships Fees	19,487.41
40060 Facility Rental Fees	58,200.00
Total 40040 Fees	**324,946.00**
40070 Grants	
40071 Government	573,057.35
40072 Non-Government	162,695.10
Total 40070 Grants	**735,752.45**
40080 Interest Income	23,035.10
40090 Reimbursement Income	36,167.37
Non Profit Income	-76.95
Total Revenue	**$2,695,273.68**
GROSS PROFIT	**$2,695,273.68**
Expenditures	
60000 Fundraising Special Events	
60001 Boys to Men Expenses	5,397.81

	TOTAL
60002 Club Heroes Golf Outing Expenses	6,176.84
60003 Father Daughter Dance Expenses	1,054.04
60005 Lemonade Day Expenses	8,417.37
60006 Smart Girl, Strong Women Expenses	8,394.09
60007 Other Fundraising Expenses	14,473.26
Total 60000 Fundraising Special Events	**43,913.41**
60009 Cultivation/Stewardship	12,128.80
60010 Marketing, Advertising & Dues	30,811.92
60015 Awards & Recognition (deleted)	565.82
60020 Club Gear	2,397.50
60025 Program Equipment & Repair (deleted)	16,091.38
60030 Facility Maintenance	373,575.90
60035 Member Food	3,588.20
60040 Assets	26,191.27
60045 Transportation	7,504.63
60050 Professional Fees (deleted)	15,750.00
60055 Program Activity (deleted)	12,539.16
60060 Programs	17,638.34
60075 Software, Licenses & Fees	66,854.74
60080 Staff Food, Training & Recognition	14,230.74
60090 Supplies Copier Printing Mail	24,279.05
60095 Utilities	99,571.07
60100 Vehicle	4,783.02
60105 Fuel (deleted)	3,792.26
60110 Professional & Legal Fees	19,350.00
60115 Property Taxes	7,348.84
60120 Member Engagement	3,833.02
60125 Board of Directors Expense	4,481.73
60130 Bank & Credit Card Processing Fees & Interest	20,617.02
60135 Bank Charges/Fees/Interest (deleted)	391.46
60140 Background Checks	5,647.46
60150 Dues	
60151 State (deleted)	3,350.00
60152 Local - City/County (deleted)	995.00
60153 Federal/National (deleted)	10,163.00
Total 60150 Dues	**14,508.00**
60160 Insurance	
60161 Director & Officers/EPLI (deleted)	2,775.00
60162 Workers' Comp (deleted)	6,891.04
60163 Commercial Package (deleted)	52,741.94
Total 60160 Insurance	**62,407.98**
60165 Payroll Taxes	
60166 Social Security	96,143.38
60167 Medicare	22,710.46
60168 FUTA	-245.04
Total 60165 Payroll Taxes	**118,608.80**

	TOTAL
60170 Staffing Expenses	
60171 401K Admin Expenses (deleted)	4,637.48
60172 Payroll Fees (deleted)	14,142.83
60173 Work Study, AmeriCorps, & VISTA	56,887.34
60174 Unemployment Compensation	2,667.97
60175 Payroll Deduction	1,374.20
Total 60170 Staffing Expenses	**79,709.82**
60177 Wages	1,598,003.14
60180 Benefits	
60181 Healthy Lifestyle Reimbursement (deleted)	3,374.65
60182 Health & Life Insurance (deleted)	97,141.61
60183 Retirement (deleted)	23,021.87
Total 60180 Benefits	**123,538.13**
Unapplied Cash Bill Payment Expenditure	0.00
Total Expenditures	**$2,834,652.61**
NET OPERATING REVENUE	**$ -139,378.93**
Other Revenue	
40029 Big Future	212,832.52
40075 Other Miscellaneous Income	327,822.66
Total Other Revenue	**$540,655.18**
Other Expenditures	
60200 Capital Campaign Expenses	4,902.43
Total Other Expenditures	**$4,902.43**
NET OTHER REVENUE	**$535,752.75**
NET REVENUE	**$396,373.82**

Boys & Girls Clubs of Bloomington

Statement of Financial Position

As of December 31, 2021

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
10000 ONB Checking - General #7005	504,397.35
10010 ONB Savings - Capital Campaign #7681	0.00
10010.1 Capital Campaign	122,902.59
10010.2 Capital Improvement	20,000.00
Total 10010 ONB Savings - Capital Campaign #7681	**142,902.59**
10020 ONB Savings - Reserve & Restricted #7670	0.00
10020.1.1 Reserve	359,920.56
10020.1.2 1st PPP Loan	0.00
10020.1.3 2nd PPP Loan	288,175.00
10020.2 Restricted	74,717.33
Total 10020 ONB Savings - Reserve & Restricted #7670	**722,812.89**
10030 ONB Checking - Raffle #3623	0.00
1072 Bill.com Money Out Clearing	21,519.77
Total Bank Accounts	**$1,391,632.60**

	TOTAL
Accounts Receivable	
10080 Accounts Receivable (A/R)	87,650.28
Total Accounts Receivable	**$87,650.28**
Other Current Assets	
Interest - Community Foundation	519,493.76
Interest Boys & Girls Endow VG	550,019.85
Interest in Endowment Fund	18,048.67
Uncategorized Asset	0.00
Undeposited Funds	0.00
Total Other Current Assets	**$1,087,562.28**
Total Current Assets	**$2,566,845.16**
Fixed Assets	
Accumulated Depreciation	-1,199,248.00
Building - Crestmont	3,853,362.18
Building - Kenworthy	961,199.01
Building - Lincoln	4,866,732.22
Computers	15,799.00
Equipment & Furniture	213,384.22
Land - 323 & 329 S Lincoln St	40,638.25
Leasehold Improvements	377,366.79
Software	18,561.00
Vehicles	161,355.51
Total Fixed Assets	**$9,309,150.18**
TOTAL ASSETS	**$11,875,995.34**

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
10090 Accounts Payable (A/P)	675.00
Total Accounts Payable	**$675.00**
Credit Cards	
21000 Elan CC #7416	-25,305.83
21001 #7424 - Baldwin	2,983.13
21002 #9643 - Reynolds	449.79
21003 #3680 - Hockersmith	1,427.85
21004 #0576 - Laskey	2,566.98
21005 #7048 - Yandl	617.57
21006 #0797 - Abshier	2,976.56
21007 #2961 - Smith	2,988.57
21008 #7022 - Dobias	1,282.94
21009 #1269 - Cassani	4,464.96
21010 #7787 - Laudeman	5,547.48
Total 21000 Elan CC #7416	**0.00**
22000 ONB - First Bankcard	0.00
Total Credit Cards	**$0.00**
Other Current Liabilities	
Accounts Payable (Prior to QBO)	0.00
Accrue Capital Improvements	10,000.00
Accrue Pension	23,833.35
Loan - Jackson County Bank	0.00
Loan - PPP	288,175.00
Payroll Liabilities	0.00
Total Other Current Liabilities	**$322,008.35**
Total Current Liabilities	**$322,683.35**
Long-Term Liabilities	
Loan - ONB Cresmont	0.00
Total Long-Term Liabilities	**$0.00**
Total Liabilities	**$322,683.35**
Equity	
30000 Retained Earnings	10,929,635.79
Temporarily Restricted	227,302.38
Net Revenue	396,373.82
Total Equity	**$11,553,311.99**
TOTAL LIABILITIES AND EQUITY	**$11,875,995.34**

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Cancer Support Community Indiana

Address:
1719 W 3rd St
Bloomington, IN 47404

Phone: (812) 233-3286

E-Mail: stephanie@cancersupportscin.org

Website: cancersupportscin.org

President of Board of Directors: Steve Freeland

Name of Executive Director: Eric Richards

Phone: (317) 257-1505

E-Mail: eric@cancersupportindy.org

Name of Grant Writer: Stephanie Shelton

Phone: (574) 606-7687

E-Mail: stephanie@cancersupportscin.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
21	20	12

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Cancer Support Community Indiana (CSC) is part of a national affiliation of Cancer Support Community and Gilda's Club organizations across the United States. CSC Indiana was founded 26 years ago (1995). Our mission is to ensure that all people impacted by cancer are empowered by knowledge, strengthened by action, and sustained by community. So that no one faces cancer alone®. Several years ago, Bloomington Health Foundation identified psychosocial supports for cancer patients as a gap in health care services in Monroe County. Bloomington Health Foundation announced a partnership with CSC Indiana to launch a new satellite location to serve South Central Indiana, with an office located in Bloomington, IN to be known as CSC South Central Indiana. As part of this partnership, CSC has an MOU with IU Health to share information about our free support services with cancer patients.

PROJECT INFORMATION

Name of the project to be funded:

Survivorship on the Go

Total cost of project: $37,000

Requested amount of Jack Hopkins funding: $19,000

Number of City residents to be served by this project in 2022: 100

Number of clients to be served by this project in 2022: 600

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting $19,000 for a small van to provide transportation of supplies such as comfort kits, hygiene supplies, meals, art kits, etc. to cancer patients. We call this program “Survivorship on the Go”. Many cancer patients face treatments that are very strenuous on their bodies, leaving them immuno-compromised and weakened. Our “Survivorship on the Go” program would be used to deliver various kinds of supplies or kits to cancer patients where they are whether that be in a medical facility or in their home. One example is “Comfort Kits” containing fleece blankets, warm socks, tooth brush/toothpaste, activity/coloring books, journals, and pens/pencils. These kits provide some items for comfort and hygiene, and other items for enjoyment to take their mind off what their body is going through. Another example is putting together individual kits based on what items each person requests. We often get items donated to us during donation drives, which we then distribute to cancer patients who request exactly what they need. During the pandemic, cleaning supplies, hand sanitizer, paper towels, toilet paper, and other similar items were very popular. We also deliver art kits to chemotherapy infusion centers and other similar medical treatment centers.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes ☒ No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

1719 W 3rd St.
Bloomington, IN 47404

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

[ ] Yes [ ] No [x] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use? [ ] Yes [ ] No [x] 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

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[ ] Yes [x] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

We were awarded a grant from CFBMC which included $1500 for art supplies (for art kits to be delivered), and a grant from Baxter International Foundation in the amount of $10,000. In addition, we have a 5 year grant agreement with Bloomington Health Foundation that covers our staffing and operational expenses of $1.5 million allowing us to seek other funding partners for programs not covered in the start up funding agreement.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We will work with a local dealership in Bloomington to find the vehicle that is right for us, and proceed with purchasing the vehicle as soon as possible. Vehicle inventory is low right now, and moves quickly. Additionally, if funding is awarded to cover part or all of the vehicle wrap, that will be contracted locally after the vehicle is in our possession. We are confident we can complete this within the JHSSF funding period.

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

We have already been awarded and received funds from Bloomington Health Foundation, and Community Foundation of Bloomington & Monroe County. Baxter International Foundation has been awarded and is expected to be received in the next 30 days.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

This project will leverage $5,000 a portion of operational start up grant funding from Bloomington Health Foundation and $10,000 in grant funding from Baxter International Foundation. Both of these grants have already been awarded. The Bloomington Health Foundation funding for this project is part of a larger amount awarded over a 5-year period. Additionally, we've already worked with one student organization at Indiana University to organize a donation drive for items for the comfort kits. We plan to leverage more in-kind donations throughout the year as well.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Small Van such as Ford Transit Connect	$15,000
Priority #2	Vehicle Wrap	$4,000
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		$19,000

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

The SCAN specifically mentions cancer as the second leading cause of death in Monroe County. Additionally, it states uninsured patients paying for cancer treatment out-of-pocket contribute considerably to medically-related bankruptcy, and that people in lower income brackets experience more stress and anxiety due to financial burdens. Our services focus on mental, emotional, and social health, while cancer patients experience medical treatments and the quality of life into survivorship. Because we believe no one should have to face cancer alone, all of our programs are 100% free alleviating any financial burden or barriers to participating in our programs. Furthermore, cancer education is also a focal point of our mission. Early detection and screenings can greatly increase survival rates. Another way we impact the community is through partnerships with healthcare providers to promote cancer screenings at community events. The vehicle we intend to purchase would help us attend community events, transport supplies to cancer patients and survivors, and act as a moving billboard increasing awareness of our programs to city residents. We are seeking partnerships with minority organizations as part of our DEI initiatives to increase our outreach in communities with at risk populations.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

A vehicle is an investment that depreciates over time. We intend to purchase a vehicle that has an expected life span of at least 10 years. We plan to maintain the vehicle and expect that it could even last longer than that. It's difficult to say at this point how often it will be used since we're still learning how many people need and want to participate in our programs in Bloomington, but we expect to use it at minimum 4-5 times per month in the first year. Beyond that, we hope the use of the vehicle will increase as more people become aware of our programs.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

Through our education and outreach, our goal is to make a positive impact on cancer screening numbers and stress and anxiety issues mentioned in the SCAN. Long term we will form a community of support for cancer patients and survivors in South Central Indiana. We'll impact hundreds of cancer patients and their family members. Each person is unique in what supports they need to feel hope and strength through a cancer diagnosis. Individual and support group counseling are very beneficial to many people struggling with depression, anxiety, relationships and more. Massage therapy, yoga, reiki and nutrition for wellness classes are offered to promote healthy bodies and lifestyles. Social connections activities and cancer education classes provide the information people need to make confident decisions about their health and develop fellowship with other survivors and learning through shared experiences. Sometimes with sudden expensive medical bills, financial support is what's needed most. We have a fund to purchase SAVI bras, wigs, grocery and gas gift cards, and other essential items. No matter which of these programs our participants choose, the impact the programs leave on their lives is significant and long lasting.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

We plan to track outcome indicators both to document how much outreach we do with the new vehicle as well as how many supply packages are delivered with the van. Outreach indicators will be the number of community events we attend as well as the estimated number of people we interact with (or talk with) at the community events. Outcome indicators for supplies delivered will be the number of art kits delivered and the number of comfort kits delivered. Additionally, we'll collect anecdotal evidence and satisfaction data through a survey and communications with participants of the home delivery program.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

SCAN data references cancer statistics from 2003 – 2008. Current data from the American Cancer Society Cancer Statistics Center shows recent statistics for Indiana:
- Estimated new cancer cases for 2022: 39,460
- Estimated cancer deaths for 2022: 13,570
- Incidence rates for 2014 – 2018 are 457.9 per 100,000 (SCAN data 198 per 100,000 in 2008)
- Cancer death rates for 2015 – 2019 are 169.7 per 100,000

Comparing SCAN data with current data, cancer incidence rates more than doubled in the past 15 years. Survival rates are higher now due to various factors including: medical advances, early detection, advanced screening, and lifestyle changes.

New data is already showing the pandemic has affected cancer screening rates. Due to recommendations for isolation, as well as changes to appointment scheduling and medical staff being overwhelmed by sick patients, many people were forced to delay or cancel routine appointments such as cancer screenings. Cancer research is starting to show increased cases of more advanced stage cancer diagnosis due to late or missed screenings. As people return to their normal routines, we expect to see more people than ever before who need our services and supports.

A recent population health study from IUPUI and Regenstrief Institute collected demographic and health behavior data from 970 Black and White individuals. The results of this study identified significant socioeconomic and racial disparities in the delivery of cancer screening in 34 Indiana counties:
- Black individuals were less likely than White individuals to perceive they were at risk for cancer
- Higher income was associated with being screened for colorectal cancer
- Higher income was associated with having a CT scan to screen for lung cancer
- Individuals of either race with the highest incomes were more likely to engage in physical activities
- Both Black and White individuals with higher income and education levels smoked less

In Indiana, 9.8 percent of the population identifies as African American. When compared with US cancer incidence, African Americans in Indiana have similar incidence rates, but over 20% higher death rates. This information tells us we need to focus outreach efforts on minority and low-income communities and populations. Many of these populations face barriers such as transportation, or increased desire to avoid possible infection. Additionally, cancer patients undergoing active treatments are often weakened to the point they just don't have the energy to leave their home.

Our hybrid programming reduces barriers cancer patients and survivors may face to attending our programming in person. "Survivorship on the Go" will allow cancer patients and survivors to participate in our programs virtually and have the same experience they would in person.

As a new organization in our community, it's critical we do as much outreach as possible to raise awareness of our free resources and support programs. The "Survivorship on the Go" vehicle will help us do exactly that and reduce barriers by delivering program supplies to cancer patients wherever they are.

2022 Jack Hopkins Project Budget – Cancer Support Community			
Cancer Support Community		**Survivorship on the Go**	
Total Project Cost		$37,000.00	
	Totals	Other Sources	JHSSF Grant
FUNDS			
JHSSF Grant			19,000.00
Other Grants		16,500.00	
In-Kind Kit Supplies		1,500.00	
TOTAL PROJECT FUNDS FROM ALL SOURCES	**37,000.00**	**18,000.00**	**19,000.00**
EXPENSES			
Small Van	30,000.00	15,000.00	15,000.00
Vehicle Wrap	4,000.00		4,000.00
Comfort Kit Supplies	1,500.00	1,500.00	
Art Kit Supplies	1,500 .00	1,500.00	
TOTAL PROJECT EXPENSES	**37,000.00**	**18,000.00**	**19,000.00**

Attached with the application are 2 quotes of vehicles. One is from the local dealership and is for an older Ford Transit Connect with nearly 100K miles on it. It represents the only vehicle of that type in the Bloomington Ford inventory at this time. We looked online to find other examples of Ford Transit Connect vans that were closer to the amount of miles we're looking for. Most of those were priced around $30,000. We will not know the actual amount of the vehicle we intend to purchase until we have

secured all funding and can actually start the search for the right vehicle. We've included another print out of a van with lower mileage to demonstrate the price range we are seeking. At this time, we've made our budget with the information we have available, but understand we may need to adjust it once we find the vehicle we wish to purchase.

Cancer Support Community Indiana

Search

Ford Transit Connect OnDemand

Customer address
Bloomington

VEHICLE INFO

VIN NM0LS7CN2DT132024
Model S7C **Stock** P10879

2013 Transit Connect Cargo Van XL w/Rear Glass

NEED HELP?

Cancer Support
Community Indiana

Frozen White

Interior: Dark Gray

Payments near $250 for this locally traded 2013 Transit Connect XL Cargo Van. This four-door cargo van has seating for two in the front and has a flat cargo area in the back for ample storage space.The Transit is a great option if you are looking for a vehicle to transport cargo and can get up to 27 miles per gallon ... **more**

EPA Estimated: 21 City / 27 Hwy / 23 Avg *

2.0L 4 Cylinder

4-Speed Automatic with Overdrive

Front-Wheel Drive

4-door Minivan

FINANCE **CASH**

$13,900 * Price Details

Community Ford Lincoln of Bloomington Price (excl. taxes & fees)

Mileage: 90,280

Your Payment Options

Compare Payment Options

Select the buying option that you are interested in.

Finance

$264.16 /month

incl. taxes & fees, on approved credit

$1,300 down, 60 months, 4.99% APR

Pay Cash

$15,301

incl. taxes & fees

Don't see rate or terms that fit your needs? Just ask!
We can customize terms designed for you ›

NEED HELP?

Your Trade-In

If you have a vehicle to trade in, we'll apply the trade-in value to your order.

Value Your Trade-In

Get an instant estimate for your trade-in.

Skip Trade-In

Complete this step later or skip if you don't have a trade-in.

Service & Protection Plans

With your new car purchase we offer Community OnDemand Express Store pricing on our Service & Protection Plans. Our protection packages can provide peace of mind during the ownership of your vehicle.

Vehicle Service Contact
American Auto Guardian Inc.
1 years / 12K miles
$2,063

Road Hazard
American Auto Guardian Inc
$695
VIEW BROCHURE ›

Vehicle Appearance Protection
American Auto Guardian Inc.
5 Years
$699
VIEW BROCHURE ›

SHOW ALL PLANS

NEED HELP?

Summary

Cancer Support Community Indiana

Cash purchase Price Details

$15,301 *

incl. taxes & fees

Standard Features | Vehicle Details

CONTINUE

TEST DRIVE

SAVE

HAVE A QUESTION?

Call **(855) 527-3325**

* Price (or net cost) after applying any manufacturer rebates and dealer discount. This price does not include government fees and taxes, any finance charges, any dealer document processing charge, any electronic filing charge, and any emission testing charge. VIN-specific and/or customer-specific rebates may apply. Additional taxes, registration and license fees may apply for out of state purchasers based on their registration address. Taxes are estimates. The dealership will help determine accurate taxes prior to delivery. Fuel Economy values are estimates and based on model year EPA mileage ratings. Use for comparison purposes only. Your actual mileage will vary, depending on how you drive and maintain your vehicle, driving conditions, battery pack age/condition (hybrid models only) and other factors. Click the price details link to view detailed pricing breakdown.

While Community Ford Lincoln of Bloomington and Roadster try to make sure all information posted here is accurate, we cannot be responsible for typographical and other errors (e.g., data transmission) that may appear on the site. If the posted price (including finance and lease payments) for a vehicle is incorrect, Community Ford Lincoln of Bloomington and Roadster will endeavor to provide you with the correct prices as soon as we become aware of the error. In the event a vehicle is priced incorrectly, Community Ford Lincoln of Bloomington shall have the right to refuse or cancel any orders placed for the vehicle presented with the incorrect price. In addition, vehicle prices are subject to change and all vehicles are subject to prior sale and may not be available when you are ready to purchase.

NEED HELP?

Cancer Support Community Indiana

Similar Cars

2015 Dodge
Grand Caravan SXT

IMAGE COMING SOON

$14,500

117,450 miles

2016 Dodge
Grand Caravan R/T

NEED HELP?

Cancer Support Community Indiana

$15,000

118,364 miles

2019 Dodge

Grand Caravan SXT

NEED HELP?

Cancer Support Community Indiana

$26,039

74,361 miles

2019 Dodge
Grand Caravan SXT

$25,895

64,056 miles

VIEW ALL INVENTORY

Why Community Ford Lincoln of Bloomington

About Community Ford Lincoln of Bloomington

NEED HELP?

Cancer Support Community Indiana

Shop New Cars for Sale or Browse Pre-Owned Options

Maintenance Services & Genuine Parts For Sale

Complete your entire transaction 100% online.

Get upfront pricing and savings for every model.

NEED HELP?

Cancer Support Community Indiana

CARMAX

Search by Make, Model, or Keyword

2020 Ford Transit Connect XLT

No-haggle price

$31,998*

Mileage

27K

FEEDBACK

$1899 Shipping from
CarMax Murrieta, CA (1770 miles)

Chat

Highlights Features Specifications

Cancer Support Community Indiana

Single Owner
Reported by AutoCheck

Manufacturer Warranty
Balance of 3 Years or 36,000 Miles may apply. See store for details.

Advanced Features
Blind Spot Monitor

Customer Reviews 5/5 (1)

Reliability Rating

SEE FULL CAR DETAILS

More Ford Transit Connect

2021 Ford
Transit Connect XL
$35,998* • 17K mi
Free Shipping from CarMax Cincinnati,...

2020 Ford
Transit Connect XLT
$34,998* • 6K mi
$499 Shipping from CarMax Warwick, ...

FEEDBACK

SEARCH ALL FORD TRANSIT CONNECT

Chat

Similar Cars

Cancer Support Community Indiana

2019 Honda Odyssey EX-L

$34,998* • 29K mi

$1899 Shipping from CarMax Murriet...

2019 Honda Odyssey EX-L

$36,998* • 33K mi

$1899 Shipping from CarMax Murriet...

2015 Toyota Sienna LE

$24,998* • 49

$1899 Shipping from Carl

SEARCH FOR SIMILAR CARS

See cars your budget will love

Monthly Payment

Down Payment
$2,000

Credit Range
Good
670–739

Term Length
72 months

Add monthly payment to see estimated budget

SEE CARS IN YOUR BUDGET

FEEDBACK

The way it should be

Chat

Ship to anywhere

Cancer Support Community Indiana

Bring your perfect car to you, wherever it is

Test drives for real life
24-hour take home test drives

Love it or return it
30-day money back (up to 1500 miles)

*Price excludes tax, title and tags. Price assumes that final purchase will be made in the State of IN, unless vehicle is non-transferable. Vehicle subject to prior sale. Applicable transfer fees are due in advance of vehicle delivery and are separate from sales transactions.

Indianapolis

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FEEDBACK

Chat

Cancer Support Community Indiana

Cancer Support Community IN
Budget vs. Actuals: 2021 Total by Month - FY21 P&L
January - December 2021

	Dec 2021		Total	
	Actual	Budget	Actual	Budget
Income				
4000 Contributed Income	$ 15,216	$ 7,655	$ 54,479	$ 72,616
4040 Corporate Contributions	$ 5,000	$ 42,558	$ 36,850	$ 281,132
4080 In House Gift Solicitations		$ 145	$ 238,437	$ 52,505
4110 In-Kind Gifts		$ 1,533	$ 35,837	$ 13,800
4210 Foundation Gifts/Grants	$ 73,805	$ 14,613	$ 477,117	$ 279,261
5000 Earned Income		$ 40,181	$ 670,988	$ 618,084
5300 Revenue from Investments		$ -	$ 135,671	$ 126,456
5800 Special Events Income	$ 24,838	$ 2,241	$ 629,774	$ 448,448
6000 Other Revenue		$ -	$ 129,648	$ 129,600
Total Income	**$ 118,859**	**$ 108,925**	**$ 2,408,800**	**$ 2,021,903**
Gross Profit	**$ 118,859**	**$ 108,925**	**$ 2,408,800**	**$ 2,021,903**
Expenses				
7200 Program & Admin Salary Expenses	$ 149,491	$ 98,913	$ 1,142,308	$ 1,105,452
7500 Contract Service Expenses	$ 5,750	$ 16,786	$ 84,352	$ 171,641
8100 Office Supplies & Expenses	$ 12,753	$ 7,912	$ 90,022	$ 82,220
8200 Facility & Equipment Expenses	$ 12,602	$ 8,105	$ 111,628	$ 89,427
8210 Mortgage Interest	$ 1,208	$ 1,194	$ 14,970	$ 14,578
8300 Travel Expense	$ 364	$ 1,510	$ 10,437	$ 15,029
8400 Program Costs	$ 4,615	$ 9,120	$ 93,059	$ 84,972
8410 Program Supplies	$ 535	$ 6,155	$ 10,908	$ 56,592
8450 Special Events/Fundraisers	$ 6,822		$ 224,145	$ -
8460 Board & Volunteer Expenses		$ 102	$ 3,341	$ 917
8500 Other Expenses	$ 8,419	$ 21,366	$ 119,741	$ 210,767
Total Expenses	**$ 202,558**	**$ 171,164**	**$ 1,904,912**	**$ 1,831,595**
Net Operating Income	**$ (83,699)**	**$ (62,239)**	**$ 503,889**	**$ 190,308**
Other Expenses				
8620 Depreciation Expense	$ 4,848	$ 4,848	$ 58,175	$ 58,178
Total Other Expenses	**$ 4,848**	**$ 4,848**	**$ 58,175**	**$ 58,178**
Net Other Income	**$ (4,848)**	**$ (4,848)**	**$ (58,175)**	**$ (58,178)**
Net Income	**$ (88,547)**	**$ (67,087)**	**$ 445,714**	**$ 132,130**

Friday, Jan 21, 2022 01:23:13 PM GMT-8 - Accrual Basis

Cancer Support Community Indiana

Cancer Support Community IN
Budget vs. Actuals: 2021 Total by Month - FY21 P&L
January - December 2021

	Dec 2021		Total	
	Actual	Budget	Actual	Budget
Income				
4000 Contributed Income			$ -	$ -
4010 Direct mail	$ 890	$ 720	$ 5,950	$ 7,225
4020 General Contributions	$ 8,839	$ 6,804	$ 38,592	$ 64,217
4025 Tributes & Memorials		$ 131	$ 325	$ 1,175
4030 Year End Appeal	$ 5,487		$ 9,612	$ -
Total 4000 Contributed Income	**$ 15,216**	**$ 7,655**	**$ 54,479**	**$ 72,616**
4040 Corporate Contributions	$ 5,000	$ 42,558	$ 36,850	$ 281,132
4080 In House Gift Solicitations		$ 145	$ 1,200	$ 2,505
4085 Board Gifts			$ 1,000	$ -
4095 Major Gift Solicitations		$ -	$ 236,237	$ 50,000
Total 4080 In House Gift Solicitations	**$ -**	**$ 145**	**$ 238,437**	**$ 52,505**
4110 In-Kind Gifts		$ 1,533	$ 35,837	$ 13,800
4210 Foundation Gifts/Grants	$ 73,805	$ 14,613	$ 477,117	$ 279,261
5000 Earned Income		$ 40,181	$ 670,988	$ 618,084
5300 Revenue from Investments			$ -	$ -
5310 Interest Income-Savings			$ 2	$ -
5320 Investment/Trust Income		$ -	$ 135,670	$ 126,456
Total 5300 Revenue from Investments	**$ -**	**$ -**	**$ 135,671**	**$ 126,456**
5800 Special Events Income	$ 24,838	$ 2,241	$ 629,774	$ 448,448
6000 Other Revenue		$ -	$ 129,648	$ 129,600
Total Income	**$ 118,859**	**$ 108,925**	**$ 2,408,800**	**$ 2,021,903**
Gross Profit	**$ 118,859**	**$ 108,925**	**$ 2,408,800**	**$ 2,021,903**
Expenses				
7200 Program & Admin Salary Expenses			$ -	$ -
7210 Administrative Salaries	$ 40,651	$ 18,713	$ 245,168	$ 222,289
7220 Program Salaries	$ 71,627	$ 52,715	$ 568,246	$ 579,503
7225 Support Groups	$ 2,614	$ 180	$ 25,281	$ 7,435
7300 Wellness Programs	$ 3,440	$ 602	$ 11,490	$ 7,200
7310 Art Therapy/Art Expressions	$ 350	$ 67	$ 2,530	$ 1,000
7315 Relaxation & Visualization	$ 75	$ -	$ 1,275	$ 250
7320 Massage Therapy	$ 6,560	$ 10,293	$ 67,810	$ 106,635
7330 Yoga	$ 850	$ 574	$ 9,045	$ 7,290
7345 Moving Beyond		$ 503	$ 1,400	$ 5,025
7366 Reiki	$ 1,000		$ 5,120	$ -
Total 7300 Wellness Programs	**$ 12,275**	**$ 12,039**	**$ 98,670**	**$ 127,400**
Total 7220 Program Salaries	**$ 86,516**	**$ 64,934**	**$ 692,197**	**$ 714,338**
7240 Employee Benefits	$ 10,726	$ 7,057	$ 117,374	$ 77,229
7250 Payroll Tax Expense-FICA	$ 8,534	$ 5,317	$ 61,794	$ 60,112
7255 Employee Life Insurance	$ 25	$ 29	$ 294	$ 308
7260 Employee SIMPLE Match	$ 3,040	$ 2,863	$ 25,482	$ 31,175
Total 7200 Program & Admin Salary Expenses	**$ 149,491**	**$ 98,913**	**$ 1,142,308**	**$ 1,105,452**
7500 Contract Service Expenses		$ 10,554	$ 17,529	$ 95,788
7505 Contractual Accounting/HR Svcs	$ 5,076	$ 3,715	$ 37,523	$ 44,582
7510 Subcontracted Clinical Staff		$ -	$ 7,310	$ 7,310
7520 Accounting-Audit/990 Prep		$ 1,058	$ 9,800	$ 9,525
7530 Payroll Services	$ 479	$ 281	$ 6,131	$ 3,711
7540 Web Hosting		$ 25	$ -	$ 228
7550 Media Relations		$ 200	$ 4,000	$ 1,800
7555 Constant Contact Expense	$ 195	$ -	$ 2,060	$ 125
7560 Other		$ 952	$ -	$ 8,572
Total 7500 Contract Service Expenses	**$ 5,750**	**$ 16,786**	**$ 84,352**	**$ 171,641**
8100 Office Supplies & Expenses	$ 269	$ 4,522	$ 4,801	$ 40,768
8110 Office Supplies & Equipment	$ 6,359	$ 815	$ 10,502	$ 8,102
8130 Telephone	$ 2,032	$ 1,299	$ 20,158	$ 16,164
8140 Postage/Postage Refill	$ 450	$ 385	$ 8,414	$ 4,674
8170 Printing	$ 1,609	$ 559	$ 32,169	$ 8,608
8180 Dues/Subscriptions/Fees	$ 2,034	$ 333	$ 13,539	$ 3,905
8181 Bank Fees			$ 438	$ -
Total 8180 Dues/Subscriptions/Fees	**$ 2,034**	**$ 333**	**$ 13,978**	**$ 3,905**
Total 8100 Office Supplies & Expenses	**$ 12,753**	**$ 7,912**	**$ 90,022**	**$ 82,220**
8200 Facility & Equipment Expenses	$ 3,234	$ -	$ 19,647	$ 374
8220 Utilities	$ 1,693	$ 1,336	$ 14,919	$ 14,279
8250 Rental & Maintenance-Facilities	$ 5,765	$ 1,100	$ 30,098	$ 13,899
8255 In-Kind Maintenance		$ 500	$ 12,468	$ 4,500
Total 8250 Rental & Maintenance-Facilities	**$ 5,765**	**$ 1,600**	**$ 42,566**	**$ 18,399**
8260 Rental & Maintenance-Equipment	$ 529	$ 600	$ 11,836	$ 10,148
8265 Equipment Maint/IT Services	$ 1,381	$ 4,569	$ 22,660	$ 46,228
Total 8260 Rental & Maintenance-Equipment	**$ 1,910**	**$ 5,169**	**$ 34,496**	**$ 56,375**
Total 8200 Facility & Equipment Expenses	**$ 12,602**	**$ 8,105**	**$ 111,628**	**$ 89,427**
8210 Mortgage Interest	$ 1,208	$ 1,194	$ 14,970	$ 14,578
8300 Travel Expense			$ 1,854	$ -
8310 Vehicle & Parking Expense		$ 354	$ 874	$ 3,531
8315 Mileage Expense	$ 364	$ 366	$ 3,734	$ 3,509
8320 Training/Travel Expense		$ 790	$ 3,974	$ 7,989
Total 8300 Travel Expense	**$ 364**	**$ 1,510**	**$ 10,437**	**$ 15,029**
8400 Program Costs	$ 4,065	$ 8,359	$ 86,679	$ 75,487
8420 Facilitator Training	$ 550	$ 762	$ 5,315	$ 8,420
8435 Counseling		$ -	$ 1,065	$ 1,065
Total 8400 Program Costs	**$ 4,615**	**$ 9,120**	**$ 93,059**	**$ 84,972**
8410 Program Supplies	$ 535	$ 6,155	$ 10,908	$ 56,592
8450 Special Events/Fundraisers	$ 6,822		$ 224,145	$ -
8460 Board & Volunteer Expenses		$ 102	$ 3,341	$ 917
8500 Other Expenses			$ 319	$ -
8510 Interest Expense		$ 239	$ 38	$ 2,185
8520 Insurance	$ 396	$ 1,755	$ 26,054	$ 21,523
8540 Staff Development	$ 1,200	$ 622	$ 12,485	$ 7,911
8545 Staff Incentives		$ -	$ 742	$ 31
Total 8540 Staff Development	**$ 1,200**	**$ 622**	**$ 13,227**	**$ 7,942**
8550 Hospitality			$ 2,975	$ -
8570 Marketing & PR	$ 6,823	$ 18,751	$ 54,837	$ 179,117
8575 In-Kind Marketing & PR			$ 22,290	$ -
Total 8570 Marketing & PR	**$ 6,823**	**$ 18,751**	**$ 77,127**	**$ 179,117**
Total 8500 Other Expenses	**$ 8,419**	**$ 21,366**	**$ 119,741**	**$ 210,767**
Total Expenses	**$ 202,558**	**$ 171,164**	**$ 1,904,912**	**$ 1,831,595**
Net Operating Income	**$ (83,699)**	**$ (62,239)**	**$ 503,889**	**$ 190,308**
Other Expenses				
8620 Depreciation Expense	$ 4,848	$ 4,848	$ 58,175	$ 58,178
Total Other Expenses	**$ 4,848**	**$ 4,848**	**$ 58,175**	**$ 58,178**
Net Other Income	**$ (4,848)**	**$ (4,848)**	**$ (58,175)**	**$ (58,178)**
Net Income	**$ (88,547)**	**$ (67,087)**	**$ 445,714**	**$ 132,130**

Friday, Jan 21, 2022 01:26:10 PM GMT-8 - Accrual Basis

Cancer Support Community IN
Balance Sheet
As of December 31, 2021

	Total	
	As of Dec 31, 2021	As of Dec 31, 2020 (PY)
ASSETS		
Current Assets		
Bank Accounts		
1000 Cash in Bank-Checking	293,856	60,504
1099 Cash on Hand	1,010	560
Total Bank Accounts	**$ 294,866**	**$ 61,064**
Accounts Receivable		
1100 Accounts Receivable	32,294	0
Total Accounts Receivable	**$ 32,294**	**$ 0**
Other Current Assets		
1075 Investments - Other	211,237	
12100 Inventory Asset	9,265	10,300
1450 Prepaid Expenses	2,500	25,540
1498 Unitrust & Trust Annuity Intere	130,345	130,345
Total Other Current Assets	**$ 353,347**	**$ 166,185**
Total Current Assets	**$ 680,507**	**$ 227,248**
Fixed Assets		
1500 Fixed Assets	1,631,354	1,627,686
Total Fixed Assets	**$ 1,631,354**	**$ 1,627,686**
Other Assets		
1400 Beneficiary Interest	536,010	536,010
1910 Artwork	16,000	16,000
1999 Suspense	1,584	0
Total Other Assets	**$ 553,594**	**$ 552,010**
TOTAL ASSETS	**$ 2,865,455**	**$ 2,406,945**
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 Accounts Payable	27,931	15,767
Total Accounts Payable	**$ 27,931**	**$ 15,767**
Credit Cards		
2060 LCB Credit Cards	2,119	2,910
Total Credit Cards	**$ 2,119**	**$ 2,910**
Other Current Liabilities		
2110 Accrued Payroll	35,252	35,252
2131 PrimePay Liabilities	12,385	1,265
2140 Deferred Revenue	79,000	41,750
2735 Lake City Bank Line of Credit	0	177
Total Other Current Liabilities	**$ 126,637**	**$ 78,444**
Total Current Liabilities	**$ 156,687**	**$ 97,120**
Long-Term Liabilities		
2720 Accrued Interest	1,705	1,705
2730 Lake City Bank Loans	288,262	335,033
Total Long-Term Liabilities	**$ 289,967**	**$ 336,738**
Total Liabilities	**$ 446,655**	**$ 433,858**
Equity		
3010 Unrestricted net assets	1,149,004	1,149,004
3020 Temporarily restricted net asse	666,355	666,355
3075 Retained Earnings	157,728	-36,547
Net Income	445,714	194,275
Total Equity	**$ 2,418,800**	**$ 1,973,087**
TOTAL LIABILITIES AND EQUITY	**$ 2,865,455**	**$ 2,406,945**

Friday, Jan 21, 2022 01:21:11 PM GMT-8 - Accrual Basis

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077550286
Feb. 11, 2010 LTR 4168C 0
35-1902427 000000 00
00025158
BODC: TE

CANCER SUPPORT COMMUNITY
CENTRAL INDIANA INC
% SARA ANDERSON
5150 W 71ST ST
INDPLS IN 46268-4117

017708

Employer Identification Number: 35-1902427
Person to Contact: Vaida Singleton
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 21, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in January 1994.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Courage to Change Sober Living

Address: P.0. Box 3001 Bloomington, Indiana 47401

Phone: 812-391-5440

E-Mail: c2csoberliving@gmail.com

Website: couragetochangehouse.org

President of Board of Directors: Rebecca Figg

Name of Executive Director: Marilyn Burrus

Phone: 812-391-5440

E-Mail: c2csoberliving@gmail.com

Name of Grant Writer: Bobby Overman

Phone: 812-320-0508

E-Mail: bobbyjpcv@gmail.com

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
	3	<10

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Courage to Change Sober Living provides low barrier, affordable, staff and peer supported transitional housing to those suffering from substance misuse disorders in Monroe County.

PROJECT INFORMATION

Name of the project to be funded:

Courage to Challenge

Total cost of project: $2729.00

Requested amount of Jack Hopkins funding: $2129.00

Number of City residents to be served by this project in 2022: 10-15

Number of clients to be served by this project in 2022: 10-15

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting $2129.00 for our Courage to Challenge pilot project. This project will allow our female recovering addicts to actively engage in twice monthly recreational and educational pro-social activities in and around Bloomington. Research has shown that pro social excursions reduce emotional and mental stress and allows participants to form bonds for continued support in their recovery journey. (Raposa 2015) The project will not be mandatory but participants who attend at least 65% of the total sessions throughout their stay at CTC will receive fifty dollar Kroger gift cards and CTC will pay all entrance fees/costs for participating residents. Many of our residents have not had the means or the emotional or mental stability to engage in many of the recreational and educational opportunities offered in our community. This project will allow participants to challenge themselves mentally and physically in a safe space with the support of staff and fellow participants. Some of the activities we have planned(tentatively) Bank On Bloomington; volunteering with Wildcare or the Humane Society; Eskenazi Museum of Art; pottery class; night paddling at Lake Griffy; farmers market; Cardinal Stage; escape room; Hoosier Heights; Tibetan Mongolian Buddhist Cultural Center; Wonderlab; Buskirk Chumley, I.U. event.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes ☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Our two female residences are located at 107 East 1st Street, 47401 and 2425 South Rogers Street 47403. Activities will take place all around Bloomington and Monroe County.

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

☐ Yes ☐ No ☒ N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

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.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[x] Yes [ ] No

If "yes," indicate the nature of the operational request:

[x] Pilot [ ] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

$600 from private donation. (confirmed)

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We will submit claims on a monthly basis and will complete draw down of funds at the end of the funding cycle.

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

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Our project will leverage board members as volunteers to accompany our residents to events; private donation in the amount of $600 and staff at the organizations where participants will volunteer or learn a skill.

FUNDING PRIORITIES – RANKED

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

[x] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Tickets	$1205.00
Priority #2	Staff Hours	$624.00
Priority #3	Food/Snacks	$300.00
Priority #4	Kroger Cards (from donation)	$600.00
Priority #5		
Priority #6		
Priority #7		
Total Requested	$2129.00	$2729.00

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

SCAN reports possession of a bank account lends credibility and economic stability to an individual. Our female residents either don't have a bank account or have one but aren't comfortable using it. Talking to banking experts, participants will learn to be their own financial advocates. Lack of physical activity as noted in SCAN leads to poor health and COVID has made it difficult to participate in social activities which leads to stress, anxiety and mental health issues. Relapse is often triggered by stress and providing our residents with ways to relieve that stress through promoting pro social activities will positively impact their physical and mental health. SCAN participants with lower incomes reported being less connected to their neighborhood and to the broader community. Our residents fall into that category and one goal of this program is to help them become more connected to each other and to the community by taking part in community activities. The City Consolidated Plan recognizes that justice involved individuals face barriers to accessing services including social support networks. This lack of access is also linked to a higher rate of recidivism making providing pro social activities important for transitioning these individuals back into our community.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

Courage to Challenge is a pilot program but one we hope to expand to our men's residences in the future. Portions of the plan can be tweaked depending on how much funding is available in the future. For example we could look for sponsors to purchase tickets for participants for local events; concentrate on more free activities; staff costs could be paid by other grants or rental income; lower the amount of Kroger gift cards participants receive. Since this is a pilot project we know there are things we might want to change in the future depending on funding availability.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

COVID and social distancing has impacted us all but marginalized communities including those suffering from substance use disorders have felt this impact to a much greater degree. Individuals with SUDs have fewer social support network resources than those without SUDs. (Peterson 2019) Drug abuse is associated with loss of social skills by drug users. Social interactions are crucial in the human life cycle, i.e., both in family relationships and in the workplace; social skills are invaluable for quality of life.(Limberger 2018) This project will provide shared healthy leisure and educational experiences allowing participants to rebuild their social and community support systems. Participants will explore other interests; take part in activities they may not be able to afford on their own; experience the fullness of life in recovery; learn about and connect with our community on a new level; form meaningful relationships inside and outside the group; reduce emotional and mental stress while promoting overall well being and move away from identifying as "only an addict". For females who use drugs and have been convicted of crimes any pro social/psychosocial intervention reduced re-incarceration as compared to treatment as usual.(Perry 2015) Bringing positive change to individuals brings positive change to our community.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Outcome Indicators
1. How many residents took part in the project during the funding period?
2. How many different activities did each resident take part in?
3. Did participants feel the activity was worthwhile in terms of challenging themselves, learning a new skill or feeling more connected to the group or the community?
4. Did participants feel the activity promoted overall wellbeing?
5. Was the activity one participants would never have been able to do on their own because of financial or other barriers?
6. What prevented residents from participating in the program?
7.What new social skills did participants learn?

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

I wanted to explain the number of residents who might be served with this project. I gave the number as between 10 and 15 and that has to do with the way residents in our program join and leave us. Residents sign an agreement to stay at least 90 days. After 90 days they have successfully completed our program in terms of length of stay and can transition into their own housing. Sometimes 90 days is all a resident needs but other times they need to stay longer. In many cases they don't have safe and secure housing to go to because of financial issues, lack of secure housing, landlords won't rent to them because of their criminal records or because they feel like they aren't quite ready to transition into their own housing. In those cases they remain a resident of our program until they, our house managers and Executive Director feel they are ready to move on. We could have ten women who stay the full length of this project or we could have women graduate and move out and other women move in so we could have 10-15 different individuals we serve during this project. We do have two men's residences as well but since this is a pilot project we decided to start with the women's residences. Hopefully we will expand the project in the future because the same pro-social needs as described in this project also pertain to our men residents. We decided not to make this program mandatory predominately because our residents already have a lot of "mandatory to-do" items set out by the court, by sponsors, and by Courage to Change so we wanted this project to be a choice--while incentivizing participation. We know our residents want to be a part of the community by taking part in all Bloomington has to offer but often don't know where to start. Our hope for this project is for participants to continue to see they are more than "only an addict" and to rebuild relationships with their family and the community.

2022 Jack Hopkins Project Budget

Courage To Change Sober Living		**Courage To Challenge**	
Total Project Cost		$2729.00	
	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant			
Other Income Sources		$600.00	$2129.00
TOTAL PROJECT FUNDS FROM ALL SOURCES	**$2729.00**	**$600.00**	**$2129.00**
EXPENSES			
Activities			$1205.00
Staff Time (48 hours)			$624.00
Extra Program Support/Kroger Cards		$600.00	
Food/Snacks			$300.00
TOTAL PROJECT EXPENSES	**$2729.00**	**$600.00**	**$2129.00**

Courage to Change Sober Living

Profit and Loss

July 1, 2021 - March 28, 2022

	TOTAL
Income	
Donation	1,264.00
Grants	7,925.00
Jack Hopkins Social Services	3,036.00
Monroe County CARES	4,795.93
Perry Township	5,750.00
Smithville Foundation	9,536.00
Sophia Travis	2,580.00
United Way	8,000.00
Total Grants	**41,622.93**
Recovery Works	67,058.58
Rental Income	33,796.13
Uncategorized Income	655.83
Total Income	**$144,397.47**
GROSS PROFIT	**$144,397.47**
Expenses	
Advertising & Marketing	196.24
Bank Charges & Fees	10.00
Contractors	437.75
House Furnishings/supplies	505.10
House Supplies/Furniture	1,046.08
Insurance	8,475.86
Job Supplies	192.00
Office Supplies & Software	2,418.75
Other Business Expenses	217.70
Payroll Expenses	17.82
Payroll Fees	394.42
Salaries & Wages	2,194.03
Employees	33,700.00
Total Salaries & Wages	**35,894.03**
Taxes	2,562.47
Total Payroll Expenses	**38,868.74**
Reimbursable Expenses	218.22
Rent & Lease	42,300.00
Repairs & Maintenance	1,511.16
Supplies & Materials	1,990.15
Taxes & Licenses	2.00
Uncategorized Expense	1,443.75

Courage to Change Sober Living

Profit and Loss

July 1, 2021 - March 28, 2022

	TOTAL
Utilities	17,655.43
Welcome Home Fund	450.00
Total Expenses	**$117,938.93**
NET OPERATING INCOME	**$26,458.54**
Other Income	
Dividend Income	21.96
Total Other Income	**$21.96**
NET OTHER INCOME	**$21.96**
NET INCOME	**$26,480.50**

Note
This report is for our fiscal year to date.

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Exodus Refugee Immigration, Inc.

Address:

Exodus's headquarters address:

Exodus Refugee Immigration, Inc.
2457 E. Washington St., Suite A
Indianapolis, IN 46201

Bloomington Sub-Office address:

Exodus Refugee Immigration, Inc.
PO Box 876
Bloomington, IN 47402

Phone: 317-601-6280

E-Mail: eaquino@exodusrefugee.org

Website: https://www.exodusrefugee.org/

President of Board of Directors: Afshan Paarlberg

Name of Executive Director: Erin Aquino

Phone: 317-601-6280

E-Mail: eaquino@exodusrefugee.org

Name of Grant Writer: Matt Calvert

Phone: 317-921-0836

E-Mail: mcalvert@exosurefugee.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[X] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
3 + working to hire 3 more staff	0	60

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Exodus Refugee Immigration is dedicated to the protection of human rights by serving the resettlement needs of refugees and other displaced people fleeing persecution, injustice, and war by welcoming them to Indiana.

PROJECT INFORMATION

Name of the project to be funded:

General Operating - Exodus Refugee Immigration

Total cost of project: $603,335

Requested amount of Jack Hopkins funding: $20,000

Number of City residents to be served by this project in 2022: 125

Number of clients to be served by this project in 2022: 125

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

Exodus Refugee Immigration kindly requests a grant of $20,000 payable over one year for general operating support of its Bloomington sub-office. This funding will allow the agency the flexibility to support Bloomington sub-office personnel, resources, and services needed to aid refugee clients to make a successful transition to life in the United States.

For 41 years, Exodus has had an established Indianapolis presence and has been dedicated to the protection of human rights by serving the resettlement needs of refugees and other displaced people fleeing persecution, injustice, and war by welcoming them to Indiana.

In October of 2021, Exodus proposed and was granted approval by the U.S. State Department to open a second resettlement site in Bloomington. Exodus has brought its extensive knowledge and resettlement experience to this initiative.

The Bloomington sub-office has expects to serve approximately 125 newly arrived refugees in Fiscal Year 2022. Refugees are marginalized individuals who have fled their homelands due to violence, persecution, oppression, or other human rights violations. They come from a variety of cultural backgrounds and life experiences and face numerous barriers to achieving self-supporting lives. The Bloomington sub-office services address these barriers through a number of supportive services, as described below.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [x] No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Exodus is working with multiple realtors to find an office space. Specifically, Exodus is looking for an affordable, handicap-accessible location on the bus line that is big enough for six staff members, has at least one conference room for trainings, and has a storage space large enough to hold furniture donations. If Exodus is not able to find the described office space in a three-month time period, then it will pursue a smaller office space and secure a separate storage space.

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

☐ Yes ☐ No ☒ N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

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

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[X] Yes [ ] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[X] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

The following describes the other project funds that will support the Bloomington Sub-Office in FY2022:

(1) Church World Service – Local Capacity Development Fund - $133,500 – confirmed.

(2) Reception and Placement Funds – Federal Refugee Resettlement Program - $284,375 – confirmed. This amount is based on 125 refugee arrivals. These funds are paid to Exodus when refugees are received by the agency.

(3) Afghan Placement and Assistance Program Funding - $31,500 – confirmed.

(4) Individual donors - $78,960 – confirmed.

(5) Anonymous foundation grant - $50,000 – confirmed.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Exodus requests a full upfront payment of the $20,000 for immediate use to support office personnel, resources, and services needed to aid refugee clients. If the $20,000 cannot be paid in full at the start of the grant, Exodus requests to submit bi-weekly claims for reimbursement.

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

Miscellaneous future grants – $25,000. Exodus is working to secure at least $25,000 in grant funding in 2022 to support the needs of Exodus's refugee clients.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Exodus will leverage the following to support Bloomington sub-office:

(1) Private grant funding and individual donations – to support personnel, resources, and services needed to aid refugee clients.

(2) Volunteers – to provide support to newly arrived refugee individuals and families.

(3) Donations – to furnish homes for newly arrived refugee individuals and families.

(4) Community Stakeholders – Exodus works with Bloomington community stakeholders to ensure refugees needs are met. Key stakeholders include the local health department, Monroe County Community School Corporation, Mayor's office, landlords, faith communities, Family and Social Services Administration, public safety, local employers, and faculty at Indiana University.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Compensation and benefits for staff	$10,000
Priority #2	Direct barrier reduction assistance to clients	$3,500
Priority #3	Interpretation in multiple languages	$3,000
Priority #4	Space occupancy	$2,000
Priority #5	Administrative expenses	$1,000
Priority #6	Staff Mileage	$500
Priority #7		
Total Requested		$20,000

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

Through the services mentioned below, Exodus will address the following social service needs: adult education, K-12 education, finding and keeping a job, good place to live, banking development, economic self-sufficiency, economic challenges facing vulnerable populations, ensuring prenatal care and infant health, crisis services for refugees, and legal assistance for refugees.

Initially, the Bloomington sub-office will provide the following services to its clients:

1. Reception and Placement program offers appropriate assistance during their refugees' initial resettlement.

2. Employment Services provide job skills training, job placement services, and more.

3. Medical/Mental Health Case Management provides case management for vulnerable clients with complex health needs.

4. Matching Grant program is a welfare-alternative employment program to keep clients off public benefits and help them find jobs.

5. Referrals to established English-language-learning programs within the community. (In the future, the sub-office will have a class-based program.)

6. Emergency Assistance Program, which provides direct support for refugees who need basic needs assistance while they work towards self-supporting lives.

As the Bloomington sub-office increases capacity, it will establish the following programs, which are already established in Indianapolis and supported primarily through private funding: Mental Wellness Program, Youth Program, Services for Asylum Seekers Program, Women's Program, and Immigration Legal Services and Citizenship Preparation Program.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

Throughout its 41-year history, Exodus has had a strong record of sustaining its programs. Exodus attributes this to its adaptability, leadership and board, and ability to achieve greater cost-efficiency through difficult economic times.

To ensure the Bloomington sub-office maintains capacity, Exodus will seek support from individuals, foundations, corporations, faith-based organizations, and other private sources. Exodus will build upon the agency ' s prior fundraising successes, and the agency is informed by a comprehensive fundraising audit and plan.

Additionally, Exodus ' s Board of Directors is committed to the financial well-being of the organization and has a Development and Community Engagement Committee.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

Through its programs and services, Exodus strives to ensure that its clients feel welcome, that their new communities accept them, and that they both learn from each other. This leads to wide, positive community impact.

Refugees end up as vital members of their local communities—they join the work force, pay taxes, open businesses, and buy houses. For example, a study has shown that refugees have an entrepreneurship rate that outshines that of their U.S.-born counterparts (13% versus 9%); have a higher percentage who are working age compared to the U.S.-born population (77.1% versus 49.7%); and contribute billions in taxes ($20.9 billion). New American Economy, " From Struggle to Resilience: The Economic Impact of Refugees in America" (June 2017). In other words, integrating the agency's clients into their communities leads to a mutually beneficial economic relationship between the two.

But successful integration of the agency's clients doesn't just lead to an economic boost within their new communities. Refugees introduce their new cities to new cultures, arts, and cuisines, leading to more social diversity that is not as easily quantifiable (yet, is as equally important). And the successful integration of Exodus's clients leads to fostering relationships between them and established community members.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Exodus will measure the success of the project through the following outcome indicators:

# of clients who accessed long-term affordable housing

# of clients who accessed public assistance benefits

# of clients who obtained jobs with income that exceeds expenses

# of clients who were connected with a Primary Care Provider

# of clients enrolled in English language learner classes/resources

# of clients connected to Work One for employment services

# of clients connected with volunteers/community members to aid in community integration

# of school-aged children enrolled in school

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

General Agency Information:

For 41 years, Exodus Refugee Immigration, Inc. has been dedicated to the protection of human rights by serving the resettlement needs of refugees and other displaced people (such as asylees, Cuban/Haitian entrants, asylum seekers, Special Immigrant Visa (SIV) holders, and victims of human trafficking) fleeing persecution, injustice, and war by welcoming them to Indiana. These individuals have fled persecution or violence in their home country and sought safety in the U.S. The agency resettles individuals and families representing many faiths and nationalities including individuals from Afghanistan, Burma, Central African Republic, the Democratic Republic of the Congo, El Salvador, Eritrea, Ethiopia, Guatemala, Haiti, Iraq, Somalia, Sudan, and Syria.

Exodus is part of a well-established network of providers for U.S. refugee resettlement; is the largest refugee resettlement agency in Indiana; and is the primary agency that serves refugee newcomers from prior to arrival through self-sufficiency.

Exodus receives some federal funding for the specific programs geared at assisting refugees to strive toward self-sufficiency in their initial months. While Exodus's federally funded programs are undoubtedly beneficial for early integration, language, and employment services, they are limited in scope and do not always meet the long-term integration needs required for refugees to make a successful transition to life in the United States. Therefore, it is imperative for Exodus to raise private funds to have the flexibility to fully address refugees' unique needs through supportive programs and services, as described above.

Bloomington sub-office:

As explained above, Exodus is currently the largest resettlement agency in the State of Indiana with 41 years of experience in refugee resettlement. Bloomington site staff will be trained initially by experienced Indianapolis staff in resettlement best practices and will receive ongoing coaching, support, and guidance. In addition, the Exodus-Indianapolis office has an established partnership with the Bloomington Refugee Support Network, which is eager and ready to support refugee newcomers in Bloomington with the resources they need to become self-sufficient.

2022 Jack Hopkins Project Budget			
Exodus Refugee Immigration, Inc. - Bloomington		**General Operating**	
Total Project Cost		$20,000	
	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant	$20,000		$20,000
Church World Service – Local Capacity Development Grant	$133,500	$133,500	
Reception and Placement Funds – Federal Refugee Resettlement Program	$284,375	$284,375	
Afghan Placement and Assistance Program Funding	$31,500	$31,500	
Anonymous Foundation General Operating Grant	$50,000	$50,000	
Individual Donors	$78,960	$78,960	
Foundations	$25,000	$25,000	
TOTAL PROJECT FUNDS FROM ALL SOURCES	**$623,335**	**$603,335**	**$20,000**
EXPENSES			
Employee Compensation, Benefits, and Taxes – for 6 full-time staff to	$322,040	$312,040	$10,000

carry out services as described in the proposal			
Interpretation in multiple languages for client meetings, activities, and trainings	$8,000	$5,000	$3,000
Space Rental and Occupancy	$30,000	$28,000	$2,000
Staff Mileage - taking clients to appointments, activities, and trainings	$5,000	$4,500	$500
Direct Client Assistance is provided for vulnerable refugee to cover certain expenses, such as rent & utilities, childcare, medical expenses, food, work clothing, etc., while they work toward self-sufficiency.	$229,825	$226,325	$3,500
Administrative expenses – computers, IT, phones, security, WiFi buildout, office supplies & equipment, moving costs/U-Haul rental, and insurance	$28,470	$27,470	$1,000
TOTAL PROJECT EXPENSES	**$623,335**	**$603,335**	**$20,000**

10:30 AM
02/22/22
Accrual Basis

Exodus Refugee Immigration Inc
Profit & Loss
January through December 2021

		Jan - Dec 21
Income		
4150 · PPP		258,400.00
4100 · Federal Funding		1,679,679.36
4200 · State Funding		1,193,205.74
4300 · Private Funding		
4310 · Grants/Foundations	576,500.00	
4320 · Corporate Funding	98,294.80	
4330 · Faith Groups	72,216.85	
4340 · Individuals		
4341 · T-Shirts	2,265.00	
4340 · Individuals - Other	795,590.76	
Total 4340 · Individuals	797,855.76	
4350 · Fundraiser Proceeds		
4355 · Gala Proceeds	142,245.69	
Total 4350 · Fundraiser Proceeds	142,245.69	
Total 4300 · Private Funding		1,687,113.10
4400 · Income - Misc.		21,449.34
4500 · Income - Deferral Entries		-574,637.45
4600 · Investment Return		53,224.30
Total Income		4,318,434.39
Gross Profit		4,318,434.39
Expense		
5000 · Compensation & Benefits		
5010 · Salary Expense	1,761,990.43	
5020 · Payroll Taxes	133,483.80	
5025 · Workers Compensation	7,137.50	
5030 · Health Insurance/HSA	197,258.24	
5035 · Emp. Health Ins. Contribution	-52,975.56	
5040 · 401K Match	20,285.94	
Total 5000 · Compensation & Benefits		2,067,180.35
6000 · Administration		
6100 · Professional Fees & Contractors		
6110 · Payroll/Auditor/Misc.	32,915.69	
6120 · IT/Website Labor	41,799.79	
6140 · Contracted Staff	61,506.31	
6150 · Consultants	10,000.00	
6160 · Business Insurance	17,138.32	

10:30 AM
02/22/22
Accrual Basis

Exodus Refugee Immigration Inc
Profit & Loss
January through December 2021

		Jan - Dec 21
Total 6100 · Professional Fees & Contrac...		163,360.11
6300 · Occupancy		
6310 · Space Rental	100,259.01	
6320 · Cleaning, Recycling, Shredding	8,528.93	
Total 6300 · Occupancy		108,787.94
6400 · Supplies, Equip & Furnishings		
6410 · Office Supplies	11,835.36	
6420 · Office Equipment & Furnishings	6,996.13	
6430 · Copier Expense	3,469.17	
6450 · Depreciation & Amort. Expense	10,782.00	
Total 6400 · Supplies, Equip & Furnishings		33,082.66
6500 · Marketing/Development		
6510 · T-Shirts	289.13	
6515 · Gala Expenses	13,933.94	
6520 · Credit Card Processing Fees	8,817.86	
6500 · Marketing/Development - Other	18,356.42	
Total 6500 · Marketing/Development		41,397.35
6600 · Communications		
6610 · Phones/Internet	14,540.43	
6620 · Postage	2,210.45	
Total 6600 · Communications		16,750.88
6800 · Trainings/Conferences		13,756.19
6900 · Admin Other		
6920 · Bank Fees	1,314.90	
6940 · Executive Director Fund	35.73	
6960 · Admin Miscellaneous	10,996.03	
Total 6900 · Admin Other		12,346.66
Total 6000 · Administration		389,481.79
7000 · Program Expenses		
7105 · Basic Needs - Direct to Clients		
7110 · Direct Cash	134,678.92	
7115 · Rent	562,016.85	
7120 · Utilities	58,812.35	
7125 · Furnishings	16,117.31	
7130 · Food	45,348.67	
7135 · Clothing	12,195.07	

10:30 AM
02/22/22
Accrual Basis

Exodus Refugee Immigration Inc
Profit & Loss
January through December 2021

	Jan - Dec 21	
7140 · Medical/Health	1,586.00	
7145 · Basic Needs - Other	10,823.64	
Total 7105 · Basic Needs - Direct to Clients		841,578.81
7175 · Basic Needs - Indirect		
7180 · Refugee Mileage/Transport	35,583.51	
7185 · Interpretation	154,593.92	
7190 · Bulk Client Purchases	74,155.12	
7195 · Apartment Set Up Costs	6,317.06	
7200 · Client Postage	1,285.67	
7205 · Education Expense	54,816.73	
7210 · Employment Expense	8,268.74	
7215 · Mini Bus Program	4,285.39	
7220 · Bus Passes	55.00	
Total 7175 · Basic Needs - Indirect		339,361.14
Total 7000 · Program Expenses		1,180,939.95
Total Expense		3,637,602.09
Net Income		**680,832.30**

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 28 1994

Employer Identification Number:
35-1900090
DLN:
17053073881008
Contact Person:
D. A. DOWNING
Contact Telephone Number:
(513) 241-5199
Our Letter Dated:
November, 1993
Addendum Applies:
Yes

EXODUS REFUGEE IMMIGRATION INC
C/O SYLVIA ROBLES
701 N DELAWARE ST RM 202
INDIANAPOLIS, IN 46204-1125

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

IRS Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0248367576
Mar. 17, 2017 LTR 4168C 0
35-1900090 000000 00
00019748
BODC: TE

EXODUS REFUGEE IMMIGRATION INC
% EXOD
2457 EAST WASHINGTON ST STE A
INDIANAPOLIS IN 46201

29921

Employer ID Number: 35-1900090
Form 990 required: YES

Dear Taxpayer:

This is in response to your request dated Mar. 08, 2017, regarding your tax-exempt status.

We issued you a determination letter in November 1993, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Habitat for Humanity of Monroe County

Address: 213 E Kirkwood Ave
Bloomington IN 47408

Phone: 812-331-4069

E-Mail: habitat@monroecountyhabitat.org

Website: monroecountyhabitat.org

President of Board of Directors: Mark Bauman

Name of Executive Director: Wendi Goodlett

Phone: 812-331-4069

E-Mail: goodlett@monroecountyhabitat.org

Name of Grant Writer: Colleen McKenna

Phone: 812-331-4069

E-Mail: mckenna@monroecountyhabitat.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
14	5	800+

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Habitat for Humanity of Monroe County (HFHMC) builds strength, stability, self-reliance and shelter - the only thing we give away is an opportunity. Our mission is to eliminate poverty housing by building decent, affordable homes in partnership with qualifying families. Our vision is a world where everyone has a decent place to live. Through volunteer labor and tax-deductible donations of money and materials, Habitat homes are sold to future homeowners at no profit and are financed with affordable loans. As families pay back their interest-free mortgages, we are able to offer future opportunities for home ownership, making an impact for additional families in the community.

Future Habitat homeowners are selected based on their need for housing, ability to repay an affordable mortgage, and willingness to partner with HFHMC. Each adult household member must commit to 250 hours of “sweat equity” in the form of volunteer hours and homeownership education courses.

PROJECT INFORMATION

Name of the project to be funded:

Habitat for Humanity of Monroe County Worksite Safety Initiative

Total cost of project: $7,606.42

Requested amount of Jack Hopkins funding: $7,606.42

Number of City residents to be served by this project in 2022: 850-1000

Number of clients to be served by this project in 2022: 85

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting $7,606.42 in funding in order to provide protective safety equipment for HFHMC construction and ReStore programs, ensuring volunteers can fully and safely help us fulfill our mission. With Jack Hopkins funding to procure protective equipment, Habitat can maintain a safe, efficient, and welcoming environment for unskilled volunteers, and attract and retain skilled volunteers to help us to build affordable housing in partnership.

HFHMC's staff and volunteer crew leaders play an integral part in our mission by coaching and working alongside unskilled volunteers, permitting us to build homes safely and affordably. We currently have 25 active crew leaders and three construction-focused staff, and we work with over 800 volunteers in the community annually. With the costs of construction materials skyrocketing and the availability of outside contractors diminished by labor shortages, we are relying more heavily upon our volunteers at the same time we are constructing larger homes. In order to safely employ and grow volunteer participation to the fullest, we need to train and equip more volunteers to safely move heavy materials, construct second story roofs, and meet Habitat construction standards. We are seeking funding to provide appropriate safety equipment for all who build with us.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [x] No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Multiple Habitat owned build sites within City of Bloomington limits, including Osage Place which encompasses land under development adjacent to RCA Park; and Habitat ReStore 850 S Auto Mall Rd Bloomington

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

[x] Yes [ ] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use? [x] 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.*

Building permits for all construction projects are solicited and recorded as required.

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[ ] Yes [x] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

Funds requested through Jack Hopkins will provide all new resources currently required. HFHMC's annual giving program will cover any gaps or overruns in expenses, and existing annual fundraising will provide future ongoing funding for tool and equipment replacement and upkeep.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Assuming ready market availability of tools and equipment for purchase this spring, we would procure the needed supplies upon notification of a successful application in order to quickly begin performing additional construction tasks using volunteers. Once we purchase the safety equipment and submit receipts, no further steps will be necessary to file for reimbursement.

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

N/A

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

A main tenet of Habitat's model is the wide-ranging and deep engagement of volunteers in our work. By utilizing both skilled and unskilled volunteers, HFHMC is able to successfully build affordable housing by keeping our costs low. The additional cost savings realized by using our model to employ volunteers in specialized tasks using appropriate safety equipment will allow us to build homes and run our ReStore more affordably, attract more volunteers, and ultimately increase our capacity to partner with more families seeking affordable homeownership opportunities in our community.

FUNDING PRIORITIES – RANKED

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

[x] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Fall Protection Supplies and Equipment	1992.88
Priority #2	Fire Extinguishers	870.00
Priority #3	Electrical Safety	1285.44
Priority #4	Personal Protective Equipment	1218.10
Priority #5	Staff/Volunteer CPR Certification	1500.00
Priority #6	Panel Hand Trucks	740.00
Priority #7		
Total Requested		7606.42

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

The SCAN and the 2020-2024 Consolidated Plan outline significant need in our community to improve the affordability of housing. HFHMC provides low-income families the opportunity to purchase an affordable home with a mortgage payment that is no more than 30% of their gross monthly income.

HFHMC's goals align with strategies outlined in the 2020-2024 Consolidated Plan. Increasing our ability to further utilize volunteer labor will permit us to redirect funds to home construction, helping the City reach its goal of increased availability of affordable housing and decreased cost burden. According to CHAS data, 14.7% of households in Bloomington are cost burdened, particularly households with incomes between 30-80% AMI, and 28.9% of City households are severely cost-burdened. All of our partnering families are low-income and earn between 25-80% of area median income, which corresponds to the desired population segment for these funds.

Stable housing remains critical as inadequately housed community members continue to feel the greatest impacts of the COVID pandemic. Through home ownership, Habitat families gain stability and an improvement in their quality of life. Funding our project will help us save resources for years to come so we can build more affordable housing in partnership with volunteers and families.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

HFHMC regularly assesses workplace tools for functionality, and maintains a modest annual tool budget for needed replacements and upkeep. The equipment to be funded consists of new tools designed to safely expand work previously done solely by limited skilled volunteers or contracted out for a cost. Habitat recognizes the importance of being good stewards of our resources, and it is our intention that these tools remain safe and functional for the long term. Going forward, this new equipment will be assessed and replaced as needed as part of our existing equipment replacement procedures.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

HFHMC's work depends on community partnerships. The reasons that future homeowners and volunteers choose to partner with Habitat are varied – from families seeking to create a better life for their children or learn a new skill that leads to greater economic opportunity, to volunteers looking for social connections or to ways to stay active – but our partners share a commitment and dedication to building affordable housing and creating strong communities.

Habitat partners regularly with Monroe County organizations and individuals in all facets of our work. Sponsorship funds, volunteer and fundraising efforts from businesses, faith organizations and student groups, and donations of materials and services from corporations and individuals all drive our success. Volunteers are especially critical to our ability to improve the economic and social well-being of future Habitat homeowners, and they play an integral role in all of our programs. By providing safety resources to our construction and ReStore teams, we can continue to build homes safely, efficiently and most importantly, affordably.

Because of the work of volunteers, families achieve the strength, stability and independence they need to build better lives. We are committed to expanding safe service opportunities so more volunteers can be involved in our work.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Our 25 crew leaders will have the proper safety tools to engage hundreds of additional volunteers in skilled work on our construction sites and at our ReStore, ensuring the 37 adults and 48 children currently in our program can more quickly advance their homeownership journeys. With the goals of doubling the number of skilled crew leaders volunteering with us over the next two years, and increasing our individual volunteers to 1,000 this year, it is critical we provide the best safety environment possible. This grant will help us to ensure all who work with us can safely volunteer with confidence.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

This project will equip key HFHMC volunteers and staff to safely perform additional work with volunteers and future homeowners at our ReStore and on our construction sites.

• HFHMC is developing a complete fall protection system that will allow staff and trained volunteers to safely install roofs on two-story homes.
• To increase fire safety on our construction sites and in newly built homes, we will begin installing a fire extinguisher at each new build site, in our tool trailers, in our warehouse, and at ReStore. The fire extinguishers installed in homes during construction will remain with the new homeowners when they move in.
• Habitat for Humanity International recently issued new construction standards to US Habitat affiliates. Among the improved safety measures are new regulations concerning energy sources on the construction site. New, safer electrical cords and lock out tags will be obtained to meet these guidelines.
• HFHMC currently supplies limited Personal Protective Equipment (PPE) to staff and volunteers. In an effort to continually improve site safety for volunteers and staff we will begin to provide additional PPE items.

By providing a safe and welcoming space for volunteers who have the time and expertise to help us build homes and run our ReStore, we can continue to support area families by steadily advancing an ambitious construction schedule of 10-12 homes annually. Support from Jack Hopkins will ensure we have the resources to keep volunteers safe and protected as we help low-income individuals and families in our community continue to recover from the COVID-19 pandemic.

The need for affordable housing was only intensified by the pandemic, and cost burden remains the greatest housing problem in our community. Cost burden and severe cost burden disproportionally affect households with incomes below 80% of the Median Family Income, HFHMC's target population. In Bloomington, a household must earn $3,066 monthly or $36,800 annually to afford Fair Market Rent for a two-bedroom apartment. Assuming full time employment, this level of income translates into a Housing Wage of $17.69, more than twice the current minimum wage of $7.25.

At HFHMC we are the only organization in our community offering a pathway to homeownership. All of our future homeowners earn between 25-80% of the county median income, and when they purchase their homes, their mortgage payments will be no more than 30% of their gross monthly income. This immediately sets them on a path towards financial stability and an overall improvement in quality of life.

Housing need presents itself in many forms wherever people live and work, and housing insecurity touches nearly half of adults at some point in their lives, impacting the workforce housing that allows our neighbors and colleagues to fully participate in our economy. By assuring a safe working environment for our volunteers, we can continue to build HFHMC homes and create future opportunities for safe and secure shelter while strengthening our community home by home, family by family.

The need for affordable housing was only intensified by the pandemic, and cost burden remains the greatest housing problem in our community. Cost burden and severe cost burden disproportionally affect households with incomes below 80% of the Median Family Income (MFI), HFHMC's target population. In Bloomington, a household must earn $3,066 monthly or $36,800 annually to afford Fair Market Rent for a two-bedroom apartment. Assuming full time employment, this level of income translates into a Housing Wage of $17.69, more than twice the current minimum wage of $7.25.

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2022 Jack Hopkins Project Budget

Habitat for Humanity of Monroe County **PROJECT NAME: Habitat for Humanity of Monroe County Worksite Safety Initiative**

Total Project Cost **$7,606.42**

Total Funds Requested **$7,606.42** any cost overruns and ongoing maintenance and replacement will be funded through annual donations and wrapped into future agency budgets.

Tools	Quantity	$/ea	Total cost	Estimates
Scaffolding rails	8	$ 12.12	$ 96.96	https://www.google.com/shopping/product/10028383633100476104?q=scaffolding+guard+rail&client=safari&bih=664&biw=390&hl=en-US&tbs=vw:l&sxsrf=APq-WBt8g-
Ladder stabilizers	4	$ 77.98	$ 311.92	https://www.lowes.com/pd/Werner-AC-Stabilizer-for-Use-with-Ladders/3047885?cm_mmc=shp-_-c-_-prd-_-bdm-_-bng-_-LIA_BDM_102_Insulation-And-
Aluminum walk board 16'	4	$ 396.00	$ 1,584.00	https://www.acmetools.com/12-in-w-x-16-ft-l-stage-2316/051751014334.html?feeds=shopping&msclkid=61b11545e7201bbdd1827702eb9e9592&
Fire Extinguishers 5lb	6	$ 70.00	$ 420.00	https://www.uline.com/Product/Detail/S-22291/Fire-Protection/Fire-Extinguisher-Class-ABC-5-lb-3A40BC?pricode=WB0825&gadtype=pla&id=S-
Fire Extinguishers 10 lb	4	$ 75.00	$ 300.00	https://www.fireandsafetyplus.com/product/fe-b456-10t-abc-fire-extinguisher/?utm_source=Google%20Shopping&utm_campaign=Google%20Merchant&utm_m
Tags for fire extinguishers	10	$ 15.00	$ 150.00	Habitat has a contract with Korseen https://www.koorsen.com/
Extension cord 100' (10gauge)	6	$ 142.99	$ 857.94	https://www.lifesupplyusa.com/products/10-3-100ft-sjtw-lighted-end-heavy-duty-extension-cord-100-
Extension cord 50' (12gauge)	6	$ 38.99	$ 233.94	https://www.harborfreight.com/50-ft-x-12-gauge-outdoor-extension-cord-62942.html?utm_source=google&utm_medium=cpc&utm_campaign=11852570863&campaigni
Extension cord 25' (12 gauge)	6	$ 22.51	$ 135.06	https://www.lowes.com/pd/EZ-Electrical-25-ft-12-3-Prong-Indoor-Outdoor-Heavy-Duty-Lighted-Extension-Cord/1001222648?cm_mmc=shp-_-c-_-prd-_-elc-_-ggl-_-PLA_ELC_205_Wiring-
Lock out tag out breaker part	5	$ 10.50	$ 52.50	https://www.uline.com/Product/Detail/H-3440/Lockout-Tagout/Circuit-Breaker-Lockout-Standard?pricode=WB1748&gadtype=pla&id=H-
Lock out tag out locks (sold in pairs)	3	$ 2.00	$ 6.00	https://www.google.com/shopping/product/1?q=lock+out+tag+out+locks&client=safari&bih=664&biw=390&hl=en-US&tbs=vw:l&prmd=isvn&sxsrf=APq-
Ear plug frames and replacements	20	$ 10.95	$ 219.00	https://www.amazon.com/gp/aw/d/B082TS6C59/ref=syn_sd_onsite_mobileweb_169?ie=UTF8&adId=200028895780551&qualifier=1648227971&id=1416897905598228&widget=sd_onsite_

2022 Jack Hopkins Project Budget

Habitat for Humanity of Monroe County **PROJECT NAME: Habitat for Humanity of Monroe County Worksite Safety Initiative**

Gloves (small) (12pair)	20	$ 11.99	$ 239.80	https://inlandempiresafety.com/products/5210?variant=31980087574627
Gloves (medium) (12 pair)	25	$ 11.99	$ 299.75	https://inlandempiresafety.com/products/5210?variant=31980155011171
Gloves (large) (12)	25	$ 11.99	$ 299.75	https://inlandempiresafety.com/products/5210?variant=31047012384867&currency=USD&utm_medium=product_sync&utm_source=google&utm_content=sag_organic&utm_campaign=sag_
Face shields	10	$ 15.98	$ 159.80	https://www.lowes.com/pd/3M-Plastic-Face-Shield/3082689
CPR Certification	30	$ 50.00	$ 1,500.00	AMERICAN RED CROSS ADULT FIRST AID/CPR/AED – 10 for FT staff members and 20 for volunteer crew leaders
Carpeted Deck Panel Truck	2	$ 370.00	$ 740.00	https://www.uline.com/Product/Detail/H-6700/Panel-Trucks/Carpeted-Deck-Panel-Truck-30-x-60
TOTAL PROJECT COST			**$ 7,606.42**	

Habitat for Humanity of Monroe County

** PUBLIC DISCLOSURE COPY **

Form **990** (Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: Habitat for Humanity of Monroe County

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 213 E Kirkwood Ave — Room/suite

City or town, state or province, country, and ZIP or foreign postal code: Bloomington, IN 47408

D Employer identification number: 35-1753977

E Telephone number: (812) 334-9770

G Gross receipts $ 2,824,159.

F Name and address of principal officer: Wendi Goodlett, same as C above

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? Yes No — If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ monroecountyhabitat.org

K Form of organization: ☒ Corporation Trust Association Other ▶

L Year of formation: 1988 **M** State of legal domicile: IN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: To provide simple, decent, and affordable housing for members of the community that are living in

2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	818
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	840,548.	1,164,217.
	9	Program service revenue (Part VIII, line 2g)	1,638,793.	1,621,816.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,871.	6,032.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,375.	28,204.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,527,587.	2,820,269.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,000.	76,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,126,948.	1,017,553.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 141,841.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,953,997.	1,421,766.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,105,945.	2,515,319.
	19	Revenue less expenses. Subtract line 18 from line 12	-578,358.	304,950.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,237,105.	7,391,985.
	21	Total liabilities (Part X, line 26)	1,826,134.	1,673,447.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,410,971.	5,718,538.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ Wendi Goodlett, President/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Paula Hume	DocuSigned by: C10780361DA0493...	3/10/2021		P00537516

Firm's name ▶ Barnes, Dennig & Co., LTD — Firm's EIN ▶ 31-1119890

Firm's address ▶ 5750 Castle Creek Pkwy, Ste 245, Indianapolis, IN 46250 — Phone no. 317-572-1130

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes No

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
Habitat for Humanity of Monroe County, Inc (HFH) is a not-for-profit organization dedicated to eliminating the cycle of poverty by partnering with local families to build simple, decent, affordable housing. Families pay interest-free mortgages for their homes, which

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,839,531. including grants of $ 76,000.) (Revenue $ 1,081,778.)
Habitat for Humanity of Monroe County's (HFH) mission is to provide residential housing for low income families who have been residents of Monroe County and adjacent counties for at least a year. Families pay an affordable 0% interest mortgage. HFH commits to train and equip families for home ownership through a series of homeowner education courses that include money management, homeowner's insurance, avoiding predatory lending and home maintenance.

4b (Code:) (Expenses $ 493,121. including grants of $) (Revenue $ 540,038.)
Habitat ReStore is a home improvement store that collects donated building materials, furniture, appliances, and other home goods and sells them to the general public at a discounted rate. The profits from ReStore sales go to support the work of Habitat for Humanity of Monroe County.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 2,332,652.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	18		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI ..... [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ IN

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

Wendi Goodlett - (812) 331-4069
213 E Kirkwood, Bloomington, IN 47408

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Meredith Rogers Chair	3.00	X		X				0.	0.	0.
(2) Mark Bauman Vice Chair	3.00	X		X				0.	0.	0.
(3) Karen Adams Secretary	3.00	X		X				0.	0.	0.
(4) Noah Stoffman Treasurer	3.00	X		X				0.	0.	0.
(5) Dan Conkle Director	2.00	X						0.	0.	0.
(6) Christy Langley Director	2.00	X						0.	0.	0.
(7) Catherine Laughlin Director	2.00	X						0.	0.	0.
(8) Jesica Sonneborn Director	2.00	X						0.	0.	0.
(9) Tim Roberts Director	2.00	X						0.	0.	0.
(10) Theresa Thompson Director	2.00	X						0.	0.	0.
(11) Loren Wood Director	2.00	X						0.	0.	0.
(12) Scott Smart Director	2.00	X						0.	0.	0.
(13) Brian Thompson Director	2.00	X						0.	0.	0.
(14) Karan Rastall Director	2.00	X						0.	0.	0.
(15) Jason Urbanski Director	2.00	X						0.	0.	0.
(16) Joe Fitter Director	2.00	X						0.	0.	0.
(17) Wendi Goodlett President/CEO	40.00			X				106,496.	0.	9,765.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Subtotal ▶								106,496.	0.	9,765.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								106,496.	0.	9,765.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII .....

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,164,217.				
	g Noncash contributions included in lines 1a-1f	1g	$ 161,556.				
	h **Total.** Add lines 1a-1f ▶			1,164,217.			
			Business Code				
Program Service Revenue	2 a Homeowner Transfers		236000	1,074,432.	1,074,432.		
	b Habit ReStore Sales		442000	540,038.	540,038.		
	c Rental Income		532000	7,346.	7,346.		
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶			1,621,816.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			933.			933.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
			(i) Real / (ii) Personal				
	6 a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss) ▶						
			(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	7a	8,989.				
	b Less: cost or other basis and sales expenses	7b	3,890.				
	c Gain or (loss)	7c	5,099.				
	d Net gain or (loss) ▶			5,099.			5,099.
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events ▶						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities ▶						
	10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory ▶						
			Business Code				
Miscellaneous Revenue	11 a Miscellaneous income		900099	27,730.			27,730.
	b Refunds		561700	474.			474.
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶			28,204.			
	12 **Total revenue.** See instructions ▶			2,820,269.	1,621,816.	0.	34,236.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	76,000.	76,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	116,261.	101,795.	3,488.	10,978.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	732,646.	641,465.	21,980.	69,201.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	67,045.	58,703.	2,011.	6,331.
10 Payroll taxes	101,601.	88,960.	3,048.	9,593.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	21,755.	19,579.	653.	1,523.
12 Advertising and promotion	20,077.	20,077.		
13 Office expenses	43,608.	39,973.	1,308.	2,327.
14 Information technology	44,419.	38,329.	1,333.	4,757.
15 Royalties				
16 Occupancy	203,308.	178,113.	625.	24,570.
17 Travel	14,729.	13,291.	442.	996.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,139.	10,965.	364.	810.
20 Interest	61,412.	55,271.	1,842.	4,299.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,645.	25,542.	829.	1,274.
23 Insurance	35,360.	32,268.	1,061.	2,031.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Cost of homes sold	869,379.	869,379.		
b Vehicle expense	27,897.	25,645.	837.	1,415.
c Other expenses	19,430.	17,698.	583.	1,149.
d Repairs and maintenance	14,041.	13,032.	422.	587.
e All other expenses	6,567.	6,567.		
25 **Total functional expenses.** Add lines 1 through 24e	2,515,319.	2,332,652.	40,826.	141,841.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		228,298.	1	394,566.
	2	Savings and temporary cash investments		362,000.	2	368,624.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		4,763,937.	7	5,094,081.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		13,685.	9	11,003.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 430,750.			
	b	Less: accumulated depreciation	10b 288,453.	151,253.	10c	142,297.
	11	Investments - publicly traded securities		93,125.	11	65,828.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,624,807.	15	1,315,586.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		7,237,105.	16	7,391,985.
Liabilities	17	Accounts payable and accrued expenses		127,302.	17	271,618.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		343,798.	23	34,438.
	24	Unsecured notes and loans payable to unrelated third parties		87,932.	24	67,391.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		1,267,102.	25	1,300,000.
	26	**Total liabilities.** Add lines 17 through 25		1,826,134.	26	1,673,447.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		5,410,971.	27	5,718,538.
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		5,410,971.	32	5,718,538.
	33	Total liabilities and net assets/fund balances		7,237,105.	33	7,391,985.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI .....

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,820,269.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,515,319.
3	Revenue less expenses. Subtract line 2 from line 1	3	304,950.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,410,971.
5	Net unrealized gains (losses) on investments	5	2,617.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,718,538.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ..... [X]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: Habitat for Humanity of Monroe County

Employer identification number: 35-1753977

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1443538.	1203269.	1264506.	840,548.	1164217.	5916078.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1443538.	1203269.	1264506.	840,548.	1164217.	5916078.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						383,791.
6 **Public support.** Subtract line 5 from line 4.						5532287.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1443538.	1203269.	1264506.	840,548.	1164217.	5916078.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,412.	7,787.	13,237.	4,984.	933.	28,353.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	29,241.	40,007.	45,562.	34,537.	28,204.	177,551.
11 **Total support.** Add lines 7 through 10						6121982.

12 Gross receipts from related activities, etc. (see instructions) 12 8,326,243.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 90.37 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 15 93.29 %

16a **33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [X]

b **33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b **10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV **Supporting Organizations** *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) **Excess Distributions**	(ii) **Underdistributions Pre-2019**	(iii) **Distributable Amount for 2019**
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A, Part II, Line 10, Explanation for Other Income:

Miscellaneous income

2015 Amount: $ 25,227.

2016 Amount: $ 36,543.

2017 Amount: $ 45,392.

2018 Amount: $ 33,718.

2019 Amount: $ 27,730.

Rebates

2015 Amount: $ 3,957.

2016 Amount: $ 2,821.

Refunds

2015 Amount: $ 57.

2016 Amount: $ 643.

2017 Amount: $ 170.

2018 Amount: $ 819.

2019 Amount: $ 474.

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

Name of the organization	**Employer identification number**
Habitat for Humanity of Monroe County	35-1753977

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA **For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization	Employer identification number
Habitat for Humanity of Monroe County	35-1753977

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 129,522.	Person [X] Payroll Noncash X (Complete Part II for noncash contributions.)
2		$ 105,464.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
3		$ 20,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
4		$ 5,491.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
5		$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
6		$ 6,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Habitat for Humanity of Monroe County	35-1753977

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 37,060.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
8		$ 100,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
9		$ 52,078.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
10		$ 5,845.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
11		$ 5,025.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
12		$ 8,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization: Habitat for Humanity of Monroe County

Employer identification number: 35-1753977

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 5,570.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
14		$ 5,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
15		$ 5,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
16		$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
17		$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
18		$ 5,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Habitat for Humanity of Monroe County	35-1753977

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 5,500.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
20		$ 7,500.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
21		$ 6,060.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
22		$ 100,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
23		$ 13,500.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
24		$ 94,007.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization: Habitat for Humanity of Monroe County

Employer identification number: 35-1753977

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Appliances	$ 14,522.	06/30/20
10	Electrical Materials	$ 5,845.	06/30/20
22	Land	$ 100,000.	06/30/20
23	Electrical Materials	$ 13,500.	06/30/20
		$	
		$	

Name of organization: Habitat for Humanity of Monroe County

Employer identification number: 35-1753977

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Habitat for Humanity of Monroe County

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Habitat for Humanity of Monroe County

Employer identification number 35-1753977

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)
Protection of natural habitat
Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a Public exhibition
b Scholarly research
c Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____%

b Permanent endowment ▶ _____%

c Term endowment ▶ _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		203,080.	126,970.	76,110.
d Equipment		38,011.	35,617.	2,394.
e Other		189,659.	125,866.	63,793.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				142,297.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Land Held for Development	1,040,494.
(2) Construction in Progress	158,954.
(3) Homes For Sale	92,976.
(4) HOA Dues Trail View	5,392.
(5) Insurance deposit receivable	17,770.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	1,315,586.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Line of Credit	1,300,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	1,300,000.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	2,842,090.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	2,617.		
b	Donated services and use of facilities	2b	19,204.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	21,821.
3	Subtract line **2e** from line **1**			3	2,820,269.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	2,820,269.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,534,523.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	19,204.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	19,204.
3	Subtract line **2e** from line **1**			3	2,515,319.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	2,515,319.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

Habitat for Humanity of Monroe County, Inc. (HFH) is exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of Indiana law. However, the Organization is subject to federal income tax on any unrelated business taxable income.

The organization's IRS Form 990 is subject to review and examination by Federal and state authorities. The organization believes it has appropriate support for any tax positions taken, and therefore, does not have any uncertain income tax positions that are material to the financial statements.

Part XIII Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: Habitat for Humanity of Monroe County

Employer identification number: 35-1753977

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Habitat for Humanity Inc 322 W Lamar St Americus, GA 31709	91-1914868	501(c)(3)	76,000.	0.			Missions and tithes

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1.

3 Enter total number of other organizations listed in the line 1 table ▶

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2019)

932101 10-26-19

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Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Habitat for Humanity of Monroe County (HFH) each quarter sends an amount predetermined by its Board of Directors to its sister affiliate to assist with housing in developing countries.

HFH has developed a "Hart and Home Scholarship" which is funded by restricted donations specifically designated for this purpose. A committee from the HFH's Board of Directors reviews applications from homeowners making strides to advance their career or education and awards the

Part IV Supplemental Information

scholarship.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: Habitat for Humanity of Monroe County

Employer identification number: 35-1753977

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential	X	1	100,000.	FMV
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Materials)	X	7	33,534.	FMV
26	Other ▶ (Appliances)	X	9	14,522.	FMV
27	Other ▶ (Software)	X	1	13,500.	FMV
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule M (Form 990) 2019

932141 09-27-19

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization: Habitat for Humanity of Monroe County

Employer identification number: 35-1753977

Form 990, Part I, Line 1, Description of Organization Mission:

substandard housing conditions and are not able to qualify for a conventional mortgage.

Form 990, Part III, Line 1, Description of Organization Mission:

are built for a lower cost because of the use of volunteer labor and donations from the community. Families qualify for Habitat's home ownership program by meeting three basic criteria:

-Need for housing-All families demonstrate that they are currently living in substandard or unaffordable housing and cannot qualify for another program or traditional home loan.

-Ability to pay-Homeowners must be able to pay their affordable, 0% interest mortgage as well as their other expenses. Their income should fall between 25-70% of the area's median income.

-Willingness to partner-Each adult who will live in the Habitat home is required to invest a minimum of 250 hours of sweat equity. Sweat equity includes taking mandatory home ownership courses, volunteering on the construction of their own home and the homes of other families, and working in Habitat's ReStore.

Form 990, Part VI, Section A, line 7a:

Line 7a explanation - Board nominations come from a nominating committee, composed of the same members as the executive committee with elections on a

Name of the organization: Habitat for Humanity of Monroe County

Employer identification number: 35-1753977

rolling basis of three(3) year terms with the option to serve a second consecutive term after six(6) continuous years of board service the member can seek reappointment after one year off the board.

Form 990, Part VI, Section A, line 7b:

Line 7b explanation - The Board of Directors vote on matters of importance and significance at their meetings.

Form 990, Part VI, Section B, line 11b:

Line 11a explanation - The tax return was available for the Board of Directors and senior staff for review and comment prior to filing.

Form 990, Part VI, Section B, Line 12c:

The Board of Directors reviews the polices annually, or more frequently if needed.

Form 990, Part VI, Section B, Line 15:

The Board of Directors annually reviews the salary and benefits of the employees provided by staffing agency Century II. They utilize comparable data for similar exempt organization in relation to payroll, website industry statistics, and historical data to assist in their decision.

Form 990, Part VI, Section C, Line 19:

Governing documents are available upon request to the executive office.

Explanation on volunteers and types of services or benefits:

Volunteers work on the construction sites, prepare food for construction volunteers, perform office duties, perform administrative tasks, join

Name of the organization: Habitat for Humanity of Monroe County

Employer identification number: 35-1753977

committee, perform interpretation/translation tasks and work at ReStore.

Form 990, Part XII, Line 2c:

No changes in process from the prior year.

Form 990; Part V; Line 2a

Habitat for Humanity of Monroe County has no employees. Its staffing requirements are provided by the employment agency Century II.

Habitat for Humanity of Monroe County

Form **8868** (Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.: Habitat for Humanity of Monroe County

Taxpayer identification number (TIN): 35-1753977

Number, street, and room or suite no. If a P.O. box, see instructions.: 213 E Kirkwood Ave

City, town or post office, state, and ZIP code. For a foreign address, see instructions.: Bloomington, IN 47408

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ Wendi Goodlett 213 E Kirkwood - Bloomington, IN 47408

  Telephone No. ▶ (812) 331-4069 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until May 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or

▶ ☒ tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)

923841 12-30-19

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Healing Hands Outreach Center, Inc.

Address:
1917 S Walnut Street
Suite B
Bloomington, IN 474001

Phone: 812-272-2515

E-Mail: info@healinghandsbloomington.org

Website: healinghandsbloomington.org

President of Board of Directors: David Norris

Name of Executive Director: Renee Norris, CFO

Phone: 812-336-5958

E-Mail: business@citychurchbloomington.org

Name of Grant Writer: Julie Carter, Director

Phone: 812-272-1821

E-Mail: info@healinghandsbloomington.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
1		20

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

The Healing Hands Outreach Center, Inc. offers extensive outreach services to low-income, high-risk communities across Monroe County and surrounding areas. Healing Hands Outreach provides the following no-cost services and resources to residents of Monroe County and surrounding communities:
* Furniture, appliances, essential household items (such as toiletries), clothing and food
* Pick-up and drop off services for anyone in need without way of transporting items requested nd/or for any donations.

These services are open to all and do not require religious or spiritual affiliation. To mitigate fear and reduce stigma, the Healing Hands Outreach Center, Inc. operates at a neutral, non-religious location on the Southside of downtown Bloomington in a shopping plaza.

PROJECT INFORMATION

Name of the project to be funded:

Power Up

Total cost of project: $5,976

Requested amount of Jack Hopkins funding: $5,976

Number of City residents to be served by this project in 2022: 2,500

Number of clients to be served by this project in 2022: 3,000

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

The Healing Hands Outreach Center is requesting $5,976 for the Power Up project that will cover most of the cost of electricity for one year at the Healing Hands Outreach Center. This will allow Healing Hands to leverage finances in our new location, located a few blocks south of Downtown Bloomington that will reach more clients and City residents in need of essential items at no cost.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes ☒ No

If yes, list the name(s) of agency partner(s)

n/a

How do your missions, operations and services complement each other?

n/a

What is the existing relationship between agencies?

n/a

How will communication and coordination change as a result of the project?

n/a

Explain any challenges and steps you plan to take to address those challenges.

n/a

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

1917 S Walnut Street
Suite B
Bloomington, IN 47401

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

[ ] Yes [X] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

n/a

Is the property zoned for your intended use? [X] 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

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[x] Yes [ ] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[x] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

Donor requested funding through the City Church/ Heart for the House campaign.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

n/a

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

n/a

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

The Jack Hopkins Grant funds would be used to financially support the usage and need for electricity. The leverage of this support will allow the Healing Hands Outreach Center 1 paid staff member to focus more on volunteer recruitment, client outreach, improving the effiecienc of operations at the Healing Hnads Outreach Center that would bring support to formalization and the creation of sustainable systems that would allow the organization to grow

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Electric Bill	$5,976
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		$5,976

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

The Healing Hands Outreach Center (HHOC) aims to address the following priorities identified in the Service Community Assessment of Needs: Priority # 5-- A Healthy Community and Priority # 7—Meeting Essential Needs.

Currently, HHOC services approximately 2500-3000 families annually.Having the project and financial support from the Jack Hopkins grant will allow the team to support a healthy community by providing essential items such as clothing, shoes, applicances, bedding and furniture for families. This is particularly important for families that make have members with physical disabilities or limitations and young children. Providing quality sleeping and living conditions also leads to increase focus and morale for students which inadvertently impacts their performance in the classroom. Research has proven that reducing and/or addressing adverse childhood experiences (ACES) for children leads to greater performance and confidence in the classroom.

Additionally, this project allows for the HHOC to address priority #7 of meeting essential needs. The following excerpt was pulled from the SCAN report:

" The 2010 Household Survey revealed that 20% of respondents had at least a minor problem with having enough money to buy needed clothing and shoes, while 80% of respondents had no problem having enough money to buy needed clothing and shoes. This is similar to what was found in 2003. Nearly one-third (30%) of respondents with income less than $15,000 said that buying clothing and shoes was a major problem.

Providing free essential items to clients in need without other resources of this nature will also help to remediate the most emergent needs for these families and reduces stressors that lead to substance abuse and neglect in households.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

This funding request is a one-time investment to supply the need for a utility/electric bill for one year that is an essential need for the Healing Hands Outreach Center to operate.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

Healing Hands Outreach Center (HHOC) primarily serves low-income individuals living in Monroe County. The Power Up project will have a long-lasting impact on the community of Bloomington because it will allow HHOC to operate more efficiently and focus more of the staff ' s attention on clients ' needs. The work of HHOC will leave a long-lasting benefit on the community of Bloomington because it is alleviating the financial burden of every day necessary items such as food, clothing, and other household items. Clients may use these items to ease the financial burden of moving into a new apartment or the items may be used to help reunite a family together.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Healing Hands Outreach Center will measure the outcome of the project utilizing a client survey form. Through the client survey form, HHOC can quantitatively measure the number of clients served each month and the number of repeat clients the center receives. In addition, the survey quantitatively measures the demographics of the clientele served by collecting information regarding the age, sex, and income levels of all clients served. These quantitative measurements allow HHOC to better understand the client based served and tailor services to the clients ' greatest needs. Lastly, HHOC follows up with clients to ensure needs are met.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

n/a

2022 Jack Hopkins Project Budget

Healing Hands Outreach Center, Inc.	Power Up
Total Project Cost	$5,976

	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant			5976.00
City Church Heart for the House		1498.00	
TOTAL PROJECT FUNDS FROM ALL SOURCES	**7474.00**	**1498.00**	**5976.00**
EXPENSES			
Electric Bill	7474.00	1478.00	5976.00
TOTAL PROJECT EXPENSES	**7474.00**	**1498.00**	**5976.00**

12/02/21
Accrual Basis

Account QuickReport
January through December 2020

Type	Date	Num	Name	Memo	Split	Amount
INCOME						
HEALING HANDS						
Deposit	01/04/2020			Deposit	The Peoples S...	5.00
Sales Receipt	01/12/2020		Flippin,Helen		Undeposited F...	3.00
Sales Receipt	01/25/2020		Scott, Linda		Undeposited F...	25.00
Sales Receipt	01/26/2020		Glass, Janelle		Undeposited F...	25.00
Sales Receipt	01/30/2020		Burkett, Matthew		Undeposited F...	100.00
Sales Receipt	02/07/2020		Scott, Linda		Undeposited F...	25.00
Sales Receipt	02/16/2020		Bowlen, Marcella	Outreach	Undeposited F...	1,000.00
Sales Receipt	02/23/2020		Scott, Linda		Undeposited F...	25.00
Sales Receipt	02/29/2020		Burkett, Matthew		Undeposited F...	100.00
Sales Receipt	03/08/2020		Phillips, Evelyn (Evie)		Undeposited F...	1,000.00
Sales Receipt	03/08/2020		Scott, Linda		Undeposited F...	25.00
Sales Receipt	03/08/2020		Jeffers, Marjorie		Undeposited F...	30.00
Sales Receipt	03/17/2020		Scere, Stephanie		Undeposited F...	50.00
Sales Receipt	03/20/2020		Lane, Elizabeth		Undeposited F...	800.00
Sales Receipt	03/23/2020		Scott, Linda		Undeposited F...	25.00
Sales Receipt	03/24/2020		Webster,Rhonda S		Undeposited F...	30.00
Sales Receipt	03/26/2020		Toohill, Anthony & N...		Undeposited F...	35.00
Sales Receipt	03/26/2020		Guyton,Robin		Undeposited F...	25.00
Sales Receipt	03/27/2020		Summerlot, Amber&...		Undeposited F...	40.00
Sales Receipt	03/27/2020		Burkett, Matthew		Undeposited F...	100.00
Sales Receipt	03/31/2020		Bryant, Richard N		Undeposited F...	200.00
Sales Receipt	04/01/2020		Scere, Stephanie		Undeposited F...	50.00
Sales Receipt	04/01/2020		Vaughan, Brent		Undeposited F...	200.00
Sales Receipt	04/02/2020		Webster,Rhonda S		Undeposited F...	40.00
Sales Receipt	04/03/2020		Summerlot, Amber&...		Undeposited F...	40.00
Sales Receipt	04/08/2020		Guyton,Robin		Undeposited F...	50.00
Sales Receipt	04/09/2020		Barrow, Marty & Rut...		Undeposited F...	45.00
Sales Receipt	04/10/2020		Webster,Rhonda S		Undeposited F...	25.00
Sales Receipt	04/10/2020		Summerlot, Amber&...		Undeposited F...	20.00
Sales Receipt	04/12/2020		Zounlome, Nelson		Undeposited F...	40.00
Sales Receipt	04/14/2020		Chandler, Stephanie		Undeposited F...	120.00
Sales Receipt	04/16/2020		Alvarez, J		Undeposited F...	70.00
Sales Receipt	04/17/2020		Webster,Rhonda S		Undeposited F...	30.00
Sales Receipt	04/17/2020		Scott, Linda		Undeposited F...	25.00
Sales Receipt	04/19/2020		Toohill, Anthony & N...		Undeposited F...	5.00
Sales Receipt	04/23/2020		Guyton,Robin		Undeposited F...	50.00
Sales Receipt	04/26/2020		Bollhorst, Chad & El...		Undeposited F...	250.00
Sales Receipt	04/26/2020		Summerlot, Amber&...		Undeposited F...	20.00
Sales Receipt	04/30/2020		Burkett, Matthew		Undeposited F...	200.00
Sales Receipt	05/01/2020		Webster,Rhonda S		Undeposited F...	40.00
Sales Receipt	05/02/2020		Chitty, Brandon & S...		Undeposited F...	40.00
Sales Receipt	05/03/2020		Summerlot, Amber&...		Undeposited F...	20.00
Sales Receipt	05/05/2020		Cole, Jason & Miche...	Meal Train	Undeposited F...	500.00
Sales Receipt	05/06/2020		Cowden, Skylar		Undeposited F...	60.00
Sales Receipt	05/07/2020		Guyton,Robin		Undeposited F...	20.00
Sales Receipt	05/08/2020		Scott, Linda		Undeposited F...	25.00
Sales Receipt	05/10/2020		Ellis, Matt		Undeposited F...	25.00
Sales Receipt	05/10/2020		Richeson, Thomas ...		Undeposited F...	50.00
Sales Receipt	05/10/2020		Summerlot, Amber&...		Undeposited F...	20.00
Sales Receipt	05/12/2020		Sherwood Oaks Chri...	Covid-19 efforts	Undeposited F...	5,000.00
Sales Receipt	05/15/2020		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	05/15/2020		Carter, Clay & Julie		Undeposited F...	500.00
Sales Receipt	05/15/2020		Melvin GDN, Nancy		Undeposited F...	150.00
Sales Receipt	05/16/2020		Summerlot, Amber&...		Undeposited F...	20.00
Sales Receipt	05/17/2020		Stroup, Rose		Undeposited F...	80.00
Sales Receipt	05/21/2020		Guyton,Robin		Undeposited F...	50.00
Sales Receipt	05/24/2020		Summerlot, Amber&...		Undeposited F...	20.00
Sales Receipt	05/29/2020		Webster,Rhonda S		Undeposited F...	60.00
Sales Receipt	05/30/2020		Summerlot, Amber&...		Undeposited F...	20.00
Sales Receipt	06/04/2020		Guyton,Robin		Undeposited F...	30.00
Sales Receipt	06/06/2020		Webster,Rhonda S		Undeposited F...	40.00
Sales Receipt	06/06/2020		Summerlot, Amber&...		Undeposited F...	20.00
Sales Receipt	06/11/2020		Stierwalt, Zedakiah ...		Undeposited F...	100.00
Sales Receipt	06/13/2020		Summerlot, Amber&...		Undeposited F...	20.00
Sales Receipt	06/13/2020		Webster,Rhonda S		Undeposited F...	40.00
Sales Receipt	06/14/2020		Hughes, Daniel & C...		Undeposited F...	1,000.00

12/02/21
Accrual Basis

Account QuickReport
January through December 2020

Type	Date	Num	Name	Memo	Split	Amount
Sales Receipt	06/16/2020		A Better Way of Mov...		Undeposited F...	2,000.00
Sales Receipt	06/19/2020		Guyton,Robin		Undeposited F...	50.00
Sales Receipt	06/20/2020		Summerlot, Amber&...		Undeposited F...	20.00
Sales Receipt	06/26/2020		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	06/28/2020		Ellis, Matt		Undeposited F...	25.00
Sales Receipt	06/28/2020		Summerlot, Amber&...		Undeposited F...	20.00
Sales Receipt	07/03/2020		Guyton,Robin		Undeposited F...	50.00
Sales Receipt	07/03/2020		Arnold, Keia		Undeposited F...	1,200.00
Sales Receipt	07/06/2020		Burkett, Matthew		Undeposited F...	50.00
Sales Receipt	07/10/2020		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	07/17/2020		Hill, Renee		Undeposited F...	435.00
Sales Receipt	07/20/2020		Scott, Linda		Undeposited F...	50.00
Sales Receipt	07/22/2020		Joraanstand,Scott &...		Undeposited F...	70.00
Sales Receipt	07/23/2020		Barrow, Marty & Rut...		Undeposited F...	70.00
Sales Receipt	07/24/2020		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	07/26/2020		Barbee, Ilisa		Undeposited F...	10.00
Sales Receipt	07/26/2020		Ellis, Matt		Undeposited F...	25.00
Sales Receipt	07/26/2020		Summerlot, Amber&...		Undeposited F...	20.00
Sales Receipt	07/26/2020		Norris, Kim & Renee		Undeposited F...	70.00
Sales Receipt	08/02/2020		Summerlot, Amber&...		Undeposited F...	20.00
Sales Receipt	08/05/2020		Norris, Zach & Valerie	Book Bags/su...	Undeposited F...	100.00
Sales Receipt	08/07/2020		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	08/09/2020		Norris, Kim & Renee		Undeposited F...	10.00
Sales Receipt	08/21/2020		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	09/04/2020		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	09/06/2020		Burkett, Matthew		Undeposited F...	200.00
Sales Receipt	09/18/2020		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	09/18/2020		Guyton,Robin		Undeposited F...	15.00
Sales Receipt	09/24/2020		Guyton,Robin		Undeposited F...	30.00
Sales Receipt	09/25/2020		Colon, Donna		Undeposited F...	100.00
Sales Receipt	09/26/2020		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	09/30/2020		Starr, Victoria		Undeposited F...	100.00
Sales Receipt	10/02/2020		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	10/09/2020		Harden, Teresa		Undeposited F...	25.00
Sales Receipt	10/30/2020		Hunsucker, Gary & ...		Undeposited F...	100.00
Sales Receipt	10/30/2020		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	11/01/2020		Harden, Teresa		Undeposited F...	25.00
Sales Receipt	11/05/2020		Graebe, Glenda	Dumpsite exp...	Undeposited F...	600.00
Sales Receipt	11/08/2020		Ellis, Matt		Undeposited F...	35.00
Sales Receipt	11/13/2020		Harden, Teresa		Undeposited F...	50.00
Sales Receipt	11/13/2020		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	11/14/2020		Glass, Janelle		Undeposited F...	9.80
Sales Receipt	11/21/2020		Colon, Donna		Undeposited F...	100.00
Sales Receipt	11/22/2020		Richeson, Thomas ...		Undeposited F...	50.00
Sales Receipt	11/26/2020		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	12/01/2020		Webster,Rhonda S		Undeposited F...	25.00
Sales Receipt	12/02/2020		Kamoji, Linda	Christmas pre...	Undeposited F...	20.00
Sales Receipt	12/02/2020		Nair, Dr Smita		Undeposited F...	30.00
Sales Receipt	12/05/2020		Young, Elise		Undeposited F...	577.00
Sales Receipt	12/05/2020		Colon, Donna		Undeposited F...	100.00
Sales Receipt	12/06/2020		Elmore, Jason		Undeposited F...	140.00
Sales Receipt	12/11/2020		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	12/11/2020		Clark, Michelle & Bri...		Undeposited F...	1,000.00
Sales Receipt	12/16/2020		Harden, Teresa		Undeposited F...	25.00
Sales Receipt	12/19/2020		Colon, Donna		Undeposited F...	100.00
Sales Receipt	12/31/2020		Webster,Rhonda S		Undeposited F...	50.00
Total HEALING HANDS						21,399.80
Total INCOME						21,399.80
TOTAL						**21,399.80**

12/02/21
Accrual Basis

Account QuickReport
January 1 through December 2, 2021

Type	Date	Num	Name	Memo	Split	Amount
INCOME						
HEALING HANDS						
Sales Receipt	01/02/2021		Colon, Donna		Undeposited F...	100.00
Sales Receipt	01/03/2021		Hakeem,Rick		Undeposited F...	50.00
Sales Receipt	01/08/2021		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	01/09/2021		Chandler, Stephanie		Undeposited F...	50.00
Sales Receipt	01/10/2021		Hakeem,Rick		Undeposited F...	30.00
Sales Receipt	01/10/2021		Lewis, Jacob C		Undeposited F...	200.00
Sales Receipt	01/16/2021		Colon, Donna		Undeposited F...	100.00
Sales Receipt	01/16/2021		Harden, Teresa		Undeposited F...	25.00
Sales Receipt	01/17/2021		Hakeem,Rick		Undeposited F...	30.00
Sales Receipt	01/22/2021		Webster,Rhonda S		Undeposited F...	30.00
Sales Receipt	01/24/2021		Webster,Rhonda S		Undeposited F...	20.00
Sales Receipt	01/24/2021		Hakeem,Rick		Undeposited F...	30.00
Sales Receipt	01/30/2021		Colon, Donna		Undeposited F...	100.00
Sales Receipt	02/02/2021		Young, Elise		Undeposited F...	242.00
Sales Receipt	02/04/2021		Glass, Janelle		Undeposited F...	5.00
Sales Receipt	02/05/2021		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	02/13/2021		Colon, Donna		Undeposited F...	100.00
Sales Receipt	02/17/2021		Harden, Teresa		Undeposited F...	25.00
Sales Receipt	02/20/2021		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	02/21/2021		Cash, General		Undeposited F...	600.00
Sales Receipt	02/27/2021		Colon, Donna		Undeposited F...	100.00
Sales Receipt	03/05/2021		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	03/11/2021		Guyton,Robin		Undeposited F...	50.00
Sales Receipt	03/11/2021		Harden, Teresa		Undeposited F...	80.00
Sales Receipt	03/13/2021		Colon, Donna		Undeposited F...	100.00
Sales Receipt	03/19/2021		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	03/21/2021		Ohrt, Lynn		Undeposited F...	25.00
Sales Receipt	03/26/2021		Feltner, Brandi		Undeposited F...	25.00
Sales Receipt	04/02/2021		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	04/02/2021		Nair, Dr Smita		Undeposited F...	50.00
Sales Receipt	04/04/2021		Hakeem,Rick		Undeposited F...	50.00
Sales Receipt	04/10/2021		Webster,Rhonda S		Undeposited F...	75.00
Sales Receipt	04/14/2021		Harden, Teresa		Undeposited F...	50.00
Sales Receipt	04/30/2021		Shelton, Juanita		Undeposited F...	20.00
Sales Receipt	05/01/2021		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	05/04/2021		Luo, Benjamin		Undeposited F...	15.00
Sales Receipt	05/07/2021		Azen, Chanel		Undeposited F...	40.16
Sales Receipt	05/16/2021		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	05/21/2021		Azen, Chanel		Undeposited F...	100.00
Sales Receipt	05/29/2021		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	05/30/2021		Blume, Brie		Undeposited F...	30.00
Sales Receipt	05/30/2021		Richeson, Thomas ...		Undeposited F...	50.00
Sales Receipt	05/30/2021		Boromisa, Beverly R		Undeposited F...	50.00
Sales Receipt	05/31/2021		Kennedy, John		Undeposited F...	25.00
Sales Receipt	06/02/2021		Azen, Chanel		Undeposited F...	50.00
Sales Receipt	06/03/2021		Colon, Donna		Undeposited F...	150.00
Sales Receipt	06/04/2021		Nair, Dr Smita		Undeposited F...	50.00
Sales Receipt	06/04/2021		Luo, Benjamin		Undeposited F...	15.00
Sales Receipt	06/05/2021		Azen, Chanel		Undeposited F...	50.00
Sales Receipt	06/09/2021		Kennedy, John		Undeposited F...	50.00
Sales Receipt	06/11/2021		Azen, Chanel		Undeposited F...	25.10
Sales Receipt	06/11/2021		Webster,Rhonda S		Undeposited F...	30.00
Sales Receipt	06/13/2021		Teater, Cyndee		Undeposited F...	40.00
Sales Receipt	06/20/2021		Kim, Eunice		Undeposited F...	20.00
Sales Receipt	06/20/2021		Hakeem,Rick		Undeposited F...	30.00
Sales Receipt	06/25/2021		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	07/03/2021		Colon, Donna		Undeposited F...	150.00
Sales Receipt	07/04/2021		Hakeem,Rick		Undeposited F...	30.00
Sales Receipt	07/04/2021		Luo, Benjamin		Undeposited F...	15.00
Sales Receipt	07/09/2021		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	07/11/2021		Hakeem,Rick		Undeposited F...	50.00
Sales Receipt	07/18/2021		Hakeem,Rick		Undeposited F...	50.00
Sales Receipt	07/19/2021		Glick Fund	GRANT	Undeposited F...	5,000.00
Sales Receipt	07/23/2021		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	07/25/2021		Murphy, Amanda		Undeposited F...	50.00
Sales Receipt	07/25/2021		Meyer, Teresa		Undeposited F...	10.00

Healing Hands Outreach Center, Inc.

12/02/21
Accrual Basis

Account QuickReport
January 1 through December 2, 2021

Type	Date	Num	Name	Memo	Split	Amount
Sales Receipt	07/25/2021		Jenkins, Marti		Undeposited F...	25.00
Sales Receipt	07/25/2021		Hakeem,Rick		Undeposited F...	30.00
Sales Receipt	07/26/2021		Raper, Mark & Rana...		Undeposited F...	35.00
Sales Receipt	08/01/2021		Hakeem,Rick		Undeposited F...	30.00
Sales Receipt	08/01/2021		Tieman, Jenna		Undeposited F...	60.00
Sales Receipt	08/01/2021		Meadows, Joyce Ann	Kids Back Pack	Undeposited F...	35.00
Sales Receipt	08/01/2021		Dixon, Jolene & Marty		Undeposited F...	150.00
Sales Receipt	08/03/2021		Colon, Donna		Undeposited F...	150.00
Sales Receipt	08/04/2021		Luo, Benjamin		Undeposited F...	15.00
Sales Receipt	08/06/2021		Webster,Rhonda S		Undeposited F...	75.00
Sales Receipt	08/11/2021		Salesforce		Undeposited F...	300.00
Sales Receipt	08/15/2021		Harden, Teresa		Undeposited F...	50.00
Sales Receipt	08/20/2021		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	08/22/2021		Blume, Brie		Undeposited F...	30.00
Sales Receipt	08/22/2021		Tieman, Jenna		Undeposited F...	105.00
Sales Receipt	08/25/2021		Jenkins, Marti		Undeposited F...	25.00
Sales Receipt	08/27/2021		Azen, Chanel		Undeposited F...	40.00
Sales Receipt	09/03/2021		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	09/03/2021		Colon, Donna		Undeposited F...	150.00
Sales Receipt	09/04/2021		Luo, Benjamin		Undeposited F...	15.00
Sales Receipt	09/05/2021		Agbetuyi, Isaac		Undeposited F...	100.00
Sales Receipt	09/06/2021		Agbetuyi, Isaac		Undeposited F...	50.00
Sales Receipt	09/10/2021		Race Registration O...	For 5K	Undeposited F...	250.00
Sales Receipt	09/25/2021		Jenkins, Marti		Undeposited F...	25.00
Sales Receipt	09/26/2021		Agbetuyi, Isaac		Undeposited F...	25.00
Sales Receipt	09/26/2021		Race Registration O...		Undeposited F...	1,001.73
Sales Receipt	09/30/2021		Kinslerjeffeers Enter...		Undeposited F...	50.00
Sales Receipt	10/02/2021		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	10/03/2021		Kenney, Padraic & I...		Undeposited F...	25.00
Sales Receipt	10/03/2021		Indiana Pools	Brad Chitty 5K	Undeposited F...	250.00
Sales Receipt	10/03/2021		Colon, Donna		Undeposited F...	150.00
Sales Receipt	10/04/2021		Luo, Benjamin		Undeposited F...	15.00
Sales Receipt	10/07/2021		Race Registration O...		Undeposited F...	728.78
Sales Receipt	10/16/2021		Webster,Rhonda S		Undeposited F...	50.00
Sales Receipt	10/17/2021		Tieman, Jenna		Undeposited F...	100.00
Sales Receipt	10/24/2021		Race Registration O...		Undeposited F...	70.00
Sales Receipt	10/29/2021		Webster,Rhonda S		Undeposited F...	(50.00 no)
Sales Receipt	10/29/2021		McKenzie, Andrew		Undeposited F...	65.00
Sales Receipt	11/01/2021		Carter, Clay & Julie		Undeposited F...	100.00
Sales Receipt	11/03/2021		Colon, Donna		Undeposited F...	150.00
Sales Receipt	11/04/2021		Luo, Benjamin		Undeposited F...	15.00
Sales Receipt	11/19/2021		Wyatt, JR & Cathy		Undeposited F...	50.00
Sales Receipt	11/19/2021		Everton, Sherrie		Undeposited F...	50.00
Sales Receipt	11/19/2021		Tieman, Jenna		Undeposited F...	100.00
Sales Receipt	11/21/2021		Rockett, Nicole		Undeposited F...	10.00
Sales Receipt	11/21/2021		Hakeem,Rick		Undeposited F...	50.00
Sales Receipt	11/26/2021		Webster,Rhonda S		Undeposited F...	50.00
Total HEALING HANDS						14,187.77
Total INCOME						14,187.77
TOTAL						**14,187.77**

DONATIONS FOR 5K
= $2350.51

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: HealthNet, Inc. [on behalf of the Bloomington Health Center (BLHC)]

Address:
3403 E. Raymond St
Indianapolis, IN 46203

Phone: 317-957-2018

E-Mail: kay.johnson@indyhealthnet.org

Website: www.indyhealthnet.org

President of Board of Directors: Terri Garcia

Name of Executive Director: Rick Diaz

Phone: 317-957-2035

E-Mail: rick.diaz@indyhealthnet.org

Name of Grant Writer: Nancy Richman (however, please call Kay Johnson for questions)

Phone: 317-957-2018

E-Mail: kay.johnson@indyhealthnet.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[X] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
17	9	0

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

HealthNet, Inc. is a not-for-profit 501(c)(3) federally qualified health center providing primary care, dentistry, mental health, and support services to the medically underserved. The HealthNet mission is to improve lives with compassionate health care and support services, regardless of ability to pay.

The Bloomington Health Center is one of HealthNet's 10 health centers, and the only one located outside of Marian County. BLHC opened after HealthNet acquired Volunteers in Medicine at the end of 2019, at VIM's request. Now, as an FQHC, all people, of any age, any geographic area, with and without insurance have easy access to excellent medical, dental, and mental health care.

PROJECT INFORMATION

Name of the project to be funded:

"Minding the Gap" - COVID Effects on a Health Center's Budget

Total cost of project: $83,499.96.00

Requested amount of Jack Hopkins funding: $34,791.00

Number of City residents to be served by this project in 2022: 3,150 (70%)

Number of clients to be served by this project in 2022: 4,500

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

HealthNet is requesting a one-time grant of $34,791 to offset the costs of 5 months of rent of the BLHC building. (July-November 2022).

Because the transition from Volunteers in Medicine to BLHC coincided with the pandemic, we only reached 34% of our budgeted number of visits for 2020, our first year of operations. Many people simply didn't seek medical care unless it became urgent (locally and nationally across the entire healthcare industry). In 2021, we had a significant increase of patients and patient visits. Still, we only reached 69% of the projected patient visits, and the year-end budget showed a deficit of $592,766.

While, again, our 2022 budget projects an increase in patient visits, we still don't anticipate reaching full capacity this year. Moreover, the budget still forecasts a deficit of over $400,000 for BLHC for 2022. However, this deficit is not expected to be the "typical" situation once BLHC is functioning at full capacity - hopefully in 2023 (COVID permitting!).

Thank you for your consideration.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [x] No

If yes, list the name(s) of agency partner(s)

NA

How do your missions, operations and services complement each other?

NA

What is the existing relationship between agencies?

NA

How will communication and coordination change as a result of the project?

NA

Explain any challenges and steps you plan to take to address those challenges.

NA

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

811 W. Second Street
Bloomington, IN 47403

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

[x] Yes [ ] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

NA

Is the property zoned for your intended use? [x] 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.*

NA

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[x] Yes [ ] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[x] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

There are no other funds expected for this project.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Rent for the BLHC building is paid the last week of the month. Two invoices will be submitted for reimbursement: proof of payment of July and August rent will be submitted within one month of payment; proof of payment for Sept, Oct and November, will be submitted before December 9, 2022.

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

NA

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

There are no other funds or resources that can be leveraged to pay for rent. HealthNet will pay for the first 7 months ($48,708) and will offset any year-end deficit (see Other Comments). We also requested a funding increase in this year's United Way triennial allocations application. Because the BLHC budget is substantially more than the VIM budget, and the scope of service is substantially greater, we felt an increase was justified. Unfortunately, the UW allocation was decreased by $11,500 due to a larger number of agencies funded.

FUNDING PRIORITIES – RANKED

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

[x] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	5 months rent	$34,791.65
Priority #2	4 months rent	$27,833.32
Priority #3	3 months rent	$20,874.99
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		$34,791.00

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

Providing high quality, affordable healthcare for low-income and uninsured individuals is a priority for social service funding in our community (SCAN, p.99, Consolidated Plan p.3). BLHC addresses several critical needs in this community and surrounding area. The SCAN* notes the following:

1) Lack of access to healthcare is a key issue in Monroe County (MC) which is still designated a Medically Underserved Area. BLHC serves anyone of any age, with and without insurance.
2) 12% of MC residents still are uninsured. BLHC navigators are diligent in enrolling anyone eligible for insurance.
3) Key health-related metrics show that 23% of MC residents are obese, 22% are physically inactive, 20% are smokers, and 19% drink alcohol to excess. HealthNet's preventive screenings and health education are critical to addressing these lifestyle factors that lead to preventable chronic illnesses.
4) The major causes of mortality in MC are cardiovascular disease, cancer, and respiratory disease - all of which are treated at BLHC by our team of skilled providers.
5) The new BLHC Homeless Initiative Program brings medical services to people experiencing homelessness in the encampments, shelters, and the public library.

Without BLHC the community would be hard pressed to replace these critical medical services focused on low-income, medically underserved populations.

*SCAN source: Robert Wood Johnson Foundation Survey, www.countyhealthrankings.org.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

Jack Hopkins funds will partially offset the 2022 projected budget deficit as patient volume continues to build toward reaching full capacity. As we move through the Covid-19 pandemic (hopefully in 2023), we expect that the BLHC budget will be fully funded from our typical sources of revenue: insurance (Medicaid, Medicare, Commercial); self-pay fees; federal, state, and private grants; Monroe County, and donations.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

HealthNet's BLHC, by its very existence, "has broad and long-lasting benefits for our community!" BLHC creates measurable improvements in the resiliency of the community safety net by providing primary care, dental care, and behavioral health care for the entire family. Within this is included such specific services as well-baby care and pediatrics, immunizations, women's health, prenatal care, treatment of diabetes and other chronic conditions, mental health, psychiatry, health education, social work, and support services.

Each of these interventions addresses both the treatment of illness and the promotion of wellness resulting in measurable improvements in people's lives. Walk-in services directly address acute issues by providing immediate attention to urgent issues, reducing the usage of the emergency department.

Our newest service in Bloomington, the Homeless Initiative Program, brings critical medical services to people experiencing homelessness in the encampments, at shelters, and at the Monroe County Public library. Bringing medical care to homeless people - wherever they might be - is going to be one of the most important healthcare initiatives in Bloomington since the opening of VIM and its acquisition by HealthNet.

Managing the effects of the pandemic on the BLHC budget is critical to ensuring long-lasting benefits for the community.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

1. The number of unduplicated patients seen at BLHC in 2022, broken down by age, race/ethnicity, insurance status, and location, as compared to 2021.

2. The number of patient visits in 2022 as compared to 2021.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

The Committee might be wondering how HealthNet addressed the first two years of budget deficit sat the Bloomington Health Center and whether BLHC has carried debt into 2022.

Within HealthNet, every year it is expected that some programs will have a deficit, while others will have a surplus. During 2020, the entire system operated at a deficit, as did virtually all businesses across the healthcare industry. HealthNet leaders haven't been surprised that there has been a two-year deficit (and a third year projected) at BLHC given the pandemic. HealthNet's budgeting practice is to reconcile health center deficits at the end of the fiscal year with surplus revenue from other health centers. As such, all deficits at the end of a year are reconciled across the system, so BLHC has no debt carried forward. More importantly, HealthNet as a system also has no debt from the past. The budgeting process is robust and before the pandemic HealthNet either broke even or had surplus revenue. However, if there ever was a year in which there was not sufficient surplus revenue across the entire system, HealthNet has cash reserves that can be used to offset any remaining deficit.

2022 Jack Hopkins Project Budget

HealthNet, Inc	"Minding the Gap" - COVID Effects on a Health Center's Budget
Total Project Cost	$83,499.96.00

	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant			$34,791.00
Other Grants		$0.00	
Other Income Sources (specify)			
Patient Care Revenue		$19,483.58	
Operating Support HealthNet		$29,225.38	
TOTAL PROJECT FUNDS FROM ALL SOURCES	$83,499.96.00	$48,708.96	$34,791.00
EXPENSES			
RENT (12 months)	$83,499.96.00	$48,708.96	$34,791.00
TOTAL PROJECT EXPENSES	$83,499.96.00	$48,708.96	$34,791.00

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Hotels For Hope Inc

Address: 1840 S. Walnut St. Suite 105
Bloomington, IN, 47401

Phone: 812-219-8817

E-Mail: h4hbloomington@gmail.com

Website: h4hbloomington.org

President of Board of Directors: Katie Norris

Name of Executive Director: Katie Norris

Phone: 812-219-8817

E-Mail: knorris1615@gmail.com

Name of Grant Writer: Katie Norris

Phone: 812-219-8817

E-Mail: knorris1615@gmail.com

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
1	0	10

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Hotels For Hope Inc. is grounded in low-barrier, housing-first principles that have been proven to reduce homelessness and save precious community resources. Our mission is to provide rapid interventions and support services that can prevent or end chronic homelessness. Wrap-around services are provided to support participants in their efforts to overcome homelessness with their dignity intact while gaining the self-confidence needed to not only survive but to thrive.

PROJECT INFORMATION

Name of the project to be funded:

Emergency and Transitional Program

Total cost of project: $38,300

Requested amount of Jack Hopkins funding: $17,800

Number of City residents to be served by this project in 2022: 100

Number of clients to be served by this project in 2022: 100

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting $10,000 to provide five hotel rooms for thirty days of shelter each to help families transition into long term stable housing of their own.

We are requesting $7,800 to pay caseworker salary of $300 a week for 26 weeks/6 months.

H4H is a low barrier, housing first model that uses a holistic wraparound approach to shelter families and individuals during emergency and transitional situations. We use intensive individualized casework to overcome any and all barriers participants face in regard to housing stability. The overall goal of H4H ’ s “ Emergency and Transitional Program ” is to keep families and individuals safe during their experience with homelessness and help them transition into stable long-term housing of their own.

Intensive individualized casework is the key to successfully overcoming barriers associated with homelessness and transitioning families into stable long-term housing of their own. With the support provided by caseworkers individuals/families have a much higher chance of not only attaining but maintaining stable long-term housing of their own. The goal of our transitional rooms is to eliminate the future need of valuable community resources associated with homelessness.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [x] No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Best Value Inn
200 Indiana 45 46 Bypass
Bloomington, IN, 47408

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

[ ] Yes [x] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

Is the property zoned for your intended use? [x] 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.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[x] Yes [ ] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

$10,500	Downtown Outreach Grant	Confirmed
$10,000	Grub Hubb	Confirmed

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Since this request is for the amount needed for our transitional rooms we plan to submit claims each period for the amount used during each period associated with our transitional rooms. We expect our first claim to be made in June and our final claim to be made in November.

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

Grub Hubb funds are expected to be received April 4th, 2022.
DTO funds are expected to be received quartly as dispersments.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

--DTO Grant funds will pay for 100 emergency stays, $200 a week salary for caseworkers, and twenty $10 gas cards for volunteers.

--The Grub Hubb funds will bridge the gap needed for extensions of emergency stays prior to reimbursements and any transitional nights that exceed thirty days ensuring successful transitions. Any remaining funds will be used for continuing caseworker salaries.

--Volunteers provide fundraising, networking, book keeping, transportation, food/supply delivery, mental health support, ect.

--In-Kind material support contributions include; food, clothing, hygiene supplies, toys/games, diapers, ect.

FUNDING PRIORITIES – RANKED

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

[x] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Hotel Room Fees	$10,000
Priority #2	Caseworker Salary	$7,800
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		$17,800

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

While emergency shelter primarily focuses on meeting the basic need for a warm, safe space to sleep, transitional housing tends to offer its residents more comprehensive services like case management, transportation, or assistance with employment. (P. 138)
Some shelters offer both emergency housing as well as longer-term transitional housing. Because people who experience homelessness often face additional challenges, many shelters offer a variety of services. Such services include case management, substance abuse prevention and treatment, employment services, and provision of food, clothing, and hygiene items. (p.138)
A qualifying disability is " a diagnosable substance abuse disorder, a serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. " (P. 138)

H4H is able to offer a holistic-care approach with wraparound services to those who are in our transitional rooms. While we are low-barrier, we focus our transitional rooms primarily on families who have one or more member that meet our criteria for " high-risk ". This includes those escaping domestic violence, having a " qualifying disability ", or are chronically homeless. H4H defines a family as, " two or more individuals who love each other. "

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

The funds requested for transitional rooms is a one-time investment in up to five families to help them completely overcome homelessness eliminating their future need for homeless related community resources.
The funds requested for caseworker salaries is a one-time investment to cover the remaining amount not covered by other grants to pay for casework directly related to this 6 month project of transitioning 5 families and providing 100 nightly emergency rooms that are being funded by the Downtown Outreach Grant. H4H is constantly fundraising and applying for grants to continue to pay for the valuable casework needed to transition participants.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

Homelessness is currently a huge problem for our community. The resources to ensure survival and encourage success for those experiencing homelessness in our community are extreemly costly. H4H is working to not only help ensure survival but to help those in need completely overcome homelessness. Each individual/family that is able to successfully overcome homelessness eliminates the future cost for our community to provide valuable homeless related services.
Long-term benefits to the community include:
Less need for Shelter Services
Less need for Food Services
Less need for Clothing Services
Less need for Emergency Medical Services
Less need for Mental Health Services
Less need for Department of Child Services
Less need for Area 10 Aging Services
Less need for BPD Services
Less need for local Church Outreach Services
Less need for Homeless Outreach Services

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

The “ Emergency and Transitional Program ” will be evaluated using monthly progress reports from caseworkers. A 90-day and 180-day evaluation will be done to determine how many participants were served by Emergency and Transitional rooms and which services each participant used during their stay. H4H expects that up to 100 individuals will be safely sheltered during emergency or transitional periods of homelessness and that at least five families/individuals will have successfully transitioned into long-term stable housing of their own.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

H4H is incredibly grateful for the Jack Hopkin ’ s Social Service Grant. With the funds from this grant in 2021 we were able to provide over 300 nightly hotel room stays for those in need in our community. Most of the rooms we provide are for emergency short-term stays from one to seven days at a time. Of the long-term transitional program rooms we provided using the Jack Hopkins Funds (along with other funds to bridge the gaps), 33 people ranging in age from infant to elderly have been able to successfully transition into long-term stable housing! To us this means that because of the Jack Hopkins Social Service Grant providing funds there are 33 people in our community who have successfully overcome homelessness through our program who will no longer depend on valuable community resources including shelters, community centers, and soup kitchens. Of the 33 individuals who were able to transition through our program 15 were children, 10 were women, 4 were elderly, 1 was transgender, and 14 had a “ qualifying disability ”. It also means that over 100 people in our community were able to use our services to survive during deadly weather conditions, domestic violence situations, or serious medical conditions.

The Jack Hopkins Grant support removed some of the major strain on H4H of raising community donations to cover hotel room costs so that we were able to focus more of our time and energy on casework and growing the organization. For that we will be forever grateful to all those who participate in the funding process. Your support in the beginning was crucial to the long-tern success of this life saving and life changing program.

Hotels For Hope Inc

(H4H, Hotels For Homeless)

Jack Hopkins Social Service Grant

Project Budget

$10,000 – Hotel Room Fees for 30 nightly stays for 5 families/individuals at an average cost of $2,000 each.

$7,800 – Salary Compensation for Caseworker at a rate of $300 a week for 26 weeks/6 months.

Month	Community Donations	Grant Funds	
Jan-21	10,316.92	0	10316.92
Feb-21	3531.54	21,952.76	25484.3
Mar-21	824	0	3531.54
Apr-21	4137.78	0	4137.78
May-21	697.17	13183.83	13881
Jun-21	2042.52	0	2042.52
Jul-21	0	2394.24	2394.24
Aug-21	2988.68	455	3443.68
Sep-21	1339.29	9957	11296.29
Oct-21	3580	6313.75	9893.75
Nov-21	0	4025	4025
Dec-21	8996.84	11,763.70	20760.54
Jan-22	4748.13		
Feb-22	4173.84		
Mar-22	3961.65		

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Indiana Recovery Alliance

Address: 118 S. Rogers St Suite#2
Bloomington IN 47404

Phone: 812-567-2337

E-Mail: info@indianarecoveryalliance.o

Website: www.indianarecoveryalliance.or

President of Board of Directors: Alicia Suarez

Name of Executive Director: Nicholas Voyles

Phone: 812-567-2337

E-Mail: info@indianarecoveryalliance.c

Name of Grant Writer: Julie Pemberton, Liz Curran-Gı

Phone: 812-567-2337

E-Mail: info@indianarecoveryalliance.c

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[X] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
2	3	10

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

The Indiana Recovery Alliance operates under the philosophy of harm reduction to educate the community and to promote the health and dignity of the individuals and communities impacted by drug use. We respectfully collaborate with people to assist in any positive change, as a person defines it for themselves, beginning where the person is at with no biases or condemnations for the person's chosen lifestyle. Our efforts advance policies, practices and programs that address the adverse effects of drug use including overdose, HIV, hepatitis C, substantce use, and incarceration.

PROJECT INFORMATION

Name of the project to be funded:

Syringe Service Program Coordinator

Total cost of project: $45,200.00

Requested amount of Jack Hopkins funding: $21,600.00

Number of City residents to be served by this project in 2022: 7500

Number of clients to be served by this project in 2022: 5500

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

Indiana Recovery Alliance is seeking funding of $21,600 to fully fund the "Syringe Service Program Coordinator" position. We have secured funding through another grant that will fund this position part-time but believe a full-time position is essential. The SSP Coordinator will manage our outreach services to people with substance issues which include: distributing safer use supplies, offering Hepatitis C/HIV testing (through collaboration with Positive Link), referrals to resources in the community, and expanding our harm reduction & recovery meetings to help those in chaotic drug use to choose any positive change. Additional funding will also allow us to expand our harm-reduction & recovery meetings into a more formal harm-reduction & recovery program, enabling us to access new funding sources reserved for recovery services that have been inaccessible to us without this position. A full-time SSP Coordinator will reach more people with our harm reduction approach to recovery, proven to be the most effective intervention to save lives, cut infection rates, and empower people with substance issues to make positive change in their lives. Our intention is for this position to be filled by someone who is directly impacted and will start between May and June 2022.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [X] No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Communication and coordination will improve and expand with a dedicated, full-time SSP Coordinator. The possibility of providing more educational sessions on Overdose Reversal, harm reduction, safer use, and harm reduction recovery options through our organizational partners could be better realized with a full-time SSP Coordinator.

Explain any challenges and steps you plan to take to address those challenges.

We are developing a hiring committee & will be posting the position shortly, but it has been a challenge to find qualified candidates with lived experience in the past. With this position, it is especially important that it be someone with lived experience because they will be leading our outreach volunteers, all of whom have lived experience, and liaising every day with our participants in the Syringe Service Program. We plan to reach out to our partners locally as well as to national coalitions of Syringe Service Programs to reach the broader community of people in harm reduction who may have the professional and life experiences we seek for this position.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

118 S. Rogers St. Suite 2
Bloomington, IN 47404

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

[x] Yes [ ] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use? [ ] Yes [ ] No [x] 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

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[X] Yes [ ] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [X] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

We have received $21,600 in grant funding for this position that would cover a part-time SSP Manager for 12 months, but we are requesting an additional $21,600 from Jack Hopkins to make this a full-time position. It is essential that this be a full-time position to allow the executive director of the Indiana Recovery Alliance to dedicate his time to management and development rather than the day-to-day of the SSP.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We plan to submit claims for reimbursement on a monthly basis for half the SSP manager's wages over the course of 12 months until we reach $21,600 or 12 months have elapsed, whichever comes first.

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

The other funds are being sent in three payments of ⅓ of the funding each time. The first was sent in February, the second is being sent in August, and the third will be sent in February of next year.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

With a SSP manager, the IRA will be able to have a person who is dedicated to all duties related to the SSP: ordering supplies, inventory, documentation of supply distribution, coordinate volunteers to staff outreach hours, and will help our organization mentor agency growth to other harm reductionists that may be at an earlier stage of start up. Our greatest resources are our staff and volunteers, and if we have a dedicated person to focus on managing the syringe service program,we will have the ability to become more involved in events such as community naloxone trainings, & outreach to the unhoused population.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	1/2 of Syringe Service Coordinator position	21,600.00
Priority #2	Partial funding of 1/2 the SSP Coordinator Position	at discretion of committee
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		21,6000.00

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

With funding from Jack Hopkins, we will be fulfilling health and community well being needs as outlined in the SCAN assessment and HAND's survey of social service needs. The IRA provides safer use supplies, naloxone, and referrals to recovery services, housing, and healthcare services. We are the largest peer-to-peer distributor of (brand name: Narcan) in Indiana- we have given out over 100,000 doses of naloxone, and our participants have reported over 2446 drug overdose reversals with that naloxone to us. Because of our intimate relationship with people with substance issues and unhoused people, we are able to put this life saving medicine in the hands of people who use it the most, which is a function that no other organization in Bloomington provides. Having a full time SSP Coordinator will free up time for the Executive Director and streamline tasks as our organization grows. This is essential to improving daily operations as it will allow the ED to focus on organization strategy, management, development, and on his mentorship of other SSPs, coalitions, & unions to become harm reductionists in their communities, & create a dedicated position with a clear job description with duties and responsibilities surrounding our safer use supply program.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

With the Jack Hopkins funding for a Development position last year, we were able to build a development plan, including diversifying funding sources, increasing major donations, and building capacity to secure funds for programs that will be managed by the SSP Coordinator. Adding the SSP Coordinator position goes hand-in-hand with the development plan by expanding programming, making the organization eligible for more funding sources targeted at that programming. Therefore, the SSP Coordinator position will be able to pay for itself in following years through the additional funding that the position makes us eligible for that the Development Coordinator will secure.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

The long-term benefit of this position include expansion of syringe service to more participants, greater community penetration of naloxone distribution, education on how to reverse an overdose, and knowledge about local resources available to people with substance issues. The greatest long-term benefit of this position will be to the SSP operations of the organization. Allocating SSP and outreach responsibilities away from the Executive Director will allow the ED to be dedicated to strategy, leadership, and management instead of just SSP operations. Also, freeing up the Executive Director's time from Syringe Service tasks will allow the organization to grow its capacity to do advocacy, collaborate more with other local organizations and agencies to reach more people, and build capacity over the long-run to expand our Harm Reduction services. Additionally, regular harm reduction & recovery meetings, unique in this region, will provide a recovery approach that is not only abstinence based, but meets people where they are, supporting them in making any positive change. By taking a Harm Reduction approach to recovery, people who abstinence-based treatment fail to reach can find support to make positive changes without the judgment and limitations of traditional, abstinence-based recovery programs.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

We will consider this position a success if, after the first year, the SSP is reaching an additional 500 participants, doing monthly naloxone trainings for the public, and funding has been secured for the position for the following year (due to funding for this position, we will be eligible for more programming grants). We would also like to see development of harm reduction training for any business or establishment that requests it such as educational institutions & local agencies and organizations. We think that our SSP will undoubtedly be pioneering providing evidenced based best practices that can be replicated by other organizations.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

As the only grassroots peer to peer syringe service program in Indiana, we pride ourselves on being not only a place for users to access safer use supplies, but also a place where people who use drugs can come for resources other than safer use supplies. This position will serve as the anchor of the community that the IRA strives to build for people facing substance use issues. The SSP is the gateway into this community which strives to be a safe space for anyone struggling with substance use to come for whatever resources they need to make any positive change, including having someone non-judgmental and knowledgeable to talk to. That will be the SSP Coordinator. That is a role that has been filled by the ED and by volunteers to the best of their ability. By making this a single, cohesive, full-time position, that role will be more intentionally, consistently, and fully filled by the SSP Coordinator, building trust and cohesion in the community to better reach people struggling with substance use with the Harm Reduction services offered by the Indiana Recovery Alliance.

2022 Jack Hopkins Project Budget - Sample

Indiana Recovery Alliance		Syringe Service Program Coordinator	
Total Project Cost		$45,200	
	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant			$21,600
Other Grants		$21,600	
Other Income Sources		$2,000	
TOTAL PROJECT FUNDS FROM ALL SOURCES	**$45,200**	**$23,600.00**	**$21,600.00**
EXPENSES			
Office Equipment			
Staff Time (40 hrs.)		$23,600	$21,600
Client Services			
Project Supplies			
TOTAL PROJECT EXPENSES	**$45,200**	**$23,600**	**$21,600**

Summary of 2021 Tax Return for Jack Hopkins:

Total Fund Balances: $85,274
Total Revenue: $279,026
Total Expenditures: $306,517

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 2/01, 2021, and ending 1/31, 20 2022

► **Do not send to the IRS. Keep for your records.**
► **Go to *www.irs.gov/Form8879TE* for the latest information.**

OMB No. 1545-0047

2021

Name of filer: Indiana Recovery Alliance

EIN or SSN: 47-3889160

Name and title of officer or person subject to tax: Dr. Alicia Suarez President

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ►	[X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 279,039.
2a	**Form 990-EZ** check here ►	[ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	**Form 1120-POL** check here ►	[ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**
4a	**Form 990-PF** check here ►	[ ]	**b Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**
5a	**Form 8868** check here ►	[ ]	**b Balance due** (Form 8868, line 3c)	**5b**
6a	**Form 990-T** check here ►	[ ]	**b Total tax** (Form 990-T, Part III, line 4)	**6b**
7a	**Form 4720** check here ►	[ ]	**b Total tax** (Form 4720, Part III, line 1)	**7b**
8a	**Form 5227** check here ►	[ ]	**b FMV of assets at end of tax year** (Form 5227, Item D)	**8b**
9a	**Form 5330** check here ►	[ ]	**b Tax due** (Form 5330, Part II, line 19)	**9b**
10a	**Form 8038-CP** check here ►	[ ]	**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize Blake's Bookkeeping and Business Brandi (**ERO firm name**) to enter my PIN 35632 (**Enter five numbers, but do not enter all zeros**) as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ► Date ►

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 62828612345 (**Do not enter all zeros**)

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ► Blake R Venable Date ►

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Privacy and Paperwork Reduction Act Notice, see instructions.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 2/01 , 2021, and ending 1/31 , 20 2022

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C
Indiana Recovery Alliance
PO Box 394
Bloomington, IN 47402

D Employer identification number: 47-3889160

E Telephone number: (812) 361-6451

G Gross receipts $ 279,039.

F Name and address of principal officer:
Same As C Above

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions.

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( )◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► N/A

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of formation:

M State of legal domicile: IN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: The IRA shifts resources and power to people who use drugs. We reduce both the individual and structural harms caused by racialized drug policy through direct action and advocacy.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	356,617.	279,026.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	356,617.	279,039.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	100.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,756.	3,571.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	85,823.	95,642.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ►		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	299,218.	207,304.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	386,897.	306,517.
	19	Revenue less expenses. Subtract line 18 from line 12	-30,280.	-27,478.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	86,229.	102,875.
	21	Total liabilities (Part X, line 26)	116,509.	160,633.
	22	Net assets or fund balances. Subtract line 21 from line 20	-30,280.	-57,758.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

Dr. Alicia Suarez President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Blake R Venable	Blake R Venable			P02289427

Firm's name ► Blake's Bookkeeping and Business Branding
Firm's address ► 5613 Autumn Creek Drive
Knoxville, TN 37924
Firm's EIN ► 83-4433495
Phone no. 865-254-7071

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 09/22/21 Form **990** (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission:

The IRA shifts resources and power to people who use drugs. We reduce both the individual and structural harms caused by racialized drug policy through direct action and advocacy.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☒ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☒ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ 306,517. including grants of $ _____) (Revenue $ _____)

The IRA is an organization led and staffed by PWLE that shifts resources and power to people who use drugs. We aim to reduce both the individual and structural harms caused by racialized drug policy through direct action (such as our SSP and resource sharing) and advocacy (such as our Legislative efforts at the state level, and our MOUD and HCV advocacy efforts). Our ultimate goal is the full restoration of human and civil rights for people who use drugs. In the meantime, we offer moments of respite, love, and respect in a world otherwise dominated by state-sanctioned violence, neglect, and abuse of people who use drugs.

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► 306,517.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11 a	X	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11 b		X
c	Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11 c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11 d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11 e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	11 f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional*	12 b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If 'Yes,' complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If 'Yes,' complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1 a	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1 b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c			

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

			Yes	No
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2 a** 0			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2 b**		
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. See instructions.				
3 a Did the organization have unrelated business gross income of $1,000 or more during the year?		**3 a**		X
b If 'Yes,' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation on Schedule O*		**3 b**		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4 a**		X
b If 'Yes,' enter the name of the foreign country ►				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5 a**		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5 b**		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		**5 c**		
6 a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6 a**		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6 b**		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7 a**		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		**7 b**		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7 c**		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	**7 d**			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7 e**		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7 f**		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7 g**		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7 h**		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		**9 a**		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9 b**		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	**10 a**			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10 b**			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	**11 a**			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11 b**			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		**12 a**		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	**12 b**			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?		**13 a**		
Note: See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13 b**			
c Enter the amount of reserves on hand	**13 c**			
14 a Did the organization receive any payments for indoor tanning services during the tax year?		**14 a**		X
b If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation on Schedule O*		**14 b**		
15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see the instructions and file Form 4720, Schedule N.		**15**		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.		**16**		X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If 'Yes,' complete Form 6069.		**17**		

Part VI **Governance, Management, and Disclosure.** *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 1a: 4			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent. 1b:			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses on Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
12a	Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe on Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► None

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☐ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Kim Meyers	0									
Treasurer	0			X				0.	0.	0.
(2) Emily Goodson	0									
Director	0			X				0.	0.	0.
(3) Mike Emmett	0									
Secretary	0			X				0.	0.	0.
(4) Dr. Alicia Suarez	0									
President	0			X				0.	0.	0.
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organiza - tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal ►								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ►								0.	0.	0.
d Total (add lines 1b and 1c) ►								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ► 0

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes,' complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ► 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	279,026.			
	g Noncash contributions included in lines 1a-1f	1g				
	h **Total.** Add lines 1a-1f ►		279,026.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ►					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ►		13.	13.		
	4 Income from investment of tax-exempt bond proceeds ►					
	5 Royalties ►					
		(i) Real / (ii) Personal				
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss) ►					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss) ►					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events ►					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities ►					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory ►					
Miscellaneous Revenue		Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ►					
	12 **Total revenue.** See instructions ►		279,039.	13.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	3,571.	3,571.		
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	70,242.	70,242.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	25,400.	25,400.		
11 Fees for services (nonemployees):				
a Management	35,108.	35,108.		
b Legal	180.	180.		
c Accounting	2,916.	2,916.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	530.	530.		
13 Office expenses	2,760.	2,760.		
14 Information technology	5,910.	5,910.		
15 Royalties				
16 Occupancy	194.	194.		
17 Travel	10,252.	10,252.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	7,423.	7,423.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Supplies	142,031.	142,031.		
b Bank Charges				
c Disposal Fees				
d Postage				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	306,517.	306,517.	0.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash — non-interest-bearing	68,629.	1	59,675.
	2	Savings and temporary cash investments		2	25,600.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 17,600.			
	b	Less: accumulated depreciation — 10b:	17,600.	10c	17,600.
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	86,229.	16	102,875.
Liabilities	17	Accounts payable and accrued expenses	25.	17	25.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	116,484.	25	160,608.
	26	**Total liabilities.** Add lines 17 through 25	116,509.	26	160,633.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ► [X] and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	-30,280.	27	-57,758.
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ► [ ] and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	-30,280.	32	-57,758.
	33	Total liabilities and net assets/fund balances	86,229.	33	102,875.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	279,039.
2	Total expenses (must equal Part IX, column (A), line 25)	2	306,517.
3	Revenue less expenses. Subtract line 2 from line 1	3	-27,478.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-30,280.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-57,758.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► **Attach to Form 990 or Form 990-EZ.**

► **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	**Employer identification number**
Indiana Recovery Alliance	47-3889160

Part I **Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 [ ] An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1-10 above (see instructions))	**(iv)** Is the organization listed in your governing document? Yes	No	**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')				356,134.	279,026.	635,160.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	0.	0.	0.	356,134.	279,026.	635,160.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4						635,160.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	0.	0.	0.	356,134.	279,026.	635,160.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 **Total support.** Add lines 7 through 10						635,160.

12 Gross receipts from related activities, etc. (see instructions) **12** 0.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► [X]

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) **14** %

15 Public support percentage from 2020 Schedule A, Part II, line 14 **15** %

16a **33-1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [ ]

b **33-1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [ ]

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ► [ ]

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ► [ ]

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► [ ]

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2020** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If 'Yes,' answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If 'Yes,' describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? *If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If 'Yes,' provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If 'Yes,' complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If 'Yes,' complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If 'Yes,' provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If 'Yes,' answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? *If 'Yes' to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If 'No,' describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax* year.	1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If 'No,' describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If 'No,' explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If 'Yes,' describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

		Yes	No
2 Activities Test. ***Answer lines 2a and 2b below.***			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If 'Yes,' then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? ***If 'Yes,' explain in Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3 Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If 'Yes' or 'No,' provide details in* ***Part VI.***	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors *(explain in detail in **Part VI**)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D — Distributions

			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — *provide details in* ***Part VI***)	5	
6	Other distributions (describe in **Part VI**). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)

		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required — *explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017.			
c	From 2018			
d	From 2019			
e	From 2020			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017.			
b	Excess from 2018.			
c	Excess from 2019.			
d	Excess from 2020.			
e	Excess from 2021.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: Indiana Recovery Alliance

Employer identification number: 47-3889160

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ►$

(ii) Assets included in Form 990, Part X ►$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ►$

b Assets included in Form 990, Part X ►$

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1 c	
d Additions during the year	1 d	
e Distributions during the year	1 e	
f Ending balance	1 f	

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V **Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Term endowment ► _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		17,600.		17,600.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ►				17,600.

Part VII Investments — Other Securities. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 12.)* ►		

Part VIII Investments — Program Related. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 15.)* ►	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Liabilities_Other	130.
(3) Net Revenue	-27,479.
(4) Retained Earnings	187,957.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	160,608.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or Form 990-EZ.
► Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: Indiana Recovery Alliance

Employer identification number: 47-3889160

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 05-01-2015

Employer Identification Number:
47-3889160

Form: SS-4

Number of this notice: CP 575 A

INDIANA RECOVERY ALLAINCE
INDIANA RECOVERY ALLIANCE
% CHRISTOPHER ABERT
2417 S WOOLERY MILL DR
BLOOMINGTON, IN 47403

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-3889160. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120 03/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

(IRS USE ONLY) 575A 05-01-2015 INDI B 9999999999 SS-4

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is INDI. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575A 05-01-2015 INDI B 9999999999 SS-4

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number
( ) -
_____

Best Time to Call
_____

DATE OF THIS NOTICE: 05-01-2015
EMPLOYER IDENTIFICATION NUMBER: 47-3889160
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

INDIANA RECOVERY ALLAINCE
INDIANA RECOVERY ALLIANCE
% CHRISTOPHER ABERT
2417 S WOOLERY MILL DR
BLOOMINGTON, IN 47403

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Middle Way House

Address: 338 S Washington St.

Phone: 812-333-7404

E-Mail: grantsmanager@middlewayhouse.org

Website: www.middlewayhouse.org

President of Board of Directors: Kathleen Sideli

Name of Executive Director: Debra Morrow

Phone: 812-333-7404

E-Mail: debramorrow@middlewayhouse.org

Name of Grant Writer: Samuel Ujdak

Phone: 812-333-7404

E-Mail: grantsmanager@middlewayhouse.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
24	44	30

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Middle Way House works to support all survivors of domestic violence, sexual assault, and human trafficking; and to educate the community through outreach and prevention programs.

PROJECT INFORMATION

Name of the project to be funded:

Rise and Shine Childcare

Total cost of project: $157,162

Requested amount of Jack Hopkins funding: $12,000

Number of City residents to be served by this project in 2022: 50+

Number of clients to be served by this project in 2022: 50+

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting $12,000 to assist in covering the increased cost of operations for our childcare program. Rise and Shine Childcare is Middle Way House's fully subsidized, nationally accredited childcare program, accredited at Level 4 in Indiana's Paths to Quality Child Care Quality Rating and Improvement System. Rise and Shine is available to current and former clients of Middle Way House programming and is fully subsidized for clients. The program provides trauma informed early education for children up to kindergarten age who have experienced domestic violence as well as meals as snacks from 8 am to as late as 7 pm Monday through Friday. In 2019 Middle Way House scaled up the number of employees in its childcare program in order to meet a long present demand for services and increased the number of children served annually from around 24 to over 50 and the number of meals annually to grow to over 14,000. The organization also increased compensation for co-teachers in the program from minimum wage in 2017 to $12/hr in 2018 and to $14/hr in 2022. These combined factors have caused the annual cost to increase substantially. It is majority grant funded but some budgetary shortfalls remain.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [x] No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

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

[x] Yes [ ] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

Is the property zoned for your intended use? [x] 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.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[x] Yes [ ] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [x] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

Victims of Crime Act grant funding - $77,000

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

The current VOCA grant runs through 9/30/22 with the new grant cycle beginning on 10/1/2022. Middle Way House has just applied for the new grant cycle and will receive a funding determination sometime likely in the summer. The remaining funding for the year on the current VOCA grant for co-teachers in childcare is $77,000 while the projected payroll costs including FICA are approximately $89,000. Middle Way would likely draw down these funds in the fall, certainly by 10/20/2022 as the VOCA funding is exhausted.

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

VOCA funding is claimed on a quarterly basis with claims due on the 20th of the month following the close of the quarter (i.e. Q1 claims would be due April 20th). Funding for the childcare coordinator is derived from VOCA funding and the DVPT program funding through the Indiana Criminal Justice Institute and the State of Indiana. All of this funding is on the quarterly claims schedule.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

The Rise and Shine Childcare program draws funding from two major grants and utilizes several volunteers. Some small income is derived from childcare vouchers but this mostly serves to offset the costs of providing food for the children. Over the last several years Middle Way House has been awarded grant funding to update curricula used in early childhood education, all of the furniture in both classrooms/playrooms, and update client tracking software used in the program. The organization continues to aggressively seek public and private funding to provide the best care possible for these children.

FUNDING PRIORITIES – RANKED

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

[x] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Part-time Co-Teacher Compensation	$12,000
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		$12,000

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

In the most recent SCAN, 33% of households indicate they have difficulty finding affordable childcare. Survivors of domestic violence, especially those served by Middle Way House, often fall below the 50% AMI marker and the majority of parents whose children attend R&S fall below the 30% AMI mark. Quality childcare can frequently cost hundreds to thousands of dollars per month, forcing parents in stable situations to forgo professional opportunities to care for their children as the cost of childcare can even outstrip projected wages for a full time position. Middle Way provides the highest possible level of accredited childcare in Indiana for no cost to survivors trying to rebuild personal and financial lives. The number of children served by R&S would represent just over 16% of the total capacity of Head Start in Monroe County as listed in the SCAN. Per the SCAN, only four childcare centers in Monroe County are accredited at Level 4 in the Paths to Quality state system and of those four, Rise and Shine is the only program providing childcare specifically tailored to children traumatized by domestic violence.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

The new VOCA grant cycle begins on 10/1/2022 and will reset the pool of available funding for the program. The national VOCA pool has been reduced by around 20% for this upcoming 2 year grant cycle but Middle Way is confident in this source of funding and is a priority program for ICJI in distributing funding resources. Rise and Shine childcare is one of the highest priorities for Middle Way because of the vulnerability of the children served and funding will be re-distributed from other grant areas should the next cycle be funded at a lower level than anticipated. However, the the remaining funds on the current cycle are not expected to cover the current payroll level of the childcare program and an approximately $12,000 gap is anticipated for the last quarter of the current cycle (7/1/2022-9/30/2022).

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

Rise and Shine childcare helps young children who have experienced violence in the home learn and grow in a safe, emotionally healthy environment that addresses all 5 points of the National Education Goals Panel: physical well-being and motor development, social and emotional development, approaches to learning, language development, and cognition and general knowledge. Past trauma is a high indicator for potential to engage in patterns of violence. The last 20 year of national research in the domestic violence field have demonstrated that abusive patterns of behavior for traumatized children can be begin as early as adolescence. For this reason, Middle Way House has made it one of its highest priorities to address the emotional health and development of the children it serves. We are not only providing a desperately needed service to survivors attempting to rebuild their lives, but also working to break the cycle of violence by helping their children begin life in a healthy, happy environment. Rise and Shine increases the economic mobility of the parents it serves and improves long term outcomes academically and personally for the children for whom it cares.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

The outcome indicators measurable by this program would include new, unduplicated children served by the program, children receiving consistent care since Jan 1, hours of childcare provided, and number of meals provided.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

The Rise and Shine program currently has 1 full-time program coordinator and 13 part time co-teachers and assistants.

2022 Jack Hopkins Project Budget

Middle Way House		Rise and Shine Childcare	
Total Project Cost		$157,162	
	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant			12,000
Other Grants		$141,062.66	
Other Income Sources			
TOTAL PROJECT FUNDS FROM ALL SOURCES	**153,062.66**	**141,062.66**	**12,000.00**
EXPENSES			
Office Equipment			
Staff Time (8,500 hrs.)	119,000.00	105,750.00	12,000.00
Client Services			
Project Supplies			
TOTAL PROJECT EXPENSES	**119,000.00**	**105,750.00**	**12,000.00**

6:06 PM
02/20/22
Accrual Basis

Middle Way House Inc
Profit & Loss Prev Year Comparison
January through December 2021

	Jan - Dec 21	Jan - Dec 20	$ Change	% Change
Ordinary Income/Expense				
Income				
400000 · Grants	1,099,538.72	1,390,507.43	-290,968.71	-20.9%
403000 · Contributions Income				
4001.00 · Donations - MWH				
4002 · Donations - Rise	815.00	250.00	565.00	226.0%
4270AD · Unrestricted	1,886.41	3,575.00	-1,688.59	-47.2%
4001.00 · Donations - MWH - Other	480,538.19	461,477.60	19,060.59	4.1%
Total 4001.00 · Donations - MWH	483,239.60	465,302.60	17,937.00	3.9%
4210AD · United Way	15,994.73	11,152.63	4,842.10	43.4%
422500 · Restricted				
423020 Martha Voyles Ripple Fnd	462.56	327.27	135.29	41.3%
422700 · Foundations & Awards	45,000.00	45,000.00	0.00	0.0%
423010 · Toby Strout VOICES Fund	7,658.10	62,500.00	-54,841.90	-87.8%
423015 · T Strout Ed & Infrastructure Fd	16,177.41	15,000.00	1,177.41	7.9%
423026 · YES STEM Classroom	0.00	1,121.54	-1,121.54	-100.0%
4260AD · NAP Credits	19,316.00	17,306.00	2,010.00	11.6%
Total 422500 · Restricted	88,614.07	141,254.81	-52,640.74	-37.3%
403000 · Contributions Income - Other	588.45	1,544.92	-956.47	-61.9%
Total 403000 · Contributions Income	588,436.85	619,254.96	-30,818.11	-5.0%
417000 · Program Fees				
4370-AD · Childcare Fees	39,559.66	16,707.42	22,852.24	136.8%
417000 · Program Fees - Other	250.00	3,650.00	-3,400.00	-93.2%
Total 417000 · Program Fees	39,809.66	20,357.42	19,452.24	95.6%
4220AD · Donated Services and Assets	0.00	38,354.12	-38,354.12	-100.0%
422900 · Donated Rent	0.00	0.00	0.00	0.0%
4380AD · Other Income				
9720AD · Laundry (Rent)	214.15	415.79	-201.64	-48.5%
9750AD · Rental Income	72,806.00	67,445.00	5,361.00	8.0%
4380AD · Other Income - Other	234.34	216.12	18.22	8.4%
Total 4380AD · Other Income	73,254.49	68,076.91	5,177.58	7.6%
4401AD · Fundraising	60,421.16	94,462.27	-34,041.11	-36.0%
950000 · Investment Income				
9501AD · Dividends	375.20	383.03	-7.83	-2.0%
9502AD · Unrealized Gain/Loss on Invest	8,356.87	7,848.57	508.30	6.5%
9520AD · Interest	1,167.64	589.94	577.70	97.9%
950000 · Investment Income - Other	12.52	3,148.32	-3,135.80	-99.6%
Total 950000 · Investment Income	9,912.23	11,969.86	-2,057.63	-17.2%
Total Income	1,871,373.11	2,242,982.97	-371,609.86	-16.6%
Gross Profit	1,871,373.11	2,242,982.97	-371,609.86	-16.6%

DRAFT

No assurance has been provided on this financial statement.
Substantially all disclosures required by the accounting principles generally accepted in the United States of America are not included.
A statement of functional expenses has been omitted.

Middle Way House Inc
Profit & Loss Prev Year Comparison
January through December 2021

Middle Way House

	Jan - Dec 21	Jan - Dec 20	$ Change	% Change
Expense				
502800 · Employee Appreciation	3,258.02	346.67	2,911.35	839.8%
5100AD · Advertising	2,468.20	465.00	2,003.20	430.8%
5150AD · Automobile Expense				
515500 · Other	272.16	120.00	152.16	126.8%
515600 · Fuel	64.85	103.86	-39.01	-37.6%
515700 · Repairs	636.08	0.00	636.08	100.0%
515800 · Uber, Taxi	983.88	470.50	513.38	109.1%
5150AD · Automobile Expense - Other	152.90	0.00	152.90	100.0%
Total 5150AD · Automobile Expense	2,109.87	694.36	1,415.51	203.9%
516000 · Bad Debts	0.00	17,347.88	-17,347.88	-100.0%
5170AD · Bank Service Charges	3,622.30	3,451.63	170.67	4.9%
5190AD · Client Rent Assistance	64,879.00	22,398.80	42,480.20	189.7%
519900 · Client Direct Assistance	2,339.54	5,281.10	-2,941.56	-55.7%
530000 · Compensation				
500200 · Salaries and Wages	1,343,712.78	1,404,582.26	-60,869.48	-4.3%
5300AD · Payroll Taxes	120,496.23	123,029.52	-2,533.29	-2.1%
530100 · Compensation Adjustment Account	0.00	2,666.08	-2,666.08	-100.0%
5350AD · Health Insurance/Benefits	4,985.80	6,836.20	-1,850.40	-27.1%
530000 · Compensation - Other	0.00	2,357.12	-2,357.12	-100.0%
Total 530000 · Compensation	1,469,194.81	1,539,471.18	-70,276.37	-4.6%
5400AD · Contract Labor	14,611.93	25,978.20	-11,366.27	-43.8%
5410AD · Conferences	100.00	368.38	-268.38	-72.9%
5411AD · Training	1,217.74	1,823.65	-605.91	-33.2%
5425AD · Contributions and Donations	0.00	30.00	-30.00	-100.0%
5600AD · Donated Services	0.00	38,353.12	-38,353.12	-100.0%
5650AD · Donated Car Expense	0.00	85.01	-85.01	-100.0%
565900 · Donated Rent Expense	0.00	3,880.00	-3,880.00	-100.0%
5700AD · Dues and Fees	4,031.96	272.86	3,759.10	1,377.7%
580000 · Restricted Fund Expenditures				
580020 · Martha Voyles Ripple Fund	222.09	172.54	49.55	28.7%
580000 · Restricted Fund Expenditures - Other	201.99	2,151.87	-1,949.88	-90.6%
Total 580000 · Restricted Fund Expenditures	424.08	2,324.41	-1,900.33	-81.8%
590600 · FDE Fundraising Direct Expense				
590632 · Postage/Mailing	688.02	410.40	277.62	67.7%
590600 · FDE Fundraising Direct Expense - Other	8,027.41	9,530.50	-1,503.09	-15.8%
Total 590600 · FDE Fundraising Direct Expense	8,715.43	9,940.90	-1,225.47	-12.3%
6000AD · Insurance	63,264.06	41,406.84	21,857.22	52.8%
6200AD · Miscellaneous	632.56	1,280.24	-647.68	-50.6%

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6:06 PM
02/20/22
Accrual Basis

Middle Way House Inc
Profit & Loss Prev Year Comparison
January through December 2021

	Jan - Dec 21	Jan - Dec 20	$ Change	% Change
6300AD · Occupancy				
5800AD · Equipment Rent and Maint	20,657.13	47,404.51	-26,747.38	-56.4%
6310AD · Transportation	155.00	585.14	-430.14	-73.5%
6320AD · Laundry	968.04	856.94	111.10	13.0%
6330AD · Food	13,073.79	7,554.56	5,519.23	73.1%
6335AD · Security	23,491.30	16,024.27	7,467.03	46.6%
6340AD · Building Repairs and Maint	15,259.74	18,190.34	-2,930.60	-16.1%
6350AD · Rent	2,800.00	5,550.00	-2,750.00	-49.6%
6360AD · Supplies	-4,730.20	9,038.23	-13,768.43	-152.3%
6361AD · Trash Removal	1,440.00	2,263.08	-823.08	-36.4%
6370AD · Utilities	61,734.46	55,234.73	6,499.73	11.8%
6800AD · Telephone	16,779.88	18,562.67	-1,782.79	-9.6%
6300AD · Occupancy - Other	4,194.40	1,613.92	2,580.48	159.9%
Total 6300AD · Occupancy	155,823.54	182,878.39	-27,054.85	-14.8%
635000 · Travel & Ent				
6905AD · Conference Registration	25.00	535.00	-510.00	-95.3%
6940AD · Program travel	325.00	0.00	325.00	100.0%
6946AD · Mileage	1,599.31	867.04	732.27	84.5%
635000 · Travel & Ent - Other	0.00	10.00	-10.00	-100.0%
Total 635000 · Travel & Ent	1,949.31	1,412.04	537.27	38.1%
6390AD · Penalties	591.89	433.46	158.43	36.6%
6400AD · Postage and Delivery	1,626.27	1,975.06	-348.79	-17.7%
6450AD · Printing and Reproduction	4,274.33	6,339.10	-2,064.77	-32.6%
6500AD · Professional Fees				
6501AD · Audit	9,962.00	23,332.00	-13,370.00	-57.3%
6510AD · Accounting	24,650.00	1,637.15	23,012.85	1,405.7%
6520AD · Computer hardware/software	3,138.48	3,313.48	-175.00	-5.3%
6500AD · Professional Fees - Other	497.66	376.72	120.94	32.1%
Total 6500AD · Professional Fees	38,248.14	28,659.35	9,588.79	33.5%
6600AD · Supplies				
Software	18,039.38	14,360.85	3,678.53	25.6%
6610AD · Program	10,949.72	14,755.23	-3,805.51	-25.8%
6620AD · Office	6,442.63	12,629.75	-6,187.12	-49.0%
6630AD · Office Equipment	22,280.53	5,078.77	17,201.76	338.7%
6600AD · Supplies - Other	5,456.63	5,350.08	106.55	2.0%
Total 6600AD · Supplies	63,168.89	52,174.68	10,994.21	21.1%
66900 · Reconciliation Discrepancies	0.00	-4.74	4.74	100.0%
6700AD · Subscriptions and Publications	429.55	526.18	-96.63	-18.4%
6960AD · Uncategorized Expense				
Reimbursement Clearing Account	-209.78	195.37	-405.15	-207.4%
6960AD · Uncategorized Expense - Other	0.00	0.00	0.00	0.0%
Total 6960AD · Uncategorized Expense	-209.78	195.37	-405.15	-207.4%
Total Expense	1,906,771.64	1,989,789.12	-83,017.48	-4.2%
Net Ordinary Income	-35,398.53	253,193.85	-288,592.38	-114.0%

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A statement of functional expenses has been omitted.

6:06 PM
02/20/22
Accrual Basis

Middle Way House Inc
Profit & Loss Prev Year Comparison
January through December 2021

	Jan - Dec 21	Jan - Dec 20	$ Change	% Change
Other Income/Expense				
Other Expense				
502900 · Interest Expense	0.00	107.63	-107.63	-100.0%
520000 · Theft/Loss	0.00	100.00	-100.00	-100.0%
542500 · Depreciation Expense	161,100.00	165,904.00	-4,804.00	-2.9%
Total Other Expense	161,100.00	166,111.63	-5,011.63	-3.0%
Net Other Income	-161,100.00	-166,111.63	5,011.63	3.0%
Net Income	**-196,498.53**	**87,082.22**	**-283,580.75**	**-325.7%**

DRAFT

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A statement of functional expenses has been omitted.

10:40 AM
02/22/22
Accrual Basis

Middle Way House Inc
Balance Sheet Prev Year Comparison
As of December 31, 2021

	Dec 31, 21	Dec 31, 20	$ Change	% Change
ASSETS				
Current Assets				
Checking/Savings				
100010 · Main Source - Opr 7316865	131,964.65	111,465.06	20,499.59	18.4%
100012 · Main Source - MM 7316852	7,038.64	271,977.64	-264,939.00	-97.4%
100013 · Raymond James Investment Accoun	0.00	50,000.00	-50,000.00	-100.0%
100014 · Union Savings Bank	190,776.47	190,110.22	666.25	0.4%
101000 · German American-Opr 1015163	142,016.27	313,505.91	-171,489.64	-54.7%
125200 · Payroll Clearing	290.88	0.00	290.88	100.0%
Total Checking/Savings	472,086.91	937,058.83	-464,971.92	-49.6%
Accounts Receivable				
120000 · Accts Rec				
120001 · Fundraising AR	2,820.00	2,820.00	0.00	0.0%
122000 · PERM HOUSING - Accts Recv	741.00	-46.00	787.00	1,710.9%
123000 · GRANTS - Accts Recv	630,174.32	449,000.77	181,173.55	40.4%
125000 · RELATED PARTIES - Accts Recv	111,367.53	40,135.42	71,232.11	177.5%
120000 · Accts Rec - Other	161.25	161.25	0.00	0.0%
Total 120000 · Accts Rec	745,264.10	492,071.44	253,192.66	51.5%
Total Accounts Receivable	745,264.10	492,071.44	253,192.66	51.5%
Other Current Assets				
Inventory - Vehicles	500.00	500.00	0.00	0.0%
119000 · Undeposited Funds	11,866.54	-14,210.00	26,076.54	183.5%
125100 · Employee Loans	10.00	13.52	-3.52	-26.0%
Total Other Current Assets	12,376.54	-13,696.48	26,073.02	190.4%
Total Current Assets	1,229,727.55	1,415,433.79	-185,706.24	-13.1%
Fixed Assets				
150000 · Furniture & Equipment				
150100 · Equipment	170,197.65	170,197.65	0.00	0.0%
153000 · Furniture and Fixtures	11,225.98	11,225.98	0.00	0.0%
154000 · Office Equipment	42,807.76	42,807.76	0.00	0.0%
Total 150000 · Furniture & Equipment	224,231.39	224,231.39	0.00	0.0%
150300 · Bldgs & Improvements				
152002 · Coke Bldg.				
1503b · Bldg & Imp Coke Bldg Contractor	4,117,782.50	4,117,782.50	0.00	0.0%
152021 · Improvements - Coke Bldg.	441,602.83	441,602.83	0.00	0.0%
1520211 · Contractor	1,345,078.05	1,345,078.05	0.00	0.0%
1520212 · Courtyard	9,425.48	9,425.48	0.00	0.0%
Total 152002 · Coke Bldg.	5,913,888.86	5,913,888.86	0.00	0.0%
Total 150300 · Bldgs & Improvements	5,913,888.86	5,913,888.86	0.00	0.0%
151000 · Automobiles	52,064.29	42,205.29	9,859.00	23.4%
156000 · Land	348,676.00	348,676.00	0.00	0.0%
160000 · Accumulated Depreciation	-2,104,635.76	-1,943,535.76	-161,100.00	-8.3%
Total Fixed Assets	4,434,224.78	4,585,465.78	-151,241.00	-3.3%
Other Assets				

10:40 AM
02/22/22
Accrual Basis

Middle Way House Inc
Balance Sheet Prev Year Comparison
As of December 31, 2021

	Dec 31, 21	Dec 31, 20	$ Change	% Change
180000 · Investments				
181000 · Mutual Funds - VG Social Index	40,018.21	31,661.34	8,356.87	26.4%
183000 · Certificates of Deposit	200,134.08	75,000.00	125,134.08	166.9%
Total 180000 · Investments	240,152.29	106,661.34	133,490.95	125.2%
Total Other Assets	240,152.29	106,661.34	133,490.95	125.2%
TOTAL ASSETS	**5,904,104.62**	**6,107,560.91**	**-203,456.29**	**-3.3%**
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
200000 · Accounts Payable	14,856.14	15,966.84	-1,110.70	-7.0%
Total Accounts Payable	14,856.14	15,966.84	-1,110.70	-7.0%
Other Current Liabilities				
Refundable Advances	51.43	51.43	0.00	0.0%
206000 · Security Deposits PH	5,898.00	5,898.00	0.00	0.0%
222100 · Payroll Liabilities				
220000 · Accrued Vacation Payable	57,889.51	57,889.51	0.00	0.0%
220500 · Accrued Wages Payable	19,388.91	19,388.91	0.00	0.0%
222000 · United Way WH	1,020.00	1,037.00	-17.00	-1.6%
222500 · Employee WH Dental/Vision	1.84	796.20	-794.36	-99.8%
223000 · 403(b) WH	170.00	585.00	-415.00	-70.9%
224100 · Indiana Unemployment	2,273.29	4,454.62	-2,181.33	-49.0%
227001 · State and Local WH	6,587.53	6,794.06	-206.53	-3.0%
222100 · Payroll Liabilities - Other	2,645.88	4,878.72	-2,232.84	-45.8%
Total 222100 · Payroll Liabilities	89,976.96	95,824.02	-5,847.06	-6.1%
Total Other Current Liabilities	95,926.39	101,773.45	-5,847.06	-5.8%
Total Current Liabilities	110,782.53	117,740.29	-6,957.76	-5.9%
Long Term Liabilities				
230000 · MTG City of Blmtg	81,377.00	81,377.00	0.00	0.0%
Total Long Term Liabilities	81,377.00	81,377.00	0.00	0.0%
Total Liabilities	192,159.53	199,117.29	-6,957.76	-3.5%
Equity				
Retained Earnings	664,393.36	577,311.14	87,082.22	15.1%
300000 · Net Assets				
311000 · Temporarily Restricted	438,504.04	438,504.04	0.00	0.0%
320000 · Unrestricted	4,649,025.57	4,649,025.57	0.00	0.0%
320100 · Board Designated	155,520.65	155,520.65	0.00	0.0%
325000 · Permanently Restricted	1,000.00	1,000.00	0.00	0.0%
Total 300000 · Net Assets	5,244,050.26	5,244,050.26	0.00	0.0%
Net Income	-196,498.53	87,082.22	-283,580.75	-325.7%
Total Equity	5,711,945.09	5,908,443.62	-196,498.53	-3.3%

10:40 AM
02/22/22
Accrual Basis

Middle Way House Inc
Balance Sheet Prev Year Comparison
As of December 31, 2021

	Dec 31, 21	Dec 31, 20	$ Change	% Change
TOTAL LIABILITIES & EQUITY	5,904,104.62	6,107,560.91	-203,456.29	-3.3%

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Monroe County CASA, Inc.

Address: 201 N Morton Street
Bloomington IN 47404

Phone: 812-333-2272

E-Mail: info@monroecounytcasa.org

Website: monroecountycasa.org

President of Board of Directors: Jesica Sonneborn

Name of Executive Director: Kristin Bishay

Phone: 812-333-2272

E-Mail: kristin.bishay@monroecountycasa.org

Name of Grant Writer: Kristin Bishay

Phone: 812-333-2272

E-Mail: kristin.bishay@monroecountycasa.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
9	2	135

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Monroe County CASA Inc. is a non-profit organization that recruits, trains, and supervises court appointed volunteers to advocate for children who are involved in juvenile court die to abuse and neglect. Volunteer advocacy is based on the belief that all children are entitled to a safe and permanent home

PROJECT INFORMATION

Name of the project to be funded:

Creation of functional training space for CASA volunteers

Total cost of project: 4191.19

Requested amount of Jack Hopkins funding: 4191.19

Number of City residents to be served by this project in 2022: 350

Number of clients to be served by this project in 2022: 425

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

CASA is requesting $4,191.19 to purchase tables, chairs, white board and surge protectors to create a functional training space for training and meetings. Monroe County CASA has found new offices that will save the agency over $50,000 annually. However, this space is smaller which requires creative planning. Recruiting and training volunteer advocates is the life line of the agency to advocate for as many abuse children in the city that is neccessary.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [x] No

If yes, list the name(s) of agency partner(s)

na

How do your missions, operations and services complement each other?

na

What is the existing relationship between agencies?

na

How will communication and coordination change as a result of the project?

na

Explain any challenges and steps you plan to take to address those challenges.

na

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

same

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

☐ Yes ☐ No ☒ N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

na

Is the property zoned for your intended use? ☐ Yes ☐ No ☒ N/A

If "no," please explain:

na

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.*

na

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[ ] Yes [x] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

na

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We expect to draw down the funds as soon as possible. No later than July 30, 2022. Furniture has been chosen and will just need to be ordered.

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

na

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

The purchase of furniture will provide a training/meeting space to increase the number of child advocate volunteers (CASAs) who will help advocate for Bloomington's child victims of abuse and neglect.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	24 stable chairs	1662.78
Priority #2	8 5ft rolling tables	1879.64
Priority #3	rolling white board	386.27
Priority #4	10 power surges	267.50
Priority #5		
Priority #6		
Priority #7		
Total Requested		4191.19

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

The work that Monroe County CASA provides the city is tied to a number of the identified needs in at least five categories of the Service Community Assessment of Needs (SCAN) report. Those categories include Education, Earning a Living, Healthy Community, Youth Development, and Meeting Essential Needs. Of those, Youth Development is the most comprehensively pertinent.

In the 2012 report, Monroe County CASA was cited as having four staff members managing 75 volunteers serving 100-110 open Children in Need of Services (CHINS) cases at any given time. Currently, those numbers stand at 11 staff members managing 135 volunteers serving 325-350 cases at any given time.

Our agency has grown and become more sophisticated in its programing to reach even more children. It is important to note, though, that the number of children appointed to CASA certainly doesn't include all of the children who suffer from abuse in our community. Too many remain under the radar.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

Our request involves the one-time purchase of office furniture to provide a training space for new volunteers as well as a meeting space for the teams of professionals working with the families invloved in our family courts. We will be replacing tables and chairs that are ducted taped together and easier to store.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

The abuse and neglect of children has a number of obvious physical effects (bruises and breaks, unsafe environments, etc.), but the extent of the consequences of maltreatment and the long-term nature of those effects are not as commonly seen. As stated by The Children ' s Bureau, " Childhood maltreatment can be linked to later physical, psychological, and behavioral consequences as well as costs to society as a whole. "

These costs can include those associated with poor educational outcomes, mental health problems, lack of necessary life skills, inability to maintain healthy relationships, substance abuse problems, likelihood of later domestic violence or child abuse (as either victim or perpetrator), a life of poverty, inability to maintain productive employment, physical health problems, and delinquency or adult criminal behavior, among others. A study by the Centers for Disease Control and Prevention (CDC), using 2015 data, estimates that the cost of non-fatal child maltreatment amounts to a lifetime cost of $831,000 per child.

Monroe County CASA's ability to attract and retain staff and volunteers and give them a stable working environment can have a positive and long-lasting impact on the Bloomington community.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Having usable furniture to create a stable working and training environment, we will have the resources to host three 30 hour CASA volunteer trainings each year for many years to come. At the end of each training, the Judge swears in 10-14 (average) new CASAs who will in turn advcoate for 2.3 kids a year. That equates to 92 abused children within the first twelve months.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

The last JHSSF grant we received was in 2020 to purchase security cameras for the offices. These cameras were instrumental in verifying and analysing flood damage last year. It is our intent to take these cameras with us to the new offices for continuation of staff and volunteer safety.

Monroe County CASA has been a part of the Bloomington community since 1983 and has served thousands of children. The stakes are high and the systems complex. Our advocacy is provided by carefully selected and trained volunteers who operate with the coaching and supervision of paid professional staff. Our primary objectives are to protect children from further harm, address and reduce the effects of harm already inflicted, and move children to safe, stable and permanent homes as quickly as possible.

CASA volunteers independently assess the child ' s situation, monitor compliance with court orders by both the parents and the Department of Child Services, report to the judge on changes and developments in the case, advocate for effective and coordinated services for the child and family, and make recommendations to the judge for further action. Since CASA services are required by law, local government would be required to budget for attorney services at a rate of at least $60 per hour. CASA volunteers contributed more than 11,000 hours of service last year to Bloomington ' s most vulnerable children, leading to an estimated savings to the community of more than $660,000.

Unfortunately, the COVID-19 pandemic has compounded our need for community and governmental support. As is surely true for virtually all non-profit human service agencies, the impact of the pandemic has been profoundly felt. We experineced a loss of approximately $100,000 each of the past two years that we historically could expect through fundraising revenues. The anticipated move to a different lcoation will make a great impact on our annual budget (aproximately $50,000).

Although the amount we're asking for in Jack Hopkins funds pales in comparison to this loss, these small supports can go a long way in helping to ensure the financial health of the agency as well as our ability to continue to serve the community.

We appreciate the opportunity to apply for Jack Hopkins Social Service Funding and appreciate your consideration of our application. Since its' estimated that approximately three-quarters of our clients are City residents, we believe Jack Hopkins support for our project is money well spent.

2022 Jack Hopkins Project Budget			
Monroe County CASA, Inc.		**Creation of Training Space**	
Total Project Cost		$4,191.19	
	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant			$4,191.19
Other Grants			
Other Income Sources			
TOTAL PROJECT FUNDS FROM ALL SOURCES			$4,191.19
EXPENSES			
Office Equipment			$4,191.19
Staff Time (20 hrs.)			
Client Services			
Project Supplies			
TOTAL PROJECT EXPENSES			$4,191.19

Iceberg 68057 60w x 18d x 29h Gray/Charcoal Officeworks Mobile Training Table

Color:Grey
Size:18''x60''

National (Brand NPS Stack

Public Seating
Rating: 4.5/5)

8500 Series Navy Blue Ultra-Compact Plastic Chair (4-Pack)

Flash Furniture Mobile Magnetic Whiteboard Partition with Lockable Casters, 72"H x 24"W (3 sections included)

Power Strip with 8 Ft , POWSAV Surge Protector with 18 Outlets and 4 USB Ports(1 USB C Outlet), 8 Feet Extension Cord (1875W/15A), 2100 Joules, ETL Listed, Black

11:43 AM
01/13/22
Accrual Basis

Monroe County CASA, Inc.
Balance Sheet
As of December 31, 2021

		Dec 31, 21
ASSETS		
Current Assets		
Checking/Savings		
100.10Charles Schwab Investment		218,612.86
100.00 Operating Account		110,516.39
103.00 Money Market		100,048.21
Total Checking/Savings		429,177.46
Other Current Assets		
201.00 Payment Protection		89,592.00
200.01 Community Fnd L/T Fund		142,939.18
Deferred Grant Income		-35,333.00
202.01 Prepaid expenses		1,414.90
202.02 Undeposited Funds		15,894.99
Total Other Current Assets		214,508.07
Total Current Assets		643,685.53
Fixed Assets		
204 Leasehold Improvements		
204.1 Accumulated Depreciation-	-5,635.69	
204 Leasehold Improvements - Other	45,497.92	
Total 204 Leasehold Improvements		39,862.23
203 Furniture and Equipment		
203.1 Accum. Deprec.	-36,985.03	
203 Furniture and Equipment - Other	44,869.95	
Total 203 Furniture and Equipment		7,884.92
Total Fixed Assets		47,747.15
Other Assets		
200.00 Community Foundation		157,393.54
Total Other Assets		157,393.54
TOTAL ASSETS		**848,826.22**
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
4002 Accounts Payable		-651.92
Total Accounts Payable		-651.92
Other Current Liabilities		
4001 Nessy book sales		127.35
4000 Payroll Liabilities		
4000.3 Emp Benefits (IRA cont.)	166.92	
4000.2 Emp Benefits (Insurance)	487.76	
4000.1Emp Benefits (Healthcare)	-535.34	
4000.9 Penalties & Interest	-162.60	
4000.5 FICA	516.60	
4000.6 Indiana W/H Tax	1,142.95	
4000.7 Medicare	2,208.62	
4000.8 Monroe Co. W/H Tax	474.32	

Monroe County CASA, Inc.
Balance Sheet
As of December 31, 2021

	Dec 31, 21	
4000.10 SUTA	208.85	
4000 Payroll Liabilities - Other	17,393.32	
Total 4000 Payroll Liabilities		21,901.40
Total Other Current Liabilities		22,028.75
Total Current Liabilities		21,376.83
Total Liabilities		21,376.83
Equity		
302.1 Perm Restricted Net Assts		134,190.14
302.2 Temp Restricted Net Assts		
CASA Facility Dog	2,762.36	
Randall Grant	4,731.94	
Total 302.2 Temp Restricted Net Assts		7,494.30
302 Unrestricted Net Assets		647,379.53
Net Income		38,385.42
Total Equity		827,449.39
TOTAL LIABILITIES & EQUITY		848,826.22

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Monroe County Humane Association

Address: 3410 S. Walnut St.
Bloomington, IN 47401

Phone: 812-333-6242

E-Mail: mcha@monroehumane.org

Website: www.monroehumane.org

President of Board of Directors: Valerie Pena

Name of Executive Director: Rebecca Warren

Phone: 812-333-6242 ext. 101

E-Mail: rwarren@monroehumane.org

Name of Grant Writer: Sue Allmon

Phone: 812-320-6456

E-Mail: allmon.wyatt@gmail.com

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
9	6	50

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

MCHA is dedicated to promoting the welfare of animals, strengthening the human-animal bond, and providing access to accessible veterinary care and humane education across our community.
To accomplish our mission, we provide:
Direct veterinary services to help animals and animal owners;
A thorough humane education platform that reaches youth and adults across the community;
Volunteer animal therapy teams sharing the benefits of the human-animal bond;
Resources and trap-neuter-return assistance for caretakers of feral or outdoor cats;
Facilitate emergency foster, temporary housing and disaster response;
A pet food and supply pantry with free or very low-cost pet food, treats, supplies, and care items;
Veterinary care sponsorship for extreme injury/illness veterinary care and the prevention of accidental litters

PROJECT INFORMATION

Name of the project to be funded:

Pet Emergency Housing

Total cost of project: $18,640.00

Requested amount of Jack Hopkins funding: $15,840.00

Number of City residents to be served by this project in 2022: 20+

Number of clients to be served by this project in 2022: 20+

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting $15,840 to continue the support of the Pet Emergency Housing Program. Affordable housing continues to affect our community, and often leaving families, including their pets, entirely homeless, relying only on short-term shelters. Emergency Housing is defined by circumstances that are not within the owner's control, including but not limited to domestic violence, fire, extended medical stay, or illegal lease and eviction. The JHSS grant dollars would allow sponsorship for up to fifteen dogs and twelve cats to find refuge with MCHA. The grant request includes care for the necessary veterinary intake needs and the staff time it takes to maintain a high-quality of care. Additional costs, such as food, supplies and medical intervention, including spay/neuter will be covered by other fundraising sources or grants. Families continue to be displaced, or refuse to seek shelter or assistance when they are forced to either leave pets behind or surrender them to a shelter, with no chance at reunification. The Pet Emergency Housing program allows families to focus on a housing first initiative. The success of this program is pointed at the collaborative approach between MCHA and other care providers to supporting families in their moments of crisis.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [x] No

If yes, list the name(s) of agency partner(s)

a. City of Bloomington Animal Care and Control
b. City of Bloomington, Community Resource Officers
c. Monroe County Sheriff ' s Department, Animal Control
d. Wheeler Mission
e. Beacon, Inc.
f. Middle Way House
g. Life Designs
h. Crawford, Housing Center
i. Kinser Flats, Housing Center

How do your missions, operations and services complement each other?

MCHA works in concert with other social service providers to meet the needs of both humans and pets. But utilizing this shared approach, we're able to build rapport and trust with clients. Clients become more engaged with all services when they see that both their needs and the needs of their pet, often their only source of comfort, are being met.

What is the existing relationship between agencies?

While we have no formal collaborative partner to facilitate this grant, this initiative will directly support the current cooperative relationship between MCHA, Homeland Security, Monroe County Emergency Services and several other nonprofit agencies. Currently, MCHA works closely with the Shalom Center, Stepping Stones, Middle Way House, the Red Cross, and both city and county animal control officers to coordinate emergency housing for animals in the event that a family has to seek housing or shelter and cannot take their pet with them. With each of these organizations, MCHA has facilitated short-term emergency housing for shared clients due to extreme weather conditions, domestic violence, fire, and extended medical stays.

How will communication and coordination change as a result of the project?

If our project is funded, it will allow MCHA to provide additional assistance to our cooperating agencies.

Explain any challenges and steps you plan to take to address those challenges.

MCHA continues to work closely with our social service partners to address the continued unmet needs of our community and how we can best respond, both proactively and reactively. MCHA wants to continue to ensure that this safety net of services remains available, while not excusing the responsibility of owning a pet. MCHA continues to address the parameters and boundaries of the Emergency Housing Program and that it does both to meet the needs and support the pet owner's engagement and decisions.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

791 S. Fieldstone Blvd.
Bloomington, IN 47403

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

[X] Yes [ ] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

Is the property zoned for your intended use? [X] 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.*

No permits, variances or approval are necessary. MCHA is an approved animal holding and kennel site.

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[X] Yes [ ] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [X] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

MCHA aims to provide any and all support materials necessary to meet the needs of the animals while they are in our care. Additionally, MCHA will work with other grant resources to meet the medical needs of the animals, including illness, injury, surgery, including spay/neuter.
MCHA Sponsorship, In-Kind supplies including food: $2,000 : Confirmed
Pet Friendly Services, Spay/Neuter Sponsorship: $800: Confirmed

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

As funds are utilized and draws are required, MCHA will submit requests for reimbursement from grant funding.

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

Thre is no additional anticipated funding.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

The Emergency Housing program has created opportunities for on-site volunteers seeking hands-on animal care roles. MCHA provides housing services to our current partners seeking supportive services. MCHA will pursue additional grant opportunities to support the operating costs of emergency housing programs. In-kind donations of pet food, care and supply items will directly support this program.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Boarding Canine & Feline	$10,950.00
Priority #2	Veterinary Wellness, Canine & Feline	$1,440.00
Priority #3	Staff time	$3,450.00
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		$15,840.00

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

Temporary housing and sheltering are a previously identified priority for our community, however, there are even fewer opportunities for co-housing for families with pets. Many families with pets will not leave their situation if they cannot either leave with their pet or have safe placement for their pet that offers reunification. Studies show as many as 48 percent of domestic violence victims may put off leaving their abusers out of fear for their pets' safety. Without this facility as a response center, there is nowhere to coordinate the efforts for a local disaster or a 24/7 facility offering a safe haven for pets of those that find themselves in need of emergency housing due to domestic violence, fire, or extreme weather.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

Future funding for the emergency housing project will be sought from other grants providing organizations as well as other fundraising events held throughout the year by MCHA. MCHA also aims to consider boarding as a routine service that allows for a shared revenue stream to offset the costs of other housed animals. As our mission and service continue to grow, MCHA will use this funding to set in place the structure necessary to develop a boarding program that will, in the future, offset the costs of animals in emergency housing.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

The Emergency Housing is dedicated to families with pets that cannot afford traditional boarding opportunities or the costs associated with a pet friendly hotel. All MCHA programs and services directly support a life-long pet-owner relationship. The Emergency Housing facility is able to offer both short and extended housing options for low or no costs associated to families for years to come. The facility is a part of the Monroe County Humane Association Animal Care Campus, dedicated to providing services towards a lifelong, healthy and responsible pet-owner relationship.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

For families seeking emergency housing due to personal related emergencies, MCHA seeks to maintain a reunification rate of 95%.

In the event of a local disaster, the Emergency Housing center would become the primary response center for animal intake and housing for both local emergency responders and volunteers. There is currently no other declared emergency shelter for pets in the event of a local disaster.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

In 2021, MCHA housed 23 animals for emergency housing, all but one animals were reunited with their owners. MCHA offered emergency housing to families suffering through domestic violence, homelessness, fire, and personal extended medical stays. Without emergency housing through MCHA, these animals could have been unnecessarily surrendered. Emergency housing is coordinated on-site in the E. Susan Bartlett Emergency Housing Center. MCHA Boarding standards require staff to come in a minimum of three times per day to walk and relieve animals. Due to limited funding, we are significantly limited in our ability to offer emergency housing, or required us to refuse animals for housing. The facility also operates and houses animals for daily medical care, grooming or surgery related care. According to the Service Community Assessment of Needs document, crisis response, transitional housing and emergency sheltering continue to be an unmet need for our community. While there is a gap for human services, current, established providers don ' t allow pets, leaving families without pets ineligible for even these services. Families often will resort to living in their vehicles, on the streets, or in other unstable conditions rather than resort to surrendering their pet, their one source of comfort. This focus makes them unable to move towards their own housing stability and serves as a roadblock. By coordinating temporary assistance, MCHA works with both the pet owners and other care providers to best align both the pet and the owner ' s needs towards permanent or established housing. As a nonprofit in our community, we are working to directly coordinate services for our neighbors that continue to be affected by rising housing costs, illegal sublet traps and eviction. By coordinating simultaneous care for both pets and humans, the MCHA Emergency Housing program works in concert to meet all of the needs of a family.

2022 Jack Hopkins Project Budget - Sample

Monroe County Humane Association		**Emergency Housing**	
Total Project Cost		$5,000	
	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant			**$15,840.00**
Other Grants		800.00	
Internal Fundraising		2,000.00	
TOTAL PROJECT FUNDS FROM ALL SOURCES	**$18,640.00**	**$2,800.00**	**$15,840.00**
EXPENSES			
Boarding, Canine & Feline	$10,950		$10,950.00
Veterinary Wellness, Canine * Feline	$1,440.00		$1,440.00
Staff Time (230 hrs.)	$3,450.00		$3,450.00
Care Supplies	2,000.00	2,000.00	0.00
Spay, Neuter Surgeries, Canine & Feline	$800.00	$800.00	0.00
TOTAL PROJECT EXPENSES	**$18,640.00**	**$2,800.00**	**$15,840.00**

MCHA

Monroe County Humane Association

Statement of Financial Position

As of December 31, 2021

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
1000 Petty Cash	200.00
1100 MCHA Operating - Checking	45,121.94
1105 MCHA Money Market 9408	200,588.63
1110 IU Credit Union Money Market	121,202.60
1190 BACC Shelter Fund-GAB Checking	260.86
1195 BACC Savings Account	3,914.01
Total Bank Accounts	**$371,288.04**
Other Current Assets	
1199 Undeposited Funds	0.00
1300 Endowment	
1300.05 Cash Equivalents	83,201.01
1300.10 Common Stocks and ETF's	1,255,009.16
1300.15 Bonds	454,754.96
1300.20 Mutual Funds	0.00
1300.25 Accrued Income	2,258.45
Total 1300 Endowment	**1,795,223.58**
1700 Construction in Progress	
1705 Development Costs	0.00
1710 Land	0.00
1715 Professional Fees	0.00
1720 Construction Manager	0.00
1725 Construction	0.00
1730 Equipment	0.00
1735 Admin/Permit	0.00
Total 1705 Development Costs	**0.00**
Total 1700 Construction in Progress	**0.00**
1900 Uncategorized Asset	0.00
Total Other Current Assets	**$1,795,223.58**
Total Current Assets	**$2,166,511.62**

MCHA

Monroe County Humane Association

Statement of Financial Position

As of December 31, 2021

	TOTAL
Fixed Assets	
1600 Fixed Assets	
1610 Fieldstone Animal Clinic	1,093,622.05
1620 Fieldstone Equipment	24,862.45
1650 Fieldstone Land	123,923.75
1699 Accumulated Depreciation	-9,635.23
Total 1600 Fixed Assets	**1,232,773.02**
Total Fixed Assets	**$1,232,773.02**
Other Assets	
1800 Com Fdn MCHA Fund	56,306.50
1810 Com Fdn Theodore Appleton Fund	37,037.94
1820 Com Fdn Branch Endowment	207,010.57
Total Other Assets	**$300,355.01**
TOTAL ASSETS	**$3,699,639.65**

MCHA

Monroe County Humane Association

Statement of Financial Position

As of December 31, 2021

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
2300 German American_Credit CardX3	3,523.13
Total Credit Cards	**$3,523.13**
Other Current Liabilities	
2100 Payroll Liabilities	0.00
2100.30 Fica & Fed Payable	0.00
2100.35 State & County Payable	0.00
2100.40 Local Tax	0.00
2100.50 Simple IRA Payable	-256.00
Total 2100 Payroll Liabilities	**-256.00**
2400 Sales Tax Payable	0.00
Total Other Current Liabilities	**$ -256.00**
Total Current Liabilities	**$3,267.13**
Long-Term Liabilities	
2800 Notes Payable - GAB - 1232793980	822,595.73
2850 SBA PPP Loan Payable	69,030.22
Total Long-Term Liabilities	**$891,625.95**
Total Liabilities	**$894,893.08**
Equity	
3000 Opening Bal Equity	0.00
3300 Permanently Restricted Net Assets	268,879.50
3900 Unrestricted Net Assets	2,469,243.16
Net Revenue	66,623.91
Total Equity	**$2,804,746.57**
TOTAL LIABILITIES AND EQUITY	**$3,699,639.65**

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248145604
Dec. 07, 2009 LTR 4168C E0
35-6064277 000000 00
00015531
BODC: TE

HUMANE ASSOCIATION INC OF MONROE
COUNTY
PO BOX 1334
BLOOMINGTON IN 47402-1334

038910

Employer Identification Number: 35-6064277
Person to Contact: Jeffery Cordell
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 25, 2009, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1971.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Monroe County United Ministries

Address: 827 W 14 Ct
Bloomington, IN 47404

Phone: 812-339-3429

E-Mail: mjholwager@mcum.org

Website: mcum.org

President of Board of Directors: Joel Schneider

Name of Executive Director: Katie Broadfoot

Phone: 812-339-3429 x11

E-Mail: kbroadfoot@mcum.org

Name of Grant Writer: Mary Jean Holwager

Phone: 812-339-3429 x18

E-Mail: mjholwager@mcum.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[X] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
28	1	35

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Monroe County United Ministries creates lasting solutions to economic, educational, and social injustices in our community through quality programs, collaboration, and innovation. Our vision is to eliminate generational poverty for the people we serve.

PROJECT INFORMATION

Name of the project to be funded:

MCUM out in the Community

Total cost of project: 23,000

Requested amount of Jack Hopkins funding: 23,000

Number of City residents to be served by this project in 2022: 1,290

Number of clients to be served by this project in 2022: 2,500

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting $23,000 to continue growing our outreach in Bloomington and the surrounding area. Specifically, these funds will go towards purchasing a new (for us) service van to assist with food pantry and hygiene orders and provide delivery of these items to our clients out in the community.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [X] No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Same as above

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

[X] Yes [ ] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use? [X] 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

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[ ] Yes [x] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

N/A

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We will begin the process of purchasing a van once the funds have been awarded. We plan to have the van purchased and decals as soon as possible.

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

N/A

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

We have a group of regular volunteers that perform weekly food and supply deliveries to our clients out in the community. Early this year the van that we were using broke down and now staff and volunteers have to use their own vehicles to both pick up and deliver food and other items to our clients.

Having a MCUM van will allow for volunteers to continue making deliveries while staff members can then spend time working with clients onsite and connecting them to other community partners to provide holistic support. In addition, by having a MCUM van that has our logo on the side, we can advertise our services to hundreds more residents, encouraging them to reach out for support.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Service Van	21,000
Priority #2	Decals	2,000
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		23,000

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

Forty-two percent of households reported having some degree of difficulty meeting their most basic needs each month (City of Bloomington SCAN 130). These households are often "forced to choose whether money should be spent on food, medical bills, or other essentials" (128). MCUM's Self-Sufficiency Center provides both basic needs assistance as well as individualized coaching that helps individuals aspire and achieve their own long-term goals and financial self-sufficiency. By providing basic needs assistance and working with clients to achieve self-sufficiency, the Self-Sufficiency Center is meeting both the "earnings" and "essentials" goals of the Anti-Poverty Strategy in the Consolidated Plan (page 113).

For our agency to reach as many community members as possible, it is important to have a working vehicle. We are currently relying on volunteers with cars to make deliveries and have had one volunteer reduce their hours due to the high price of gas. In addition to using the van for SSC outreach, the van will be used to drop of supplies and gifts during the holidays Compass families. This way presents and food baskets can be dropped off while the children are at school and parents have the ability to surprise their children for the holidays.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

After completing purchasing the van, the only ongoing costs will be regular vehicle maintenance (to ensure a long life) and gas, which we account for in our agency budget. Since we had budgeted of these items for our old van, the funds for upkeep are already allocated.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

This project will help us to recruit and retain our clients, which will provide broad and lasting benefits to the community. During the pandemic, we added after hours grocery pick-up, curbside pick-up, and online ordering for delivery. Since we started offering these options there has been a 250% increase in new clients. By far the most popular of these additions has been food delivery, with over 1000 households choosing to have their groceries delivered since began offering this option in November of 2020. At the beginning, the SSC received an average of 45 requests for food delivery a month, that average is now 103 and we expect it to remain in the triple digits for the foreseeable future.
In addition to using the van for deliveries, MCUM coordinates several large food drives throughout the year. Having an official van with the MCUM logo and our information on its side provides a level of professional to the outreach we are doing. It will also have the added benefit for advertising our services to the community at large. With the anticipated amount of driving MCUM staff and volunteers will be doing, we will reach an additional 2,000 people this year alone.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

With access to a nice, gently used service van, we expect to provide:

2,000 of new impressions of MCUM

1,300 city residents provided food deliveries, around 430 households

84 Compass families with food baskets and holiday support

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

MCUM serves the low/no income families in this community through two programs, Compass Early Learning Center and the Self-Sufficiency Center. MCUM's Self-Sufficiency Center (SSC) provides food, clothing, and household items; financial assistance; and referrals to households experiencing a financial crisis. Collaborating with the Opportunity House, the SSC offers clothing vouchers, enabling clients to pick out clothing and household items they need for free. Clients may also request financial assistance from MCUM to help pay a portion of rent or utility bills to keep clients in their homes with their lights and heat on, preventing eviction and potential homelessness. The SSC is also home to the Your Path program. Your Path is a roadmap to Self-Sufficiency. Participants complete a short application describing which area(s) of their lives – family stability, housing, transportation, wellness, career, education, or financial management – they would like to work on. Working with a coach for 1-3 years, participants can expect to be connected with resources to help them achieve their goals and will be supported during the triumphs as well as the challenges. In addition, we have also opened up a Microloan program which provides small, low-barrier, personal loans of up to $1000 to members of the community who lack access to traditional sources of affordable credit.
While we feel that our programs meet an important need in Monroe County, we are constantly looking for ways to improve our services, we want to meet clients where they are at. Having a MCUM van, would allow us to continue providing food delivery and other support, giving them one less than to worry about.

"I just wanted to say, from the bottom of my heart, thank you for offering this service. This is my 2nd time ordering a grocery delivery (and I can't stress this enough –THANK YOU- for delivering)- and the 1st delivery couldn't have come at a better time. I had spaced that is was coming that day and i was incredibly stressed about what i was going to be able to make to eat for myself and my father. We don't have a vehicle and I'm currently unemployed, so it is a daily struggle trying to make ends meet…my dad's social security covers the rent and the bills but there is hardly anything left over to actually live on. We're always out of multiple things and constantly on the verge of running out of various necessities. When that 1st delivery came, i took the food into the kitchen to unpack it all and i cannot put into words how ecstatic/relieved/humbled/appreciative i was."

This was a comment left by a SSC client after placing an online food order. Having the ability to drop off these groceries made a huge impact in this client's life and with this council's support we can continue providing that and many other services for years to come.

Monroe County United Ministries

827 West 14th Court
Bloomington, IN 47404
812.339.3429
www.mcum.org

2022 Jack Hopkins Project Budget - MCUM

Monroe County United Ministries		MCUM out in the Community	
Total Project Cost		$23,000	
	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant	$23,000		$23,000.00
TOTAL PROJECT FUNDS FROM ALL SOURCES	**23,000.00**		**23,000.00**
EXPENSES			
Service Van	21,000		21,000
Decals	2,000		2,000
TOTAL PROJECT EXPENSES	**23,000**		**23,000.00**

Monroe County United Ministries, Inc.
Profit & Loss
January through December 2021

Monroe County United Ministries

	Jan - Dec 21
Ordinary Income/Expense	
Income	
4010 · Contributions	
4011 · Religious Organizations	63,338.51
4012 · Individual & Special	179,881.39
4013 · Service Organization	5,566.00
4014 · Opportunity House	48,000.00
4015 · Corporate/Business	75,517.91
4017 · Bequests	24,744.19
Total 4010 · Contributions	397,048.00
4030 · MCUM Fund Distributions	
4031 · MCUM Fund Distributions - CF	0.00
Total 4030 · MCUM Fund Distributions	0.00
4050 · Special Events Revenue	
4055 · Box Tops for Education	18.40
4057 · Each One Feed One	
4057-1 · 4057-1 EOFO Mail	13,931.78
Total 4057 · Each One Feed One	13,931.78
4060 · Special Event Sponsors	7,489.28
Total 4050 · Special Events Revenue	21,439.46
4070 · Rent	
4075 · Green House - 829 W 14th Ct	4,392.68
Total 4070 · Rent	4,392.68
4080 · Federal Government Funds	
4082 · CACFP (School Lunch)	106,624.00
4083 · Emergency Food & Shelter Progra	7,000.00
4084-1 · CCDF Vouchers	237,910.70
4084-2 · CCDF Voucher Misc	295,872.00
4085 · CDBG - Social Service	25,000.00
4086 · CDBG - Capital Improvements	0.00
4087 · PPP Loan Forgiveness	197,436.70
Total 4080 · Federal Government Funds	869,843.40
4100 · State and Local Government Fund	
4101 · Jack Hopkins Fund	22,000.00
4102 · Township Grant	10,500.00
4104 · M County Budget(Sophia Travis)	3,500.00
4105 · On my way Pre K	107,166.19
Total 4100 · State and Local Government Fund	143,166.19
4120 · NAP	19,316.00
4130 · Childcare Fees	
4131 · Preschool	186,364.26
Total 4130 · Childcare Fees	186,364.26
4140 · United Way	
4141 · UWCS - Monroe Co	20,867.54
4142 · Other United Way locales	958.33
Total 4140 · United Way	21,825.87
4150 · Grants	
4154 · Miscellaneous Grant	
4132 · Child Care BGL Scholarship	234,169.00
4154 · Miscellaneous Grant - Other	100,960.18
Total 4154 · Miscellaneous Grant	335,129.18
Total 4150 · Grants	335,129.18
4170 · Interest Income	
4171 · Interest on CD's & Bank Accts	579.09
4172 · Interest & Dividend on Investme	3,404.42
Total 4170 · Interest Income	3,983.51
4180 · Investments	
4181 · Realized Gain (or Loss)	34,288.59
4182 · Unrealized Gain (or Loss)	-8,239.84
4183 · CF MCUM Fund (Gain/Loss)	50,322.97
Total 4180 · Investments	76,371.72
4190 · Miscellaneous Income	8,578.24
Total Income	2,087,458.51
Gross Profit	2,087,458.51
Expense	
5000 · Salaries	1,003,343.57
5010 · Fringe	
5011 · FICA	73,025.44
5012 · Employee Pension Expense	8,138.39
5014 · Employee Health Insurance	60,847.68
5015 · Unemployment	4,093.29
Total 5010 · Fringe	146,104.80
5020 · Misc. Personnel Expense	
5021 · Interns & Contract Labor	-19.60
5022 · Criminal Hsty & TB Test	2,176.52
Total 5020 · Misc. Personnel Expense	2,156.92
5026 · Miscellaneous Grant Expense	4,575.07
5030 · Food and Paper	44,244.40
5035 · Arts and Crafts	1,321.18
5040 · Special Events Expense	
5040-2 · Special Event Misc Expense	14,015.13
5047 · Each One Feed One	808.00
Total 5040 · Special Events Expense	14,823.13
5060 · Office Supplies	4,867.56
5065 · Advertising	7,426.05
5070 · Printing	1,149.17
5075 · Memberships	2,142.49
5080 · Postage and Shipping	2,471.10
5090 · Equipment & Repairs & Supplies	
5091 · Office	281.97
5092 · Program	28,168.51
5093 · Maintenance	4,676.51
5094 · Food Service	4,143.49
5095 · Computer Hardware & Repair	287.00
5096 · Computer Software	4,115.95
Total 5090 · Equipment & Repairs & Supplies	41,673.43
5100 · Utilities	26,849.15
5120 · Communications	
5121 · Telephone	1,541.04
5122 · Internet, Email, Webhosting	1,921.00
Total 5120 · Communications	3,462.04
5140 · Commercial Pkg Insurance	
5141 · Special Risks	1,041.24
5142 · Directors/Officers	1,403.58
5143 · Commercial Package	11,835.06
5144 · Employment Practices	1,433.86
5145 · Workers Comp	3,538.08
5146 · Vehicles	338.54
Total 5140 · Commercial Pkg Insurance	19,590.36
5160 · Vehicle Fuel & Maintenance	330.40
5180 · Training and Staff Development	2,975.00
5200 · Emergency Grants	31,616.05
5220 · Custodial Supply	5,328.54
5230 · Custodial Maintenance Contracts	37,175.72
5240 · Building and Grounds	9,734.82
5250 · Professional Fees	
5251 · Audit	16,750.00
5252 · Computer Technical Support	3,480.37
5253 · Retirement Plan	4,125.25
5254 · Investment Fees	3,249.61
5255 · CF MCUM Fund - Investment Fee	5,021.42
Total 5250 · Professional Fees	32,626.65
5270 · Depreciation	92,879.00
5280 · Bad Debts	2,385.50
5310 · Rental Expense	
5313 · Green House - 829 W 14th Ct	445.20
Total 5310 · Rental Expense	445.20
5350 · Miscellaneous	2,029.55
Total Expense	1,543,726.85
Net Ordinary Income	543,731.66
Net Income	**543,731.66**

Income - Tax Exemption

Monroe County United Ministries

Bank
Bot

Fed. I.D. No.
- MCUM (351313090)
- Chr. Ctr. + Day Care (350998713)

Address any reply to: P. O. Box 476, Cincinnati, Ohio 45201

Department of the Treasury

District Director

Internal Revenue Service

Date: JUN 21 1974

In reply refer to: 442:~~88c~~ 39:PLZ

CIN:EO: '74 1 0 0 9

Monroe County United Ministries, Inc.
847 West 14th Street
Bloomington, IN 47401

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 170(b)(1)(A)(i)

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

If your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your exempt status. Also, you must inform us of all changes in your name or address.

You are not required to file Form 990, Return of Organization Exempt From Income Tax.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Please keep this determination letter in your permanent records.

Sincerely yours,

Paul A. Schuster

Paul A. Schuster
District Director

Inquiries may be directed to:
Patricia Zyp
513-684-2826

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Mother Hubbard's Cupboard

Address: 1100 W. Allen Street
Bloomington, IN 47403

Phone: (812) 355-6843

E-Mail: development@mhcfoodpantry.org

Website: mhcfoodpantry.org

President of Board of Directors: Megan Betz

Name of Executive Director: Megan Betz

Phone: (812) 355-6843

E-Mail: ceo@mhcfoodpantry.org

Name of Grant Writer: Erika Wheeler

Phone: (812) 355-6843

E-Mail: development@mhcfoodpantry.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
7	7	0

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Mother Hubbard's Cupboard's (MHC) mission is to increase access to healthy food for all people in need in ways that cultivate dignity, self-sufficiency, and community. MHC provides healthy, wholesome food to people in need, and equips people with the skills, knowledge, and tools to grow and prepare their own food, making nutritious food and wholesome meals more accessible. MHC's five programs (Food Pantry, Community Garden, Cooking Education, Advocacy, and Tool Share) form a holistic approach to address the issues of hunger and food insecurity. All MHC programs focus on serving low-income families at or below 200% of the federal poverty line. MHC's Food Pantry Program is the largest in the region, distributing 631,024 pounds of food to 55,365 duplicated individuals in 2021.

PROJECT INFORMATION

Name of the project to be funded:

Operational Bridge Funding

Total cost of project: $33,646.22

Requested amount of Jack Hopkins funding: $25,340.44

Number of City residents to be served by this project in 2022: 7,560

Number of clients to be served by this project in 2022: 14,000

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

MHC respectfully requests $25,340.44 in bridge funding for staff salary as we work to safely return to pre-COVID operations, including the reintroduction of our Education Programs and indoor food pantry.

This year marks our second of COVID operations; two years of running our community's largest food pantry outdoors, with a staff of 14 moving over 600,000 pounds of food by hand, without the help of our 500+ volunteers. Adjusting our operations to navigate COVID has also meant canceling our two largest fundraisers two years in a row; these events raise funds to cover ⅓ of our operating budget, including staff salary.

On April 5th, MHC will welcome patrons back into our facility for the first time since March 2020. Patrons will once again be able to 'shop' for their food in our low-barrier food pantry, choosing the items from our grocery store-style setup that best suit their needs. Patrons will also find opportunities for relationship building, skill development, and resource sharing in our Education Programs, including accessible volunteer workdays, drop-in workshops, and access to free resources to support patrons as they increase household food security by strengthening their skills in the kitchen and garden.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [x] No

If yes, list the name(s) of agency partner(s)

n/a

How do your missions, operations and services complement each other?

n/a

What is the existing relationship between agencies?

n/a

How will communication and coordination change as a result of the project?

n/a

Explain any challenges and steps you plan to take to address those challenges.

n/a

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Same as agency

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

[x] Yes [ ] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

n/a

Is the property zoned for your intended use? [x] 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

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[x] Yes [ ] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [x] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

United Way Allocations (July & August) - $3,440 - confirmed
Recurring donations, approximate (July & August) - $4,865.78 - pending

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

MHC will submit two claims for these expenses. A claim for July salary will be submitted by the end of August 2022, and the second, for August salary, by the end of September 2022, totaling $25,340.44.

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

n/a

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

MHC uses a combination of in-kind donations, volunteer support, and collaborative partnerships to maximize programming efficiency. Funding sources are diverse, ranging from national, regional, and local grants to corporate and individual donors. With the return of indoor shopping and Education Programming will come the return of community partnerships, volunteer opportunities, and increased community visibility, in turn inspiring increased in-kind donations in the form of food for the pantry and resources for the garden, kitchen, and Tool Share.

FUNDING PRIORITIES – RANKED

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

[x] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	July & August Salary for 1 Pantry & 3 Program staff, OR	$25,340.44
Priority #2	July & August salary for 1 Pantry & 2 Program staff, OR	$19,392.16
Priority #3	July OR August Salary for 1 Pantry & 3 Program staff	$12,670.22
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		$25,340.44

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

Food access continues to be a concern in our community, as identified in the 2020-2024 Consolidated Plan. According to Feeding America, 21,080 of Monroe County residents were food insecure in 2019. Monroe County's rate of food insecurity (14.4%) is considerably higher than that of the national rate of 10.9%. MHC's low-barrier, client-choice food pantry acts as a buffer for those individuals, reducing the likelihood of low-income residents having to choose which basic need to meet as they stretch scarce financial resources. According to the 2012 SCAN, nearly half (47%) of low-income households in Monroe County reported problems having enough money for food.

MHC's food pantry is just one of five programs offered at our community food resource center. MHC's Community Garden, Cooking Education, and Youth Education programs offer low-barrier opportunities to patrons of all ages and abilities to build relationships, develop skills, and access the resources needed to both increase food security and improve quality of life. This aligns with the "need for community centers that provide a safe place for neighbors to congregate, hold events, (...) and serve as a hub for information related to services provided by the City," as identified in the latest ConPlan.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

MHC typically utilizes special events to help cover annual operating expenses. Due to COVID, it has been two years since MHC has been able to host our largest fundraising events, the Breakfast and Garden Gala. These events attract new donors and help us maintain relationships with regular donors.

Our Garden Gala will return this September. However, our annual spring Breakfast, an event which consistently brings in ⅓ of our operating costs, has been delayed another year.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

The link between food and health is inextricable. According to Feeding America, folks who are food insecure are disproportionately affected by both physical and psychological health issues. MHC's holistic approach to food insecurity supports the whole person. In the pantry, this looks like offering access to healthy food in ways that are both low-barrier (no application or documentation required) and client-choice, (patrons can choose the items that best suit their needs) while combating the stigma all too often associated with food pantries by cultivating an atmosphere of dignity, respect, and trust. The supplemental food patrons receive at MHC allows patrons to divert scarce financial resources to other needs, such as housing, transportation, and childcare - all areas of high community need, as identified in the ConPlan.

As the pantry offers a buffer against the physical effects of food insecurity, the Education Programs work to do the same for the psychological effects (i.e. stress and isolation). While our community offers many opportunities for social engagement and enrichment, all too often those opportunities are inaccessible to our low-income neighbors, whether due to cost or commitment. Our Education Programs offer low-barrier, accessible opportunities for engagement and enrichment at no cost to

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

MHC relies on our annual Patron Survey to better understand the needs of our patrons, the impact of our services, and to help guide future programming. Outcome indicators include:

-% of patrons reporting increased access to healthy food
-% of households reporting reduced hunger
-% of patrons who report feeling connected to the community, treated with dignity, able to access the resources they need, respected, supported, and safe

MHC staff also track the the impact of the Education Programs through:

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Responses from the 2021 Patron Survey:

96% of patrons agree or strongly agree that their household experiences less hunger by shopping at MHC.

97% of patrons agree or strongly agree that shopping at MHC helps their household access healthy food.

If MHC was not open or available: 50% would eat less nutritious food; 40% would skip meals; 33% would rely on friends and/or family for help; 28% of patrons would skip or delay paying bills; 26% would go to another service agency; 13% would cut back on health insurance or medical visits.

When they are at MHC, 55% of respondents felt connected to the community; 66% felt treated with dignity; 62% felt able to access the needed resources with ease; 61% felt respected; 56% felt supported; 53% felt safe.

Education Program outcomes for 2021 are unavailable due to the lack of programming.

Additional information:

81% of MHC patrons are extremely low income (30% AMI and below)
16% of MHC patrons are low income (30-50% AMI)
3% of MHC patrons are low-moderate income (50-80% AMI)

23% of patrons who answered are employed full-time; 20% part-time; 24% are on disability; 11% were laid off in the last 6 months; 16% were laid off more than 6 months ago; 13% are single parents or guardians; 6.8% wrote in that they are retired.

2022 Jack Hopkins Project Budget

Mother Hubbard's Cupboard	Operational Bridge Funding
Total project cost: $33,646.22	$25,340.44

Funds	Other sources	JHSS Grant
JHSS Grant		$25,340.44
United Way Allocations (July & August)	$3,440	
Recurring donations (July & August, approximate)	$4,865.78	
Total Project Funds	$8,305.78	$25,340.44

Expenses	Totals	Other sources	JHSS Grant
Operations Manager salary, 100% of salary for pantry support ($3,369.30 per month)	$6,738.60	$0	$6,738.60
Education Coordinator, 100% of salary for education and pantry support ($3,078.12 per month)	$6,156.23	$0	$6,156.23
Garden Coordinator, 100% of salary for education and pantry support ($3,248.66 per month)	$6,497.32	$0	$6,497.32
Youth Educator, 100% of salary for education and pantry support ($2,974.16 per month)	$5,948.28	$0	$5,948.28

Volunteer Coordinator, 100% of salary for education and pantry support ($2,972.88 per month)	$5,945.76	$5,945.76	
CEO, 25% of salary for education and pantry support ($1,180.01 per month)	$2,360.02	$2,360.02	
Development Director, 0% of salary for education and pantry support ($0 per month)	$0	$0	
Total project expenses	$33,646.22	$8,305.78	$25,340.44

MOTHER HUBBARD'S CUPBOARD INC.

Mother Hubbard's Cupboard

Balance Sheet

As of December 31, 2021

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Charles Schwab Investment Acct	1,000.00
Checking	257,093.70
Other Bank Cash	0.00
Petty Cash	100.00
Petty Cash Garden Gala	0.00
Savings 1008023356	93,162.03
Total Bank Accounts	**$351,355.73**
Accounts Receivable	
Other Receivable	0.00
PayPal	0.00
Pledges Receivable	**137,213.76**
UPG - United Way	0.00
Total Accounts Receivable	**$137,213.76**
Other Current Assets	
Allow Doubtful Accts - Pledges	-20,500.00
Discount on Pledges	-7,500.00
Total Allow Doubtful Accts - Pledges	**-28,000.00**
Pass Thru for Venison Account	0.00
Prepaid Expenses	0.00
Prepaid Gen Liab. & Health Ins.	0.00
Prepaid Ins - D&O	0.00
Prepaid Ins - Wkrs Comp	0.00
Prepaid Ins -Auto	0.00
Undeposited Funds	0.00
Total Other Current Assets	**$ -28,000.00**
Total Current Assets	**$460,569.49**

MOTHER HUBBARD'S CUPBOARD INC.

Mother Hubbard's Cupboard

Balance Sheet

As of December 31, 2021

	TOTAL
Fixed Assets	
Accumulated Depreciation	-234,419.14
Apple Computers	23,059.93
Awning	4,230.00
Building	348,581.80
Building Improvement	161,108.40
Dumpster Enclosure	3,500.00
Equipment	38,853.97
Equipment-VAN	42,824.50
Furniture	15,746.49
Garden Shed	3,280.00
Landscaping	1,175.00
Leasehold Improvements	79,677.97
Phone System	3,828.00
Stainless Steel Sink	1,550.00
Stoves (2)	1,300.14
Walk-In Cooler/Freezer Combo	26,905.00
Total Fixed Assets	**$521,202.06**
Other Assets	
Rent Security Deposit	0.00
Total Other Assets	**$0.00**
TOTAL ASSETS	**$981,771.55**

MOTHER HUBBARD'S CUPBOARD INC.

Mother Hubbard's Cupboard

Balance Sheet

As of December 31, 2021

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	0.00
Total Accounts Payable	**$0.00**
Credit Cards	
Mr. Copy on account	0.00
Total Credit Cards	**$0.00**
Other Current Liabilities	
Accrued Payroll	0.00
Accrued Real Estate Taxes	0.00
Deposit for Repairs	0.00
Line of Credit ONB	0.00
Other Current Liabilities	0.00
Payroll Liabilities	0.00
Unearned Revenue	0.00
Total Other Current Liabilities	**$0.00**
Total Current Liabilities	**$0.00**
Long-Term Liabilities	
ONB Mortgage Payable	0.00
Total Long-Term Liabilities	**$0.00**
Total Liabilities	**$0.00**
Equity	
Opening Bal Equity	0.00
Retained Earnings	882,743.84
Net Income	99,027.71
Total Equity	**$981,771.55**
TOTAL LIABILITIES AND EQUITY	**$981,771.55**

MOTHER HUBBARD'S CUPBOARD INC.

Mother Hubbard's Cupboard

Profit and Loss

January - December 2021

	TOTAL
Income	
Contributions Income	
Church/Nonprofit	41,974.73
Corporate	35,766.70
Individual	268,322.31
NAP Individual Contributions	19,316.00
United Way	
Allocation	18,059.14
Total United Way	**18,059.14**
Total Contributions Income	**383,438.88**
Grants	10,700.00
Bloomington Township Grant	1,000.00
CDBG	124,855.00
Emergency Food Asst. Program	4,240.00
Jack Hopkins	29,036.93
Other Garden Grants	1,368.53
Other Program Grants	150,791.80
Perry Township Grant	5,000.00
SCI Comm Fund Grant	5,000.00
Total Grants	**331,992.26**
Special Events	
Other Misc. Events	8.17
Total Special Events	**8.17**
Total Income	**$715,439.31**
GROSS PROFIT	**$715,439.31**
Expenses	
Automobile Expense	
Fuel	221.00
Other	498.35
Van R&M	1,359.90
Total Automobile Expense	**2,079.25**
Building R&M	3,373.67
Building R&M, Unexpected	125.00
Conference/Travel	7.30
Conferences/Trainings	575.00
Depreciation	24,097.68
Dues & Fees	743.59
Equipment R&M	46.01

MOTHER HUBBARD'S CUPBOARD INC.

Mother Hubbard's Cupboard

Profit and Loss

January - December 2021

	TOTAL
FDE Fundraising Direct Expense	
Donors	25.66
Printing/Reproduction	8,534.22
Total FDE Fundraising Direct Expense	**8,559.88**
Food Purchases-Other	27,604.23
Insurance	
Auto-Insurance Vans	1,273.99
D&O Insurance	743.00
Liability Insurance	2,985.74
Worker's Comp	5,081.00
Total Insurance	**10,083.73**
Misc. Pandemic Expenses	5,943.10
Payroll Expenses	
ADP Fees	1,595.70
Health STD LTD Den & Vis Ins.	38,299.10
Salary and Wages	399,071.97
Taxes	31,158.09
Total Payroll Expenses	**470,124.86**
Postage and Delivery	3,001.49
Professional fees	1,150.00
Accounting	7,700.00
Audit	5,575.00
Total Professional fees	**14,425.00**
Supplies	
Education	199.00
Garden	5,704.97
Program Equipment	255.00
Total Garden	**5,959.97**
Nutrition	1,282.47
Office	5,106.83
Pantry	11,424.21
Printing	75.00
Staff Appreciation	1,160.18
Technology/Software	6,380.91
Volunteer Appreciation	849.48
Total Supplies	**32,438.05**
Utilities	
Electric	5,128.95
Gas	1,545.83
Telephone/Internet	2,876.94
Trash	2,672.40

MOTHER HUBBARD'S CUPBOARD INC.

Mother Hubbard's Cupboard

Profit and Loss

January - December 2021

	TOTAL
Water	959.64
Total Utilities	**13,183.76**
Total Expenses	**$616,411.60**
NET OPERATING INCOME	**$99,027.71**
NET INCOME	**$99,027.71**

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: My Sister's Closet of Monroe County

Address:
414 S College Ave.
Bloomington, IN 47403

Phone: (812) 333-7710

E-Mail: director@sisterscloset.org

Website: HTTPS://SistersCloset.org

President of Board of Directors: Maryanne Pelic

Name of Executive Director: Sandy Keller

Phone: (812) 369-6582

E-Mail: Director@SistersCloset.org

Name of Grant Writer: Sandy Keller

Phone: (812) 369-6582

E-Mail: Director@sisterscloset.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
2	7	450+

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Founded in 1998, our mission was established to build a stronger community & promote economic self-sufficiency. My Sister's Closet of Monroe County provides professional support services & economic development tools for success.

PROJECT INFORMATION

Name of the project to be funded:

Securing the Services of Employment Services

Total cost of project: $40,000

Requested amount of Jack Hopkins funding: $16,000

Number of City residents to be served by this project in 2022: 800+

Number of clients to be served by this project in 2022: 200

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are currently transitioning a current staff member into a more official role as our first time Director of Operations. This grant request is to offset the amount of her current salary to her new position.

To date, over 2,600 clients have received career developmental training, mentoring and advocacy services to help them take critical steps to move out of poverty. Approximately 200 clients/year utilize our free voucher services; with another 800+/year making My Sister ' s Closet ' s boutique as a resource to find inexpensive professional clothing and free image consulting. We are literally moving women in our community forward through fashion.

72% of clients identify as homeless/on the edge of homelessness, 64% domestic violence & human trafficking, 34% former foster kids or juvenile detention. Many are overcoming obstacles of substance abuse, prison, physical disabilities and severe illness. Recently, we have served six refugees and expect to work 30 more in 2022.

The Director of Operations will partner with the Executive Director to serve the needs of our community (shoppers, donors, staff, volunteers, and interns). The director will meet the needs of the organization by overseeing the relocation funding, management, relocation fundraising efforts, grantwriting initiatives, community outreach, and all other aspects of operations management. As My Sister's Closet has continually expanded, and will continue to do so in the months to come, this position has become a significant need.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes ☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

My Sister's Closet
414 S College Ave.
Bloomington, IN 47403

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

[x] Yes [ ] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

Is the property zoned for your intended use? [x] 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.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[x] Yes [ ] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[x] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

This is being funded primarily by the sale of donated items from both our online store and the boutique; and sponsorships from our HARNESS event scheduled May 14th.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

This will be a monthly invoice to the HAND department, based on 2-week pay periods. Or however the HAND department prefers.

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

My Sister's Closet operates primarily as a self-funded grassroots organization that runs resale stores to fund our mission and operations. This funding support will be generated throughout the year and will be the source for the majority of this new position as we build and increase sales to the public. We also receive NAP credits and are planning for additional support from community supporters.

Additionally,in 2021, we were forced to hire several part positions to run MSC because so many community (ages 45-70) stepped down because of Covid. We have already taken steps to attract and add more regular, weekly community supporters who will volunteer. These new volunteers will offset our payroll expenses and eliminate the need to replace our part-time staffers, 4 of whom are planning to leave between May and July 2022. This will free up monetary resources to help fund this position beyond 2023.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

My Sister's Closet receives approximately 60-100 large bags of stock five days/week. We sort these donations into categories to 1) Serve and address the needs of clients served 2) To sell to the general public to fund the cost of rent, payroll, and other going concern costs such as supplies. 3) We are again attracting (and replenishing) the community volunteers who left during Covid.(ages 45-70) With new networks established, we are getting commitments from volunteers who will act at regular support staff to sort donations and help out at the store. The plan is to use this new group of regular weekly volunteers to offset our payroll expenses and eliminate the need to replace our current part-time staffers, 4 of whom are planning to leave between May and July 2022. This will free up monetary resources to regularly fund this position beyond this grant period.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Salary of Operations Director July-Sept. 2022	$8,000
Priority #2	Salary of Operations Director Oct.-Dec. 2022	$8,000
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		$16,000

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

This position is critical to the running of our organization so we are able to build in stability to assist the Executive Director in her duties to make sure all aspects of the non-profit operation are running smoothly and efficiently. With the growth of our bridal boutique and e-commerce department, the need for additional oversight and a management team has become essential. Each year, MSC hosts hundreds of volunteers from the community, Ivy Tech, and Indiana University.

As sited from the Consolidated Plan, 2015-2019, p.108, services provided by My Sister's Closet specifically address previously identified needs as outlined in the City of Bloomington's Anti-Poverty Strategy to help reduce the number of poverty-level families. We accomplish this mission in points 3 and 4 of the plan, by addressing the needs of homelessness (71%) and at-risk homeless populations, as well as other vulnerable demographics, i.e., lack of education, domestic violence (66%), substance abuse, single adult household incomes, illness, previous incarceration, etc. to find and address barriors to employment.

We accomplish this by providing professional clothing and hygiene product services; job attainment services with Interview skills training; and job skills training on-site through our regular voucher services and Ready-2-Work programming. These combined services supply female heads of households with the critical tools they need to move out of poverty, ready to earn, and with stable job skill sets to help them obtain and maintain stable employment, increase their earnings capability, and provide education to understand the positive effects of building savings.

The combination of these services help a woman with previous obstacles to employment to be seen by a potential employer as: Credible, Reliable, and Professional job applicants.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

We plan to increase our sustainability as an organization by:
1) Increasing store sales from both our resale thrift store and our eBay store https://www.ebay.com/str/mysistersclosetmc
2) With the application of government workforce development grants through grants.gov.
3) The expansion of our Bridal Boutique and event room, which can be rented out for events and activities; as well as result in a significant increase in new sales of bridal gowns and formal dresses

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

The addition of a Director of Operations at My Sister's Closet would allow us to improve our services to help vulnerable populations of female headed households who are on the edge of falling through thecracks due to possible homelessness issues and lack of employment or underemployment due to Covid-19 and other factors. This services create a long and lasting impact on our entire community by helping families get closer to becoming self-sufficient and less reliant on public assistance, and allow children of these households to move in a more positive trajectory of life success. In 2019, My Sister's Closet assisted 234 job seekers with employment services to help them become self-sufficient.

For many of these women, the severe poverty they are experiencing makes them feel like they are separated by an invisible wall, one they can't pass through. On their side of the wall is unending poverty and frustration; on the other, they see other women, living with hope, personal dignity, self-respect, and a better life for their kids. The goal of My Sister's Closet is to give these courageous women the support they need to move beyond side of this Invisible Wall of poverty and walk over to the other side. Our success stories are filled with determined women who joyfully express a renewed, sense of themselves. They walk with increased confidence, as they take critical steps to make their hopes and dreams a reality.

My Sister's Closet's free client services are supported by community members, who donate clothing, hygiene products, and undergarments. Many others, make MSC their shop local destination to find quality, inexpensive items from professional to formal, and as a way countering the negative environmental effects of Fast Fashion.

Every day, visitors (including donors, volunteers, and community representatives, retail store and shoppers) take tours of our ever-expanding building. Our current challenge is to effectively and safely guide our guests from one end of our building to the other. On the way, we educate them about our client services and how we help women move out of poverty. Unfortunately, our building has a concrete block wall that is blocking areas where we serve clients and fund our mission. This space does have access from an outside door through the parking lot, but the parking lot is unsafe due to weather and asphalt issues, making it a safety hazard.

The Director of Operations will play a key role in overseeing this transition, as well as ensuring the success of our Success Institute for our women in extreme poverty.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Continued ability to serve female clients sent from partner agencies with adequate supplies of:
Interview and workforce attire –
Hygiene products –
Fitted Undergarments –
Professional Interview Clothing and accessory assistance
Skills training, resume composition, Job Skills and Life skills training.

The result will be to break the cycle of poverty, helping women into regular, full-time jobs with benefits at higher wages than they were able to compete for before coming to MSC. The result will allow them to be successful parents, reduce teen-age pregnancies, dropouts, and increase a family's ability to be self-sustaining.

**Marked increase in sales, particularly from new bridal/fromal room. and Expanded space (Tri Kappa gratn) address needs of older shoppers and clients, by moving this to former formal room, able to address this need and return to serving women through our success institute

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

This position will help MSC to increase community support by meeting needs of those living in severe poverty. We have 11,000 volunteers, donors, clients, shoppers, need to access all parts of the building by bringing them through our spaces where their being served through Success Institute.

My Sister's Closet Org

My Sister's Closet

Statement of Financial Position

As of December 31, 2021

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
1001 ONB BUSINESS CHECKING (1441)	78,171.41
1002 PAYPAL	2,009.64
1003 ONB Restricted Operating Account	85.00
1010 Petty Cash	0.00
1020 TD Ameritrade Deposit Account	149.85
1050 RESTRICTED SAVINGS	50,552.96
eBay PayPal	0.00
PayPal Bank Account	41.60
Total Bank Accounts	**$131,010.46**
Accounts Receivable	
1070 Accounts Receivable (A/R)	23,467.32
1080 Grants Receivable	-16,701.71
Total Accounts Receivable	**$6,765.61**
Other Current Assets	
1060 Undeposited Funds	53,693.29
1200 Prepaid Expenses	1,921.70
1300 Security Deposit	5,439.00
1350 TD Ameritrade Investments	0.00
Employee Cash Advances	0.00
Inventory Asset	0.00
Payroll Corrections	984.84
Total Other Current Assets	**$62,038.83**
Total Current Assets	**$199,814.90**
Fixed Assets	
1400 Fixed Assets	18,821.03
1500 Accumulated Depreciation	-18,952.00
Total 1400 Fixed Assets	**-130.97**
Total Fixed Assets	**$ -130.97**
TOTAL ASSETS	**$199,683.93**

My Sister's Closet Org

Statement of Financial Position

As of December 31, 2021

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2100 Accounts Payable (A/P)	17,247.98
Total Accounts Payable	**$17,247.98**
Other Current Liabilities	
2200 Sales Tax Payable	0.00
2210 Indiana Department of Revenue Payable	1,770.57
2220 Tax Collected by eBay Payable	0.00
2300 Payroll Liabilities	0.00
2305 Federal Taxes (941/944)	2,254.03
2310 IN Income / Local Taxes	496.80
IN Unemployment Tax	127.29
Total 2300 Payroll Liabilities	**2,878.12**
2400 Gift Certificates Outstanding	210.00
2500 Accrued Expenses	0.00
2600 Deferred Revenue	0.00
2700 Loan Payable	39,400.00
2710 Accrued Loan Forgiveness	0.00
Total 2700 Loan Payable	**39,400.00**
Direct Deposit Payable	0.00
Unassigned Tax Agency for Apps Payable	0.00
Total Other Current Liabilities	**$44,258.69**
Total Current Liabilities	**$61,506.67**
Total Liabilities	**$61,506.67**
Equity	
3000 Unrestricted Net Assets	67,086.62
3100 Transfers from Unrestricted to Restricted Net Assets	-82,379.95
3200 Restricted Net Assets	82,379.95
Opening Balance Equity	0.00
Net Income	71,090.64
Total Equity	**$138,177.26**
TOTAL LIABILITIES AND EQUITY	**$199,683.93**

My Sister's Closet Org

Statement of Activities

January - December 2021

	TOTAL
Income	
4100 Contributions	35,181.66
4130 Amazon Smile	13.94
4180 Donation Box	0.01
Total 4100 Contributions	**35,195.61**
4250 Fundraising Revenue	340.00
4400 Grants	28,467.32
4500 Sales of Store Merchandise	53,772.19
4510 Square Income	152,346.27
4570 eBay Sales	14,743.77
4590 eBay Sales Tax	-107.77
4900 Other Income	57.01
Total Income	**$284,814.40**
GROSS PROFIT	**$284,814.40**
Expenses	
5050 Shipping and Handling	1,476.85
5095 Labor Costs	
5100 Salaries & Wages	106,885.85
5110 Bonuses & Commissions	100.00
5115 Vacation Pay	81.13
5120 Holiday Pay	174.00
5130 Payroll Taxes	9,359.25
Total 5095 Labor Costs	**116,600.23**
5200 Occupancy Costs	
5600 Rent	57,164.29
5650 Utilities	8,360.58
Total 5200 Occupancy Costs	**65,524.87**
5300 Advertising & Promotion	5,576.52
5400 Office/General Administrative Expenses	2,919.99
5350 Membership Dues	350.00
5410 Postage & Shipping	313.37
5440 Professional Services	1,200.00
5450 Program Supplies	601.05
5500 Office Supplies	4,039.92
5501 Office Supplies - In Kinds	35.05
5550 Software Subscriptions	1,583.50
5725 Parking	17.00
5750 Meals & Entertainment	607.11
6000 Insurance	4,039.00

My Sister's Closet Org

My Sister's Closet

Statement of Activities

January - December 2021

	TOTAL
7000 Repairs & Maintenance	503.26
Total 5400 Office/General Administrative Expenses	**16,209.25**
5800 Events / Fundraisers	435.35
5810 Events / Fundraisers - In Kinds	425.00
8000 Other Operating Expenses	
8010 Square Fees	4,114.02
8013 Ebay Fees	19.90
8015 PayPal Fees	89.60
8020 Other Bank Fees	0.52
8050 Charitable Contributions	7.50
8100 Cash (Over)/Short	-33.98
9900 Extra Ordinary Expenses	93.57
Total 8000 Other Operating Expenses	**4,291.13**
Purchases	253.56
Taxes & Licenses	-0.81
Uncategorized Expense	90.00
Total Expenses	**$210,881.95**
NET OPERATING INCOME	**$73,932.45**
Other Income	
4700 Interest & Dividend Income	21.99
Total Other Income	**$21.99**
Other Expenses	
Depreciation Expense	2,864.00
Reconciliation Discrepancies	-0.20
Total Other Expenses	**$2,863.80**
NET OTHER INCOME	**$ -2,841.81**
NET INCOME	**$71,090.64**

Project Budget for 2022 Jack Hopkins Grant

Project Budget for 2022 Jack Hopkins Grant – To Fund Salary of Operations Director

2080 hours (full time) x $20.00/hour, including 10% to pay for FICA, SUI, Worker's Comp., 1 week Paid vacation, and holiday pay.

Budget Resource Breakdown:
Store Sales: $23,000
Jack Hopkins: $16,000

Fundraising, NAP Credits
: $ 5,000
Total Budget: $44,000

Budget Cost:	
Salary	$40,000/year
10% Taxes, Benefits	$ 4,000/year
Total Cost:	$44,000/year

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: New Leaf, New Life

Address:
1010 S Walnut St
Suite H
Bloomington, IN. 47401

Phone: (317)366-7916

E-Mail: grants-manager@newleafnewlife.org

Website: newleafnewlife.org

President of Board of Directors: Bobby Overman

Name of Executive Director: Jordan McIntire

Phone: (317)366-7916

E-Mail: grants-manager@newleafnewlife.org

Name of Grant Writer: Jordan McIntire

Phone: (317)366-7916

E-Mail: grants-manager@newleafnewlife.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
3	0	~10

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

To support individuals who are currently incarcerated or have been recently released from incarceration with their reentry back into our community.

PROJECT INFORMATION

Name of the project to be funded:

Reducing Recidivism: Reentry Case Management & Direct Service Supplies

Total cost of project: $21,532.17

Requested amount of Jack Hopkins funding: $11,136.90

Number of City residents to be served by this project in 2022: 570

Number of clients to be served by this project in 2022: 600

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting $11,136.90 to provide case management services and direct service supplies to support individuals who are currently incarcerated or have been recently released from incarceration with their reentry back into our community.

Of these funds, $9,668.20 will directly support our case managers (both full-time), which provide critical services to our clients and have lived experience with incarceration themselves. Our case managers assist clients with obtaining housing, treatment, employment, SNAP & HIP benefits, cell phones, and other necessary resources to successfully navigate reentry.

The remaining $1,468.70 requested will assist us with purchasing necessary supplies to support our clients in their reentry efforts, such as printing & postage needs, backpacks for our reentry kits, and reading glasses for individuals who need them.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [x] No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Same as agency address.
1010 S Walnut St
Suite H
Bloomington, IN. 47401

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

[X] Yes [ ] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use? [X] 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

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[X] Yes [ ] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [X] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

MC CARES 2021 (grant): $1,113.80 (confirmed)
CDBG SS 2022 (grant): $7,200.00 (pending)
Duke Energy 2022 (grant): $1,495.27 (confirmed)
Donations: $586.20 (confirmed)

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We plan to submit 5 claims for reimbursement on the following dates: 8/19/22, 9/16/22, 10/14/22, 11/10/22, and 12/9/22. Steps that precede a complete draw down of funds include purchasing supplies and staff members completing work hours.

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

MC CARES 2021: Already received
CDBG SS 2022: June 2022
Duke Energy 2022: Already received
Donations: Already received

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

In an attempt to keep our services free to our clients, we are constantly seeking other forms of revenue generation, but mainly rely on grants. Over the past year, we've increased our efforts to secure in-kind donations, and hope to apply for larger state and federal grants in the coming 1-2 years.
Between June 2022-December 2022, in addition to the requested Jack Hopkins 2022 funding, this program will be supported by three other grants and in-kind donations.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Staff Salary Support #1	$4,844.78
Priority #2	Staff Salary Support #2	$4,823.42
Priority #3	Reading Glasses	$363.72
Priority #4	Backpacks	$279.98
Priority #5	Printing	$450.00
Priority #6	Postage	$275.00
Priority #7	Bus Tickets	$100.00
Total Requested		$11,136.90

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

While jails are intended to promote public safety, they're increasingly utilized to respond to medical and economic problems unrelated to public safety issues. As a result, local jails are filled with people who need medical care and social services, many of whom cycle in and out of jail without receiving the help they need. The Prison Policy Initiative (2019) found that people who are jailed have higher rates of social, economic, and health problems, and repeated arrests are related to poverty and high rates of mental illness & substance use disorders.

Locally, the SCAN (2012) found that 33% of those who are housing insecure in Monroe County struggle with addiction, lending itself to increased incarceration rates. The Indiana State Department of Health (2020) reported a 26.6% increase in incidents of opioid emergency department visits between 2017-2020. With a majority of Monroe County inmates experiencing incarceration due to substance abuse issues, it's apparent that increased reentry support – the process of guiding the currently/recently incarcerated through the process of acclimating to free society – is extremely important in assisting these individuals struggling with social, economic, and health related problems, including substance use disorders, in an attempt to reduce recidivism and drug use rates.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

This is a bridge project focused on better serving the needs of our clients and our community. Through 2022, we will continue gathering recidivism data which will be utilized when applying for state and/or federal grants in the next 1-2 years. Additionally, we've been expanding upon our fundraising efforts to increase in-kind donations, which we will continue to use to supplement staff salaries and purchases of direct service supplies.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

High incarceration rates have detrimental effects on communities due to factors such as loss of working-age adults in the community, increased exposure to infectious diseases, and shifting public resources from health and social supports to the penal system. Emerging evidence suggests that high incarceration rates may directly contribute to poor population-level health and produce health inequalities (Gifford, 2019).
By focusing our efforts on reducing recidivism rates, we're working to directly combat these issues in our community. That is, by assisting individuals with obtaining stable housing, employment, health insurance, and other services, we're aiming to reduce recidivism rates and keep people out of jail. These efforts help to limit the negative impacts that incarceration rates have on our families and the community at-large.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Within the Jack Hopkins SS funding period (mid-June through early December 2022), we will:

- Provide case management services to at least 270 clients
- Assist at least 35 clients with obtaining a copy of their birth certificate (needed for employment)
- Distribute at least 40 reentry kits to clients leaving incarceration
- Support at least 30 clients with gaining employment
- Assist at least 25 clients with signing up for SNAP/HIP benefits

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

For the year 2021, New Leaf, New Life:

- Served 3,390 individuals at our Transition Support Center
- Supported 64 individuals with completing their public restitution volunteer hours
- Received and responded to 2,679 letters from the Monroe County Correctional Center
- Assisted 73 individuals with signing up for SNAP/HIP benefits
- Obtained copies of birth certificates for 78 individuals
- Assisted 38 individuals with getting a pair of prescription glasses
- Supported 72 individuals with gaining employment
- Distributed 95 reentry kits
- Provided computer services to over 57 individuals
- Distributed 201 bus tickets

We are currently tracking the recidivism rates of 366 clients, with intake dates ranging from June 2, 2020 through March 2, 2022. Currently, out of 366 clients, 98 (26.77%) have experienced reincarceration (for either facing a new conviction or violating probation). According to the Indiana Department of Correction (2022), Indiana's recidivism rate is 33.78% (for people leaving prison). Which makes New Leaf, New Life's recidivism rate 7.01% lower than the state of Indiana's.

2022 Jack Hopkins Project Budget

New Leaf, New Life	Reducing Recidivism: Reentry Case Management & Direct Service Supplies		
Total Project Cost:		$21,532.17	
	TOTALS	OTHER SOURCES	JHSS GRANT
FUNDS			
JHSS Grant			$11,136.90
Other Grants		$9,809.07	
Other Income Sources		$586.20	
TOTAL PROJECT FUNDS FROM ALL SOURCES	$21,532.17	$10,395.27	$11,136.90
EXPENSES (6 months)			
Staff Time	$18,000.00	MC Cares: $1,113.80 CDBG '22: $7,200.00 Donations: $18.00	$9,668.20
Direct Service Supplies			
Backpacks	$437.25	Duke Energy: $157.27	$279.98
Bus Tickets	$187.50	Duke Energy: $87.50	$100.00
Prescription Glasses	$500.00	Duke Energy: $500.00	$0.00
Reading Glasses	$727.44	Donations: $363.72	$363.72
$10 Money Orders	$267.50	Duke Energy: $267.50	$0.00
$16 Money Orders	$428.00	Duke Energy: $428.00	$0.00
Office Supplies			
Postage	$330.00	Duke Energy: $55	$275.00
Printing	$654.48	Donations: $204.48	$450.00
TOTAL PROJECT EXPENSES	$21,532.17	$10,395.27	$11,136.90

New Leaf New Life

New Leaf, New Life

Profit and Loss

January - December 2021

	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	AUG 2021	SEP 2021	OCT 2021	NOV 2021	DEC 2021	TOTAL
Income													
4000 Revenue from Direct Contributions													$0.00
4010 Individual Contributions	18,310.00	735.00	785.01	2,310.00	2,400.00	260.00	260.00	2,799.54	2,420.00	350.00	2,964.00	2,860.00	$36,453.55
4020 Corporate Contributions	1,954.67	109.78	147.80	7,367.35	892.83	2.00		16.43	22.00	1.41	25.62	5,500.00	$16,039.89
Total 4000 Revenue from Direct Contributions	**20,264.67**	**844.78**	**932.81**	**9,677.35**	**3,292.83**	**262.00**	**260.00**	**2,815.97**	**2,442.00**	**351.41**	**2,989.62**	**8,360.00**	**$52,493.44**
4300 Non-government Grants													$0.00
4330 Foundation/Trust Grants													$0.00
4330.1 Community Foundation of Monroe County							12,948.00				742.42	2,925.00	$16,615.42
4330.3 Smithville Foundation											1,935.38		$1,935.38
4330.4 Community Foundation of ST. Joseph County	2,000.00											5,000.00	$7,000.00
4330.50 United Way		333.34	41.66		291.67				8,970.66				$9,637.33
Total 4330 Foundation/Trust Grants	**2,000.00**	**333.34**	**41.66**		**291.67**		**12,948.00**		**8,970.66**		**2,677.80**	**7,925.00**	**$35,188.13**
4340 Nonprofit Organization Grants		1,750.00						750.00	50.00		2,560.00	910.00	$6,020.00
4340.1 St. Mark's Methodist Church Grant		152.50						144.49			114.00	2,000.00	$2,410.99
Total 4340 Nonprofit Organization Grants		**1,902.50**						**894.49**	**50.00**		**2,674.00**	**2,910.00**	**$8,430.99**
Total 4300 Non-government Grants	**2,000.00**	**2,235.84**	**41.66**		**291.67**		**12,948.00**	**894.49**	**9,020.66**		**5,351.80**	**10,835.00**	**$43,619.12**
4500 Government Grants													$0.00
4530 Local Government Grants												16,800.00	$16,800.00
4530.1 Monroe County CARES										9,525.20			$9,525.20
4530.2 Jack Hopkins Grant	960.95	2,138.56	2,737.50	1,180.00	1,134.00					3,021.40		8,978.60	$20,151.01
4530.3 Sophia Travis Grant										2,630.00			$2,630.00
4530.4 CDBG COVID Grant	5,265.00	3,507.00		2,104.50	4,123.50								$15,000.00
4530.5 Bloomington Township Trustee Grant		1,000.00										1,000.00	$2,000.00
Total 4530 Local Government Grants	**6,225.95**	**6,645.56**	**2,737.50**	**3,284.50**	**5,257.50**					**15,176.60**		**26,778.60**	**$66,106.21**
Total 4500 Government Grants	**6,225.95**	**6,645.56**	**2,737.50**	**3,284.50**	**5,257.50**					**15,176.60**		**26,778.60**	**$66,106.21**
4800 Revenue from Other Sources													$0.00
5490 Misc revenue													$0.00
5490.9 Uncategorized Income			11.00										$11.00
Total 5490 Misc revenue			**11.00**										**$11.00**
Total 4800 Revenue from Other Sources			**11.00**										**$11.00**
Total Income	**$28,490.62**	**$9,726.18**	**$3,722.97**	**$12,961.85**	**$8,842.00**	**$262.00**	**$13,208.00**	**$3,710.46**	**$11,462.66**	**$15,528.01**	**$8,341.42**	**$45,973.60**	**$162,229.77**
GROSS PROFIT	**$28,490.62**	**$9,726.18**	**$3,722.97**	**$12,961.85**	**$8,842.00**	**$262.00**	**$13,208.00**	**$3,710.46**	**$11,462.66**	**$15,528.01**	**$8,341.42**	**$45,973.60**	**$162,229.77**
Expenses													
5000 Salaries and Wages													$0.00
5010 Payoll	8,120.46	10,420.92	10,420.92	15,631.38	9,151.92	8,584.92	8,584.92	8,584.92	12,742.38	8,314.92	8,152.92	8,152.92	$116,863.50
5020 Payroll Taxes	621.21	797.22	797.19	1,195.82	700.13	656.73	656.74	656.75	974.82	636.06	623.72	623.69	$8,940.08
5030 Worker's Compensation			366.00										$366.00
5050 Payroll Fees					7.30								$7.30
Total 5000 Salaries and Wages	**8,741.67**	**11,218.14**	**11,584.11**	**16,827.20**	**9,859.35**	**9,241.65**	**9,241.66**	**9,241.67**	**13,717.20**	**8,950.98**	**8,776.64**	**8,776.61**	**$126,176.88**
6000 Professional Fees													$0.00
6010 Accounting Fees								22.00					$22.00
6010.1 QuickBooks Subscription	133.00	133.00	143.00	218.00	143.00	135.00	135.00	145.00	145.00	145.00	141.00	141.00	$1,757.00
Total 6010 Accounting Fees	**133.00**	**133.00**	**143.00**	**218.00**	**143.00**	**135.00**	**135.00**	**167.00**	**145.00**	**145.00**	**141.00**	**141.00**	**$1,779.00**
Total 6000 Professional Fees	**133.00**	**133.00**	**143.00**	**218.00**	**143.00**	**135.00**	**135.00**	**167.00**	**145.00**	**145.00**	**141.00**	**141.00**	**$1,779.00**
6050 Insurance - GL	402.50			447.25				462.25	1,279.50	-352.00			$2,239.50
6051 Insurance - BoD				1,477.00									$1,477.00

New Leaf New Life

New Leaf, New Life

Profit and Loss

January - December 2021

	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	AUG 2021	SEP 2021	OCT 2021	NOV 2021	DEC 2021	TOTAL
7000 Transition Center Program													$0.00
7100 Office Supplies	200.99	112.30	278.77	24.53	134.62	54.30	1,365.26	794.52	224.31	22.74	94.89	449.46	$3,756.69
7110 Postage	111.80	110.00	13.54	3.20	113.60		1.80	338.10		174.00	106.00		$972.04
7120 Personal Care Items								294.77	65.98				$360.75
7125 Re Entry Kits								249.99				139.99	$389.98
7130 Glasses			11.90	70.65	35.70	43.75	11.90	500.00		150.00			$823.90
7140 Hygiene	176.87							37.00					$213.87
7150 Clothing and Glasses					35.18	73.78		37.42	28.76	129.90	749.61		$1,054.65
7160 IDs and Personal Documents								77.45	31.13	94.83	72.83		$276.24
7170 Transportation				84.15	24.64				119.96				$228.75
7170.1 Bus passes								300.00					$300.00
7170.2 Business Travel		40.00											$40.00
Total 7170 Transportation		**40.00**		**84.15**	**24.64**			**300.00**	**119.96**				**$568.75**
7180 Food								48.47	26.54		21.97		$96.98
7190 Programming									825.53	957.89	2,277.85	1,344.00	$5,405.27
7210 Utilities													$0.00
7210.1 Phone-AT&T	57.68	57.68	57.68	57.68	57.68	57.68	57.68	57.68	57.68	57.68	57.68	57.68	$692.16
7210.2 Energy-Duke Energy	134.30	129.62	123.40	97.70	137.27	142.86	329.74	19.96	3.72	374.25	70.73	64.37	$1,627.92
7210.3 Natural Gas		285.31	149.33	92.84	46.91	36.38	36.38	36.38	36.38	36.38	74.19	164.79	$995.27
Total 7210 Utilities	**191.98**	**472.61**	**330.41**	**248.22**	**241.86**	**236.92**	**423.80**	**114.02**	**97.78**	**468.31**	**202.60**	**286.84**	**$3,315.35**
7300 Maintenance and Repairs				102.72									$102.72
9000 Fundraising Expenses									117.42		81.27		$198.69
9010 Advertising			300.00										$300.00
Total 9000 Fundraising Expenses			**300.00**						**117.42**		**81.27**		**$498.69**
Total 7000 Transition Center Program	**681.64**	**734.91**	**934.62**	**533.47**	**585.60**	**408.75**	**1,802.76**	**2,791.74**	**1,537.41**	**1,997.67**	**3,607.02**	**2,220.29**	**$17,835.88**
8000 Jail Program													$0.00
Supplies & Materials													$0.00
8130 Glasses			0.65										$0.65
Total Supplies & Materials			**0.65**										**$0.65**
Total 8000 Jail Program			**0.65**										**$0.65**
PayPal Fees	20.72	7.22	15.57	11.92	10.24	7.22	7.22	5.74	10.11	9.51	25.58	29.49	$160.54
Payroll Expenses													$0.00
Taxes			126.85										$126.85
Total Payroll Expenses			**126.85**										**$126.85**
Total Expenses	**$9,979.53**	**$12,093.27**	**$12,804.80**	**$19,514.84**	**$10,598.19**	**$9,792.62**	**$11,186.64**	**$12,668.40**	**$16,689.22**	**$10,751.16**	**$12,550.24**	**$11,167.39**	**$149,796.30**
NET OPERATING INCOME	**$18,511.09**	**$ -2,367.09**	**$ -9,081.83**	**$ -6,552.99**	**$ -1,756.19**	**$ -9,530.62**	**$2,021.36**	**$ -8,957.94**	**$ -5,226.56**	**$4,776.85**	**$ -4,208.82**	**$34,806.21**	**$12,433.47**
Other Expenses													
Other Miscellaneous Expense					500.00								$500.00
Total Other Expenses	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$500.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$500.00**
NET OTHER INCOME	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$ -500.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$ -500.00**
NET INCOME	**$18,511.09**	**$ -2,367.09**	**$ -9,081.83**	**$ -6,552.99**	**$ -2,256.19**	**$ -9,530.62**	**$2,021.36**	**$ -8,957.94**	**$ -5,226.56**	**$4,776.85**	**$ -4,208.82**	**$34,806.21**	**$11,933.47**

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Open Arms Christian Ministries

Address: 4516 West State Road 54
Bloomfield, Indiana 47424

Phone: 812-659-2533

E-Mail: sheila@openarmschristian.com

Website: www.openarmschristian.com

President of Board of Directors: Warren Shake

Name of Executive Director: Martin Corey

Phone: 812-659-2533

E-Mail: marty@openarmschristian.com

Name of Grant Writer: Sheila Corey

Phone: 812-659-2533 ext. 225 /317-410-0533

E-Mail: sheila@openarmschristian.com

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
34	3	24

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Open Arms Christian Ministries (Open Arms) is a 501(c)(3) Human Service agency. Open Arms' mission is to bring hope and healing to the thousands of Indiana's children who have experienced trauma and neglect. Open Arms believes all youth have fundamental rights to a healthy living environment, consistent education, guidance, and wholesome family life. This mission is accomplished through licensing foster homes and placing children in safe homes, offering group homes when more in-depth care is needed and providing therapeutic services for overall healing.

PROJECT INFORMATION

Name of the project to be funded:

Project FACE (Foster-care Awareness & Cultivating Excellent parents)

Total cost of project: $18,405.00

Requested amount of Jack Hopkins funding: $13,497.00

Number of City residents to be served by this project in 2022: 30 Foster Parents

Number of clients to be served by this project in 2022: 100

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

Open Arms is asking for $13,497 the cost to license eleven foster families and place children into their homes to address the epidemic shortage of foster homes in Indiana.

Objective 1: To successfully open and sustain an office space in Bloomington, Indiana. After equipping the office space located at Healing Hands Outreach Center (Healing Hands), Open Arms will hire one full-time foster care case manager/licensing specialist; one part-time support staff; raise in-kind and financial donations through awareness events and presentations, and recruit 15 foster homes allowing the program to become self-sustainable with state per diem.

Objective 2: To reduce the number of times a child is removed from a home by offering specialized training and ongoing support to the foster parents. Licensing a family is a lengthy and costly process. Each foster parent prospect must be fingerprinted, have background checks, and complete tedious paperwork. A 16-hour home study is conducted to be approved by the Department of Child Services. Each foster parent will then attend 30 hours of specialized training, including CPR and First Aid. To ensure adequate support, Open Arms will hire within the Bloomington area a case manager to provide ongoing support to foster parents and children placed in their homes.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes ☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

1917 S. Walnut Street, Ste B
Bloomington, IN 47401

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

[ ] Yes [x] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use? [ ] Yes [ ] No [x] 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

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[ ] Yes [x] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

Bloomington Tri-Kappa $3,681.00 Pending

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Thirty to sixty days after a child is placed into care, Open Arms will begin receiving a daily per diem per child. Although, the state per diem received does not cover the overall costs of training foster parent applicants and conducting the home studies needed for homes to be licensed to receive children. The initial process to license a home is approximately six months, wherein Open Arms is required to cover all operational, training, and program costs.

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

See above.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

The Jack Hopkins funding will be used as seed money to start the initial process toward licensing foster homes and future sustainability. Any gaps in the overall costs accrued will be obtained through additional grant opportunities, fundraising campaigns or events, and individual donor requests. Volunteers are recruited based on the need for child-care for the foster parents during ongoing training. In-kind gifts are gathered during the initial placing of the foster child(ren) or when a child has an immediate need during their care. Open Arms also conducts an annual Christmas Gift Drive for all Open Arms foster children and group home residents.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Cost to license 7 foster families	$8,589.00
Priority #2	Cost to license 6 foster families	$7,362.00
Priority #3	Cost to license 5 foster families	$6,135.00
Priority #4	Cost to license 4 foster families	$4,908.00
Priority #5	Cost to license 3 foster families	$3,681.00
Priority #6	Cost to license 2 foster families	$2,454.00
Priority #7	Cost to license 1 foster family	$1,227.00
Total Requested		

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

The SCAN2012 document reports that Human Services organizations reported the largest increase in the changes in the level of demand (p.20). This increase is evident in comparing the number of children placed in foster homes every year outside and the decrease in licensed foster homes to meet the demand.

According to the Indiana.gov website, the number of children in foster care in Indiana from January 2021 to January 2022 was 28,499, and 507 were reported living in Monroe County (https://www.in.gov/dcs/files/PI_Absence_Of_Maltreatment_Foster_Care_1-22.pdf). The average stay for a foster child is 16 months before moving to another placement with 16% of those children experiencing four or more placements while in foster care.

The Indiana Youth Institute (Kids Count Databook, Annie E. Casey Foundation) reports that youth with one less placement change per year, are almost twice as likely to graduate high school before leaving care. Since frequent placements lead to poor educational outcomes, mental health issues, and eventually homelessness, utmost care must be taken in recruiting, training, and supporting foster parents to decrease the chances of failed placements.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

The funding request is a one-time investment to increase foster care services in Bloomington.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

The long-lasting benefits of this project:

1. Children will benefit from structured and loving families who will help them heal from the effects of their past trauma and neglect.

2. Foster parents will benefit:
   a. by less travel time to ongoing foster parent training in the Bloomington area;
   b. by a community-developed foster parent support group;
   c. by additional assistance, such as respite care, carpools, and childcare provided by other local foster parents and case management.

3. The community will benefit through foster children becoming better citizens with less dependence on government assistance and a decrease in mental health care.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Open Arms currently has a one licensed foster family that is a resident of Bloomington. They currently have two foster children. Recently City Church for All Nations held a Foster Care Awareness event, where three additional families have started the licensing process. The licensing process takes approximately six months. The number of children is subjective to how many children can be placed in one home, the duration of foster placements and if additional children are placed in a home after a placement has left.

Measurable Outcomes:
By April 15, 2022, equip office at Healing Hands Outreach Center
By May 1, 2022, hire one full-time licensing specialist from Bloomington
By May 31, 2022, hire one part-time administrative assistant to process paperwork
By July 1, 2022, begin process of identifying 11 additional foster homes
By August 1, 2022, three families will receive license
By August 30, 2022, approximately six children to be placed in homes
By November 1, 2022, hire one full-time case manager from Bloomington
By January 1, 2023, six additional families to receive license
By January 30, 2023, approximately twenty foster children in care
By February 1, 2023, five additional families to receive license
By February 28, 2023, approximately forty children in care
By April 1, 2023, approximately forty-five to fifty children in care

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

The initial support of the community was the deciding factor in placing a satellite office in Bloomington. Healing Hands Outreach Center in partnership with City Church for All Nations is providing office space for Open Arms to open a satellite office to conduct foster care services in Bloomington. A private donor has given $5,000 toward the opening of the new office and others have shown interest in giving. In-kind gifts from individuals and businesses have been promised to help with the office setup. Another local church has provided 100 Foster Care Welcome bags and is looking into conducting a foster care awareness event. Recently, City Church for All Nations held a Foster Care Awareness event where several families showed interest.

One question the committee might ask is: Will the Open Arms office in Bloomington compete with other similar agencies in the Bloomington area? The answer is, "no." Each foster care placing agency recruits foster parents from various sources. Open Arms' goal is to recruit new foster parent prospects from local churches through awareness events, as well as paid marketing techniques. Open Arms will not actively recruit families that are already licensed by other agencies. City Church for All Nations requested Open Arms to open a local office to help with the growing demand. Open Arms believes that the problem is large enough and will take many people from many sources to solve.

Other considerations for the committee are the additional Open Arms policies:

CULTURAL SENSITIVITY
Culture implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group.

Open Arms has a responsibility to respect a child's race and cultural identity because respect contributes to developing a positive self-image for the child. Open Arms acknowledges the importance of a child to maintain activities and connections that are familiar.

NON-DISCRIMINATION
Open Arms will not discriminate against a person due to their race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, reprisal, or retaliation for prior civil rights activity, in any program or activity.
Open Arms believes that all people are created equal and should be viewed and treated the same.

FAITH-BASED
Open Arms is a faith-based agency. At Open Arms, a faith-based atmosphere is introduced and encouraged but not forced. The faith component creates a positive and encouraging atmosphere.

According to the National Center for PTSD, "Research suggests that for many trauma survivors, spirituality may be a resource that can be associated with resilience and recovery. Research also indicates that healthy spirituality is often associated with lower levels of symptoms and clinical problems in some trauma populations. For example, anger, rage, and a desire for revenge following trauma may be tempered by forgiveness, spiritual beliefs, or spiritual practices" (https://www.ptsd.va.gov/professional/treat/care/spirituality_trauma.asp#one).

We hope that Open Arms can be assistance to your community to keep more children safe. Thank you for your consideration.

2022 Jack Hopkins Project Budget

Open Arms Christian Ministries, Inc.		**FACE Project**	
Total Project Cost		$$ 13,497	
	Totals	Other Sources	JHSS Grant
FUNDS	**$**		
JHSS Grant			$13,497.00
Other Grants		$3,681.00	
Other Income Sources	$1,227.00		
TOTAL PROJECT FUNDS FROM ALL SOURCES	**$1,227.00**	$3,681.00	**$13,497.00**
EXPENSES			
TOTAL PROJECT EXPENSES			

Open Arms Christian Ministries, Inc.

Training:	**Based on licensing 11 families***			
Licensing	30 staff hours @ $17 per hour		$	5,610.00
Home study process	16 staff hours @ $17 per hour per household		$	2,992.00
Gas	Avg 1800 miles x (.58/mile)		$	1,800.00
CPR	$40 per person		$	880.00
Fingerprinting	$38 per person		$	836.00
Background Checks:	($35.70 x15 families)		$	535.00
Printing materials for manuals	100 pages x 11	(.25/page)x11	$	275.00
3" Binders for manuals	$6x15		$	90.00
			$	13,018.00
Cost of Placing Children	**30 children in 11 homes**			
Intakes & initial visit	7.25 hrs. x 11 homes		$	1,355.00
gas	600 x (.58/mile)		$	348.00
			$	1,703.00
		TOTAL:	$	14,721.00

11:10 AM
03/31/22
Accrual Basis

Open Arms Christian Ministries
Profit & Loss
July 2021 through March 2022

		Jul '21 - Mar 22
Ordinary Income/Expense		
Income		
TPEC Provider Training Services		2,025.00
Rebates		24.27
Contract Income		29,922.82
Donations in Kind		200.00
Donations, restricted		93,666.30
Donations, unrestricted		
Bright Lights	11,543.72	
Direct Child Gifts	200.00	
Employees	3,622.50	
Like Kind	75.00	
TPEC Donations	3,000.00	
Donations, unrestricted - Other	228,362.47	
Total Donations, unrestricted		246,803.69
Grants		8,900.00
Miscellaneous Income		0.00
Per Diem		1,142,118.90
Reimbursement Income		-124.00
Rent Income		264.20
Transfer to Savings		-900.00
Total Income		1,522,901.18
Gross Profit		1,522,901.18
Expense		
Pet Supplies		5.46
Late Fees		153.33
Adult Education		
HSE Testing	2,184.77	
Total Adult Education		2,184.77
Conferences, Meetings, Special		
Meals	336.58	
Conferences, Meetings, Special - Other	40.00	
Total Conferences, Meetings, Special		376.58
Contract Labor		19,226.00
Contract Services		
Consultant/Therapist	11,304.50	
Foster Parent-Training	78.07	
Foster Parents/Respite	224,931.55	
Contract Services - Other	-106.90	
Total Contract Services		236,207.22
Direct Child Care Costs		
Allowance	3,814.03	
Cleaning Supplies	354.47	
Clothing	4,378.94	
Counseling	64.38	
Education	89.00	
Food	23,593.11	
Gift	3,852.70	
Household	5,860.71	
Medical Fees	190.00	
Medical Supplies	2,018.61	
Non-Food	74.03	
Other	1,839.14	
Paper Products	103.02	
Personal Items	-226.91	
Program Supplies	2,733.95	

Open Arms Christian Ministries
Profit & Loss
July 2021 through March 2022

		Jul '21 - Mar 22
Recreation	4,523.47	
School Supplies	292.62	
Total Direct Child Care Costs		53,555.27
Garnishment		1,045.72
Insurance		
Directors and Officers	8,198.40	
Property Liability Insurance	67,535.54	
Workman's Comp	1,790.00	
Total Insurance		77,523.94
Interest Expense		14,873.55
Janitorial Services		58.03
Marketing and Development		
Meals	223.66	
Presentation Materials	1,093.35	
Program Marketing	137.76	
Marketing and Development - Other	10,473.39	
Total Marketing and Development		11,928.16
Marketing and Development- Golf		
Golf Tournament	48.00	
Marketing and Development- Golf - Other	940.00	
Total Marketing and Development- Golf		988.00
Medical		4,288.35
Miscellaneous Expense		5,263.34
Office Supplies		6,138.19
Payroll Expenses		
Payroll Advance	960.00	
Bonus	6,600.00	
Fica & Medicare	55,818.00	
Housing Allowance	21,577.08	
Medical Insurance	68,668.61	
Payroll Expense-Other	115.50	
Unemployment	1,518.81	
Wages	733,659.08	
Payroll Expenses - Other	60,267.57	
Total Payroll Expenses		949,184.65
Postage		1,431.87
Professional Fees		
Accountant	1,395.00	
Professional Fees - Other	1,129.77	
Total Professional Fees		2,524.77
Reconciliation Discrepancies		1,506.84
Recruitment		
Physical Exam	1,812.36	
Recruitment - Other	1,384.00	
Total Recruitment		3,196.36
Reimbursement Expense		141.91

11:10 AM
03/31/22
Accrual Basis

Open Arms Christian Ministries
Profit & Loss
July 2021 through March 2022

	Jul '21 - Mar 22	
Repairs and Maintenance		
Computer Software/Repairs	228.00	
Building Repairs/Maint	24,537.84	
Computer Repairs/maint	9,127.25	
Equipment Repairs/maint	4,532.87	
Equipment Under $500	636.49	
Maintenance/Grounds	1,751.51	
Maintenance/Grounds Lyons	1,740.00	
Safety/Security Contract	1,960.00	
Snow Removal	300.00	
Repairs and Maintenance - Other	358.95	
Total Repairs and Maintenance		45,172.91
Service Charge		1,143.88
Staff Training		
Meals	673.81	
Staff Training and Conferences	75.00	
Staff Training - Other	7,182.19	
Total Staff Training		7,931.00
Subscrip, Membership/Resource		1,435.16
Telephone		15,937.57
TPEC-Expenses		
Welding	-528.61	
TPEC-Expenses - Other	2,335.64	
Total TPEC-Expenses		1,807.03
Utilities		
Gas and Electric	49,079.85	
Trash Removal	4,089.09	
Water & Sewer	6,168.34	
Total Utilities		59,337.28
Vehicle Expense		
Gas/Oil/Maintenance	13,038.65	
Licenses and Permits	810.50	
Vehicle Repair	1,875.32	
Vehicle Expense - Other	2.00	
Total Vehicle Expense		15,726.47
Total Expense		1,540,293.61
Net Ordinary Income		-17,392.43
Other Income/Expense		
Other Income		
Interest Income		11.31
Total Other Income		11.31
Net Other Income		11.31
Net Income		-17,381.12

11:10 AM
03/31/22
Accrual Basis

Open Arms Christian Ministries
Balance Sheet
As of March 31, 2022

		Mar 31, 22
ASSETS		
Current Assets		
Checking/Savings		
Christian Financial Resources		7,210.47
Crane Federal Credit Union		120.98
Owen County State Bank Checking		6,945.91
Owen County State Bank Savings		68,652.97
Petty Cash		1,132.92
Total Checking/Savings		84,063.25
Accounts Receivable		
Accounts Receivable		108,284.69
Total Accounts Receivable		108,284.69
Other Current Assets		
Note Receivable		
Shellie Griffith	-700.00	
Note Receivable - Other	-3,150.00	
Total Note Receivable		-3,850.00
Postage, prepaid		600.00
Undeposited Funds		385.84
Total Other Current Assets		-2,864.16
Total Current Assets		189,483.78
Fixed Assets		
Fixed Assets		
Land & Building Lyons	500,000.00	
Land	50,175.60	
Buildings & Improvements	1,561,821.84	
Furniture & Equipment	143,660.69	
Vehicles	133,233.89	
Less Accumulated Depreciation	-1,138,407.73	
Total Fixed Assets		1,250,484.29
Total Fixed Assets		1,250,484.29
Other Assets		
Greene County Endowment		28,111.34
Fuel Card Deposit		1,000.00
Total Other Assets		29,111.34
TOTAL ASSETS		**1,469,079.41**
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
Accounts Payable		68,133.77
Total Accounts Payable		68,133.77
Credit Cards		
VISA-ELAN-0420		1,439.30
VISA-ELAN-0438		3,365.56
VISA-ELAN-0412		1,705.82
VISA-ELAN-1132		802.25
VISA-ELAN-8408		24.55
Total Credit Cards		7,337.48
Other Current Liabilities		
Clearing Account		-600.00
Anonymous Loan (04/09/21)		50,000.00

Open Arms Christian Ministries
Balance Sheet
As of March 31, 2022

		Mar 31, 22
Operating Notes Payable		
Christian Financial Resources	84,876.91	
Construction Loan Hebron Home	249,182.02	
Martin Corey	-1,000.00	
Total Operating Notes Payable		333,058.93
Payment on Acount		80.46
Payroll Liabilities		
Dental Insurance	-514.27	
Federal, Fica, & Medicare	155,784.06	
Garnishment	5,030.88	
Health Insurance	-4,266.66	
Life Insurance	7,628.29	
State & County	3,783.75	
Payroll Liabilities - Other	-25,880.11	
Total Payroll Liabilities		141,565.94
Total Other Current Liabilities		524,105.33
Total Current Liabilities		599,576.58
Long Term Liabilities		
Anonymous IRS Loan (2)		140,926.40
Total Long Term Liabilities		140,926.40
Total Liabilities		740,502.98
Equity		
Fund Balance From TPAC		347,875.18
Opening Balance Equity		-196,638.39
Unrestricted Fund Equity		568,846.18
Net Income		8,493.46
Total Equity		728,576.43
TOTAL LIABILITIES & EQUITY		1,469,079.41

Internal Revenue Service
District Director

Department of the Treasury

Open Arms Christian Ministries, Inc.

Date: DEC 16 1985

Employer Identification Number:
35-1614662
Accounting Period Ending:
June 30
Form 990 Required: ☒ Yes ☐ No

Open Arms Christian Homes, Inc.
P.O. Box 271
Switz City, IN 47465

Person to Contact:
Marilyn Miller
Contact Telephone Number:
(513) 684-3578

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2)

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act(social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income Tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay.

(over)

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky

Address: 200 S. Meridian St., Ste 400
Indianapolis, IN 46225

Phone: (317) 210-9333

E-Mail: Steven.Conrad@ppgnhaik.org

Website: ppgnhaik.org

President of Board of Directors: Michael Carter

Name of Executive Director: Rebecca Gibron

Phone: (206) 861-7511

E-Mail: Rebecca.Gibron@ppgnhaik.org

Name of Grant Writer: Steven Conrad

Phone: (317) 210-9333

E-Mail: Steven.Conrad@ppgnhaik.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
475	88	1,075

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

The mission of PPGNHAIK:
Together we advocate, educate, and provide exceptional health care supporting sexual health, wellness, and reproductive freedom — without judgment, without fear, without fail.

PROJECT INFORMATION

Name of the project to be funded:

Safety-Net Family Planning Services

Total cost of project: $37,000

Requested amount of Jack Hopkins funding: $7,500

Number of City residents to be served by this project in 2022: 37

Number of clients to be served by this project in 2022: 74

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky (PPGNHAIK) respectfully requests a grant of $7,500 to subsidize family planning services for patients who are uninsured, under-insured, and/or living at or below 150 percent of the federal poverty level. The safety-net services grant funding will help provide are: (1) long-acting reversible contraceptives (LARCs), like IUDs and birth control implants; (2) contraceptives used on a schedule, like birth control shots, vaginal rings, patches, and birth control pills; (3) contraceptives used every time, like condoms, diaphragms, sponges, spermicide, and cervical caps; and (4) emergency contraception.

PPGNHAIK is Bloomington's leading provider of safety-net family planning and sexual health services, and many of our patients need financial assistance to access care. During 2021, PPGNHAIK served 2,796 unduplicated patients at our Bloomington Health Center, of whom: 37 percent reported an annual income at or below 150 percent of the federal poverty level; and 55 percent were uninsured or on Medicaid. PPGNHAIK provided over $73,000 of discounted services to Bloomington patients last year, which included $37,000 of subsidized contraceptives. PPGNHAIK's ability to meet Bloomington's need for safety-net family planning services is dependent on philanthropic support, and we are grateful for your consideration of a grant.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [x] No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

421 S. College Ave.
Bloomington, IN 47403

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

[x] Yes [ ] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use? [x] 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

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[x] Yes [ ] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[x] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

Individual Donors - $24,920 - Pending (ongoing, annual fundraising)
Sophia Travis Community Service Grant - $3,580 - Confirmed
Bloomington Township Trustee - $1,000 - Confirmed

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

If awarded a grant, PPGNHAIK will create a special billing code within our electronic medical records system. Our Bloomington health center manager will track usage of the discount code. Patients are provided financial assistance on a sliding scale basis, and PPGNHAIK will apply the grant discount code as needed for qualifying patients. PPGNHAIK will then redact HIPAA protected information and submit electronic medical records with claims for reimbursement pursuant to the claims schedule. Once the discount code has been used to subsidize care up to $7,500, PPGNHAIK will submit our final claim and remove the discount code from our system.

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

PPGNHAIK continuously fundraises for patient financial assistance in Bloomington and at all our health center locations. The majority of philanthropic support for patient financial assistance comes from individual donors throughout the year. PPGNHAIK provides patient financial assistance on an ongoing basis as we secure philanthropic support.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

PPGNHAIK utilizes grants from the City of Bloomington Common Council to leverage other grants and gifts from supporters in Monroe County. Many supporters want to see that we receive Council support when making their contributions. Furthermore, PPGNHAIK retains many patients with private insurance who once relied on us for financial assistance. Our "Patient Supporter Campaign" teaches folks that private insurance reimbursements greatly support our ability to subsidize care for patients who are uninsured. These formerly uninsured patients choose to continue their care at Planned Parenthood after obtaining insurance as a way to financially support us.

FUNDING PRIORITIES – RANKED

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

[x] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	LARCs (IUDs, Implants)	$5,000
Priority #2	Contraception used on a schedule (the pill, patches, injections, etc.)	$1,500
Priority #3	Contraception used every time (condoms/barriers, spermicide, etc.)	$500
Priority #4	Emergency contraception	$500
Priority #5		
Priority #6		
Priority #7		
Total Requested		$7,500

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

Within the Service Community Assessment of Needs, there are several health, social, and economic outcomes indicating a lack of equitable access to family planning services in Monroe County. The teen birth rate is 7 births per 1,000 teens. When considering all pregnancies, not just teen births, the CDC's Pregnancy Risk Assessment Monitoring System (PRAMS) reported that 41.8 percent of all Hoosier pregnancies are unintended. Furthermore, Monroe County's chlamydia infection rate continues trending higher than both the state and national average, which indicates a lower-than-average rate of condom use. According to the 2020 Terminated Pregnancy Report, Monroe County has the 7th-highest abortion rate in Indiana—another indicator that residents need greater access to family planning services.

Social and economic outcomes are intricately linked to family planning outcomes. The Monroe County rate of children living in poverty is 17.6 percent; the single-parent household rate is 31 percent; 13.5 percent of adults are uninsured; and 7.8 percent of youth are uninsured. Income and insurance-status remain significant barriers to care for folks trying to access effective and consistent contraception. The unintended pregnancy rate is 5.5 times higher for those living below the federal poverty level, affecting a disproportionate number of BIPOC women and teens.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

PPGNHAIK is seeking operational support to cover the cost of family planning services for patients who are uninsured and/or cannot afford to pay. Historically, PPGNHAIK has been compensated for safety-net services through the federal Title X program. All Planned Parenthoods were forced to withdraw from Title X in 2019; however, we have applied to rejoin the program under the new administration. We hope to regain better financial stability by rejoining Title X later this year. Aside from renewed federal funding, PPGNHAIK continuously fundraises for patient financial assistance, and we administer as much financial assistance as possible while remaining net-income neutral.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

In addition to the people PPGNHAIK serves directly, a family planning safety net is imperative for any community to achieve its broader health and economic equity goals. Decades of research prove that young people who can plan their pregnancies and/or strategically space their pregnancies are significantly more likely to complete high school, pursue higher education, participate in the workforce, establish stable and supportive relationships, and achieve or maintain economic stability. Investing in sexual health and family planning is an investment in the human capital of both adults and children. Research has proven that communities with far-reaching family planning programs have lower rates of unintended pregnancy; lower teen birth rates; lower abortion rates; fewer single-parent households; and lower rates of maternal and infant mortality. Communities with far-reaching family planning programs experience greater family stability; lower childhood poverty rates; higher educational attainment; and greater workforce participation. Ultimately, communities with far-reaching family planning programs have greater household incomes; more family resources for children; and more community resources for children and families. By lowering rates of unintended pregnancy and teen birth, PPGNHAIK helps people create a healthier, wealthier, and more resilient future for themselves.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Complemented by PPGNHAIK's other sources of funding for patient financial assistance, this grant will help us accomplish the following:

1) ~30 patients will receive financial assistance to access LARCs;
2) ~25 patients will receive financial assistance to access contraception used on a schedule;
3) ~10 patients will receive financial assistance to access contraception used every time; and
4) ~9 patients will receive financial assistance to access emergency contraception.

PPGNHAIK uses NextGen Healthcare Information software to maintain our electronic medical records. PPGNHAIK will be able to report exactly who (non-HIPAA protected information) is served by this grant.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

On April 1, 2021, Planned Parenthood of Indiana and Kentucky legally merged into Planned Parenthood of the Great Northwest and the Hawaiian Islands. Our new name is Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky (PPGNHAIK). PPGNHAIK is now the nation's largest Planned Parenthood affiliate, and we operate 40 health centers throughout our service area of Alaska, Hawai'i, Idaho, Indiana, Kentucky, and western Washington. We are governed by one Board with representatives from each of our service-area states; we have transitioned to a January – December fiscal year; and our new EIN is 91-0686012. Please know, this merger in no way changes our operations, needs, or programs in Monroe County. Rather, this merger is helping Planned Parenthood continue to succeed in Indiana following significant funding challenges. Our post-merger IRS determination letter was submitted with this application, and all other certificates of merger can be supplied if needed.

PPGNHAIK ended 2021 with a ~$7 million operating loss. The causes of this budgetary shortfall include: (1) PPGNHAIK lost approximately $4 million in annual care compensation when all Planned Parenthood affiliates were forced out of the Title X program in 2019; (2) the COVID-19 pandemic has contributed to smaller patient volumes caused by staff shortages, the need for social distancing in the health centers, etc.; (3) the COVID-19 pandemic has contributed to higher expenses, including medical supply inflation, higher wages to retain clinicians, extra PPE, etc.; and (4) PPGNHAIK is being targeted by punitive and arbitrary state regulations in Indiana, Kentucky, and Idaho, all of which are creating unnecessary legal and administrative expenses.

The recent organizational merger that resulted in PPGNHAIK is an example of our organization's ability to maximize efficiency as we collectively work to stabilize Planned Parenthood across six states. We greatly reduced operating expenses following the merger, and we are creating the economies of scale needed to safeguard Planned Parenthood's future in states like Indiana, Kentucky, and Idaho. We are still working with very limited resources, but significant operating losses are mostly behind us.

Please know how grateful we are for philanthropic support in Bloomington. PPGNHAIK has been forced to close several health centers over the past three years. It is only because of a wide network of generous donors and grantmaking agencies that our Bloomington health center remains a highly accessible and fully operational community resource for everyone we serve.

2022 Jack Hopkins Project Budget

Planned Parenthood	Safety-Net Family Planning Services
Total Project Cost	$37,000

	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant			7,500.00
Other Grants		4,580.00	
Individual Donors		24,920.00	
PPGNHAIK		In-Kind (clinician wages, health center equipment, health center utilities, etc.	
TOTAL PROJECT FUNDS FROM ALL SOURCES	**37,000.00**	**29,500.00**	**7,500.00**
EXPENSES			
Office Equipment		In-Kind (PPGNHAIK already owns an ultrasound, exam tables, etc.)	
Staff Time		In-Kind (PPGNHAIK already employs a clinical team in Bloomington)	
LARC insertion procedures		$7,500.00	
LARC devices		$19,500.00	5,000.00
Contraceptives used on a schedule		1,500.00	1,500.00
Contraceptives used every time		500.00	500.00
Emergency contraceptives		500.00	500.00
TOTAL PROJECT EXPENSES	**37,000.00**	**29,500.00**	**7,500.00**

Planned Parenthood

PPGNHAIK
Profit Loss Statement
2021 (unaudited)
(In Whole Numbers)

	Current Year Actual	YTD Budget	YTD Budget Variance
SUPPORT AND REVENUE:			
Support			
Contributions	14,397,839	14,647,788	(249,950)
Merger Net Asset Contribution	28,319	115,565	(87,246)
Use of Restricted	2,143,493	3,375,383	(1,231,890)
Total Support	16,569,651	18,138,736	(1,569,085)
Revenue			
Family Planning - Medicaid and Take Charge	8,277,313	8,022,332	254,980
Contraceptives - Medicaid and Take Charge	5,992,540	6,552,676	(560,135)
AB & Procedures - Medicaid and Take Charge	6,556,069	6,064,885	491,184
Family Planning - Insurance	11,099,099	11,229,537	(130,438)
Contraceptives - Insurance	8,966,354	10,069,198	(1,102,844)
AB & Procedures - Insurance	5,468,297	5,362,280	106,017
Family Planning - Selfpay	5,363,699	8,988,772	(3,625,073)
Contraceptives - Selfpay	2,155,549	2,908,559	(753,010)
AB & Procedures - Selfpay	6,983,712	5,188,776	1,794,935
Contractual Allowance - Medicaid and Take Charge	(7,169,030)	(7,210,793)	41,763
Contractual Allowance - Insurance	(8,977,224)	(7,684,995)	(1,292,230)
Selfpay Revenue Adjustments	(3,128,300)	(4,805,309)	1,677,009
State Title X	5,101,286	4,915,202	186,084
Federal Education Grants	154,371	733,824	(579,453)
Investment/Interest	1,725,134	1,658,837	66,297
Other Income	5,278,599	6,014,140	(735,541)
Total Revenue	53,847,467	58,007,921	(4,160,453)
Total SUPPORT AND REVENUE:	70,417,119	76,146,656	(5,729,538)
EXPENSE:			
Salaries & Professional Fees			
Salary & Fringe	43,515,544	44,694,280	1,178,736
Professional Fees	3,781,420	2,369,039	(1,412,381)
Professional Liability Insurance	710,964	600,811	(110,153)
Total Salaries & Professional Fees	48,007,928	47,664,130	(343,798)
Supplies & Equipment			
Cost of Supply Sales	7,803,571	8,442,107	638,536
Medical Supplies	1,357,920	1,479,193	121,273
Other Supplies	2,396,321	2,642,330	246,009
Equipment	928,101	984,972	56,871
Phone	1,130,890	1,161,912	31,022
Total Supplies & Equipment	13,616,803	14,710,514	1,093,711
Other Expenses			
Postage & Shipping	476,916	428,195	(48,721)
Advertising & Direct Mail	2,353,337	2,567,982	214,645
Printing & Copying	70,079	96,229	26,150
Travel & Training	524,767	787,542	262,775
Dues	2,529,695	2,677,808	148,113
Occupancy	4,913,322	4,464,634	(448,689)
Other Operating Expenses	2,229,459	2,353,832	124,373
Depreciation	2,245,792	1,903,476	(342,316)
Bad Debt	480,580	(49,250)	(529,830)
Total Other Expenses	15,823,947	15,230,447	(593,500)
Total EXPENSE:	77,448,678	77,605,090	156,413
EXCESS/(DEFICIT)	(7,031,559)	(1,458,434)	(5,573,125)

Planned
Parenthood

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
PO Box 2508
Cincinnati, OH 45201

Date:
December 14, 2021
Employer ID number:
91-0686012
Form 990 required:
990, YES
Person to contact:
Name: Mrs. Brown
ID number: 0202975

PLANNED PARENTHOOD GREAT NORTHWEST
HAWAII ALASKA INDIANA KY INC
% JOE ALBERS
2001 E MADISON ST
SEATTLE, WA 98122-2959

Dear Sir or Madam:

We're responding to your request dated September 09, 2021, about your tax-exempt status.

We issued you a determination letter in July 1948, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,
Stephen A. Martin
Stephen A. Martin
Director, Exempt Organizations Rulings and Agreements

Letter 4168 (Rev. 09-2020)
Catalog Number 66666G

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Bloomington St. Vincent de Paul serving Monroe County

Address: 1413 East 17th Street,
Bloomington, IN 47408

Phone: (812) 961-1510

E-Mail: info@bloomingtonsvdp.org

Website: bloomingtonsvdp.org

President of Board of Directors: We have a slate of officers, but no Board

Name of Executive Director: Scott Alber (President)

Phone: (812) 322-1093

E-Mail: salber@bloomingtonsvdp.org

Name of Grant Writer: Jo Gilbertson and Mary Jean Regoli

Phone: (812) 219-5566; (812) 322- 5345

E-Mail: jo_gilbertson_503@comcast.net; mjregoli@outlook.com

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
0	0	78

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

The Society of St. Vincent de Paul is an all-volunteer, non-profit, 501(c)(3) organization serving those in need in Bloomington and Monroe County, Indiana without regard to religion, gender, sexual orientation, race, or ethnicity. Our local organization began in 1992, primarily providing donated furniture to families. Now we meet clients person-to-person, assisting with resource materials, rent and utility bills, rent deposits, furniture and appliances, medical co-pays, and emergency vehicle assistance. We provide safety-net services to families and individuals in our community who are suffering, forgotten, or deprived—the working poor, the homeless, those who have been incarcerated, and all people living on the margins of society. We seek a solution to help those in need to keep their utilities on to maintain safe living conditions. The help given is based on the need of the client and the resources available. We require no faith-based test; we are open to all.

PROJECT INFORMATION

Name of the project to be funded:

Utility Assistance Program

Total cost of project: $64,000

Requested amount of Jack Hopkins funding: $30,000

Number of City residents to be served by this project in 2022: 100 households (240 individuals)

Number of clients to be served by this project in 2022: 390 households (936 Individuals)

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We request $30,000 to provide utility bill assistance, including electricity, water and gas for Bloomington city residents. Even when utility companies work with clients, many are not able to pay accumulated debt, making it more difficult to meet their current obligations. We can provide $300 average utility assistance for 100 families with a $30,000 grant. 100 families are 45% of the total City of Bloomington households (224) we helped with utilities in 2021. The cost for utilities our clients request is 2-3 times greater this year due to rising prices.

Our funding request directly addresses identified priorities for social service funds for basic services related to shelter for City residents who are low-moderate income, elderly, affected with a disability, or are otherwise disadvantaged. This funding will provide power for heating and cooling, functioning of medical equipment, preservation and preparation of food items, cleaning, washing, hygiene, lighting for the home, and technology.

Functioning utilities are an essential resource in keeping people safe and healthy in their homes. Energy costs can place severe and continuing stress on a family's budget. In some instances, households are forced to make painful decisions regarding which bills to pay and which necessities to survive without.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes ☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

N/A

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

☐ Yes ☐ No ☒ N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

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

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[ ] Yes [x] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

We have a grant for $20,000 from the Good Shepherd Fund of the Catholic Foundation to be used for both rent and utility assistance. We also receive funds from individual donors and from our Hog Roast fundraising event. The amount of these funds varies from year to year. In 2020 and 2021, we were not able to host our fundraiser due to Covid. Of the $63,483 that we disbursed to clients for utility assistance in 2021, 41% came from individual donors and 59% came from grants.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We will submit claims periodically as checks clear the bank (necessary for documentation) and will draw down by December 9, 2022.

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

N/A

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

We work with other agencies, organizations, and churches to support the needs of our clients. Salvation Army, Monroe County United Ministries, the Township Trustees, the three local Catholic churches, St. Thomas Lutheran Church, First United Church, and Sherwood Oaks Christian Church share their resources when they are able, while identifying and sending clients to us on a regular basis. We also receive many clients through word of mouth among those in need. Our organization is comprised of 78 volunteers who work efficiently to determine client needs, verify their information, and provide the best assistance possible with the resources available.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Assist 100 households with their utility bills.	$30,000
Priority #2	With partial funding, we would help fewer families.	
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		$30,000

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

According to the Indiana 211 Data Dashboard for Monroe County, nearly 18% of calls were for Utility Assistance in 2021. This was the third greatest need requested behind housing and healthcare.

The City of Bloomington, Housing and Neighborhood Development Department's 2020-2024 Consolidated Plan found nearly 44% of Bloomington households are cost burdened (30%+ of income on housing). 28.9% of Bloomington households are severely cost burdened (50%+ of income for housing). The increasing cost of utilities further stretches households trying to remain in their homes.

According to U.S. Census Bureau quick facts, the poverty rate in Bloomington is 33.6% (2020). The 2020 ALICE (Asset Limited, Income Constrained, Employed) Report found that for many in Monroe County wages have failed to keep pace with essential costs. With income above the Federal Poverty Level, ALICE households earn too much to qualify as "poor" but are still unable to cover the basics of housing, childcare, food, transportation, healthcare, and technology. 26% of households meet the "ALICE Threshold" meaning that 47% of Monroe County households are either living at the poverty level or barely above that level. These households struggle to meet essential household needs like keeping working utilities connected to maintain safe living conditions.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

This will be a bridge to assist people who face loss of electric, gas, or water service due to lack of funds and the discontinuation of Duke Energy's moratorium for utility disconnections in March, 2022. Also, those on Section 8 who are unable to pay their utility bills, will lose their housing vouchers. Those seeking new housing might have to pay deposits again for utility hook-ups. Service in new residences will not be turned on until all previous bills have been paid.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

As reported in the Herald-Times,
"In Indiana, 22.5% of people had to reduce or go without basic necessities, such as food and medicine, to pay an energy bill, according to recent data from the U.S. Census Bureau's Household Pulse Survey. One in six Americans were unable to pay the full amount of an energy bill in the past year." ("Duke Energy, CenterPoint bills are spiking in Bloomington. Where can you go for help?" Herald-Times, February 22, 2022)

In order to help families have lower utility bills in the future, we will help connect clients with agencies and organizations who have energy efficiency programs, such as Weatherization through South Central Community Action Program, and CenterPoint Energy's Neighborhood Weatherization Program. In providing this information, we help empower our clients. Our Home Visitors will follow up with clients to assist them in accessing these resources.

By assisting with current utility needs, we enable people to remain in their homes, thus increasing housing stability and the many related positive outcomes associated with that.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Through our screening assessment to identify clients' needs and in our follow-up with clients, we will gauge the outcome of the use of these grant funds by measuring:

- The number of people who were assisted with electricity, gas, and water utility bills.
- The number of families we kept from being disconnected in each utility category.
- The number of families who, by our information, were connected to energy efficiency and weatherization programs.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

People in need contact us directly, or the Township Trustees, Monroe County United Ministries, 211, the Salvation Army, and other agencies, as well as previous clients recommend St. Vincent de Paul to our clients as a place to receive assistance for utilities, as well as other bills. The potential client leaves a voice to text message with name and phone number. The Phone Volunteer returns the call and asks for date of birth, address, and the need from the client. We will screen potential clients to determine their need for utility assistance, city of residence, income, and other information to evaluate the appropriate use of these grant funds. If the client resides within Bloomington, a Home Visitor is assigned to call and schedule a visit with that individual. Due to COVID-19, the Home Visitor does the interview via phone or facetime, if the client has such a phone.

It is during the interview that our St. Vincent de Paul member gathers information about the family and their circumstances:

• The number in the household
• Who provides income to the family (including SS, SSI, SSDI, pensions, jobs, child support paid out or coming in)
• The amount of income from each family member
• Is the client currently receiving assistance through Public Housing or Section 8
• Has the client been to their Township Trustee, and after that, Monroe County United Ministries, Salvation Army, church calls, and the results of such contacts
• If they have not contacted this list of places to gain help, we ask that they do so.
• Their expenses for utilities, rent, and other bills.

Please see attached Screening Application.

Each person who reaches out to us has a personal story for the challenges they face. One client, Felicia, has 3 children: a newborn; 2-year-old, and 3-year-old. The oldest was born with brain damage which resulted in blindness, silent seizures, the need to be fed with a liquid diet through a tube, and an ill formed intestinal tract. Felicia's Duke Energy bill was large, as she was laid off earlier in the year due to the pandemic and had just returned to work for $12 per hour at a Home Health Care facility. Her mother is watching the children while she works. Felicia receives $288 Temporary Assistance for Needy Families (TANF) and $495 Supplemental Nutrition Assistance Program (SNAP); her unemployment has ceased. She still owed money on her electric bill and we were able to pay a good portion of that charge. We also sent her to churches who could assist with the remaining sum. Now her finances have improved and she feels more confident in managing her income as she moves forward.

The Jack Hopkins grant funds directly impact people's lives providing the helping hand they need to move beyond their current challenges.

2022 Jack Hopkins Project Budget

Bloomington St. Vincent de Paul serving Monroe County	2022 Utility Assistance Program
Total Project Cost	$64,000

	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant			30,000.00
Other Grants		7,600.00	
Other Income Sources		26,400.00	
TOTAL PROJECT FUNDS FROM ALL SOURCES	**64,000.00**	**34,000.00**	**30,000.00**
EXPENSES			
Client Services – Utility Assistance		34,000.00	30,000.00
TOTAL PROJECT EXPENSES	**64,000.00**	**34,000.00**	**30,000.00**

Jack Hopkins Utility Client Report 2022

Interview (HV) Date mm/dd/yyyy: _____ Check box if this is a corrected version of a submitted application ☐

Primary HV: Other Use Arrow to SelectYour HV Initials. If your initials are found please skip next line
If Initials Not Found & Other is Selected Fill Out HV Last: _____ HV First:: _____

Assistant HV: Last: _____ First: _____

Client Name: Last: _____ First: _____ DOB: _____

Housing Type: Apartment (click down arrow for other housing types)

Street Address: _____

Zip Code: _____

If an Apt Complex or Trailer Ct List Name: _____ Unit #: _____
This address is verified to be within the Bloomington City Limits ☐ Click to lookup: https://bloomington.in.gov/mybloomington/
Phone (###-###-####) Primary: _____ Secondary: _____
Email: _____
Is client currently receiving assistance through Public Housing? ○ Yes ○ No
Is client currently receiving assistance from Section 8? ○ Yes ○ No
Is client currently employed? ○ Yes ○ No If yes where _____
Was client laid off or terminated due to Covid 19? ○ Yes ○ No If yes from where _____
If employed approximate monthly income from work: _____
Enter monthly amount received from Social Security: _____
Enter monthly amount received from SSI : _____
Enter monthly amount received from SSDI: _____
Enter any additional monthly income from any other sources: _____

List Source(s): _____

Total Monthly Income: _____

Name of Other Household Members	Relationship	Income if any	Additional Information or Comments

Total Adults in Household: _____ Total Children (Under 18) _____

UTILITY COMPANY INFORMATION:

Utility Company Name: _____

Street Address : _____

City: _____ State: _____ Zip Code: _____

Contact Person : _____ Phone: _____

Last Utility Payment $ _____ Date Paid: _____

Total Amount Currently Due: _____ Total Amount SVDP Agrees to Pay _____

Have you contacted the Utility Company and Verified the Amounts and Dates Listed Above ○ Yes ○ No

Is the Trustee working or negotiating with the utility company? ○ Yes ○ No

Have you attempted to negotiate with the utility company a payment plan or reduction in bill if SVDP makes a payment ○ Yes ○ No

(Note: Payment plan should only be requested if client has ability to make the montly payments)

Have you given your client information on weatherization programs ○ Yes ○ No

Please write below the results of any successful negotiations or payment plan made with the company or any additional information you would like added to this report.

REVIEW SUBMIT

ST.VINCENT de PAUL BLOOMINGTON COUNCIL
Report on Year-End 2021

General Operating Fund FY 2021

	Budgeted	Actual	Variance
INCOME			
Church Collections			
St. Charles	$ 22,500	$ 23,186	$ 686
St. Paul Catholic Center	20,500	23,835	3,335
St. John the Apostle (1)	18,700	25,364	6,664
St. Thomas Lutheran	2,000	1,553	(447)
Sherwood Oaks	5,100	5,100	-
Other (St. Mark's Methodist)	-	720	720
Subtotal, Churches	$ 68,800	$ 79,758	$ 10,958
Fund Raising: Hog Roast, Other (net)	$ 15,000	$ 8,450	$ (6,550)
Donations (2)	$ 15,000	$ 25,529	$ 10,529
Indy Council	$ 14,400	$ 14,400	$ -
Total	$ 113,200	$ 128,136	$ 14,936
EXPENSES			
Client Financial Assistance (3)	$ 78,000	$ 53,535	$ 24,465
Warehouse and Furniture Operations			
Rent	$ 22,550	$ 22,547	$ 3
Transportation and other	3,000	3,314	(314)
Computer Services	2,400	2,382	18
Utilities, Supplies, Repairs	3,800	4,128	(328)
Total	$ 31,750	$ 32,370	$ (620)
Op Expenses			
Office supplies, postage, web, other	$ 3,450	4,228	$ (778)
Transfers to Designated Funds (4)	$ -	13,671	$ (13,671)
Total	$ 113,200	$ 103,803	$ 9,397
Operating Surplus/(Deficit)	-	24,333	24,333

EXPLANTORY NOTES

(1) One donor responsible for two $5,000 contributions.
(2) Includes six donations over $1,000 and over 150 smaller donations.
(3) Reflects significant use of grant funds for client assisance.
(4) Includes transfers to Vehicle Assistance Fund and Rent Deposit Fund; to Muldoon Fund of SuperFund balance; to Furniture Special Programs of dresser, bed, and sheets funds.

ST.VINCENT de PAUL BLOOMINGTON COUNCIL
Report on Year-End 2021

Cash/Restricted Accounts

	9/30/2020 Balances	Receipts	Disburse-ments	Net Change	9/30/2021 Balances
Appliance Center	$ 13,224	$ 3,180	$ 9,033	$ (5,853)	$ 7,371
Bed Bug & Furniture Fund	850	-	78	(78)	772
Bob Muldoon Fund	3,084	12,775	9,695	3,080	6,164
Catholic Foundation	-	40,077	40,077	-	-
Furniture Special Projects	1,957	16,998	12,516	4,482	6,439
Jack Hopkins Grant: Rent/match	(4,295)	13,240	8,945	4,295	-
Jack Hopkins Grant: Utilities	-	15,000	15,000	-	-
Jack Hopkins Grant: Rent & Deps	-	12,876	22,540	(9,665)	(9,665)
*Subtotal, Jack Hopkins	(4,295)	41,116	46,485	(5,370)	(9,665)
Rent Deposits	7,527	-	6,205	(6,205)	1,322
Sophia Travis Grant	(105)	4,951	5,358	(407)	(512)
Vehicle Assistance Program	3,889	15,771	18,267	(2,496)	1,393
United Way COVID Grant 4	-	7,500	7,500	-	-
United Way COVID Grant 5	-	12,000	-	12,000	12,000
TOTAL	$ 26,131	$ 154,368	$ 155,215	$ (847)	$ 25,284

MEMO: CASH BALANCE RECONCILIATION

	9/30/2020 Balances	Receipts	Disburse-ments	Net Change	9/30/2021 Balances
Budgeted Accounts	$ 51,957	$ 128,136	$ 103,803	$ 24,333	76,290
Cash Accounts	26,131	154,368	155,215	(847)	25,284
Total Cash Balances (5)	$ 78,088	$ 282,505	$ 259,018	$ 23,487	$ 101,575

(5) Cents are rounded in the subtotals and totals but not in the detail. Actual cash balance at year end was $101,574.89.

CLIENT ASSISTANCE FUNDED DURING FY 2021

	Funding Source		
Category Group	General Operating	Grants & Designated	Total
Rent	$ 22,075	$ 50,545	$ 72,620
Utilties	26,176	37,308	63,483
Auto	2,491	30,821	33,312
Furniture & Appliances	-	20,407	20,407
Rent Deposits	150	10,904	11,054
All Other	2,644	5,001	7,645
	$ 53,535	$ 154,987	$ 208,521

ST.VINCENT de PAUL BLOOMINGTON COUNCIL
Report on Year-End 2021

St. Vincent de Paul

FISCAL YEAR COMPARISON

	FY19	FY20	FY21	FY21 vs pre-COVID year
Rent	$ 26,035	$ 31,739	$ 72,620	2.8 times
Utilties	27,097	31,124	63,483	2.3 times
Auto	14,036	33,863	33,312	2.4 times
Furniture & Appliances	2,517	15,216	20,407	8.1 times
Rent Deposits	10,252	14,717	11,054	0.1 times
All Other	10,954	9,044	7,645	-0.3 times
	$ 90,891	$ 135,703	$ 208,521	2.3 times

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Wheeler Mission

Address: 215 S. Westplex Avenue
Bloomington, IN

Phone: (812) 333-1905

E-Mail: stevegermani@wheelermission.org

Website: wheelermission.org

President of Board of Directors: Jim Fountain

Name of Executive Director: Rick Alvis

Phone: (317) 635-3575

E-Mail: rickalvis@wheelermission.org

Name of Grant Writer: Steve Germani

Phone: (317) 635-3575

E-Mail: stevegermani@wheelermission.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
10	2	412

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Wheeler Mission aims to ensure that every person experiencing homelessness in Bloomington has access to a safe, compassionate environment where they can receive a clean bed and a hot, nutritious meal while also receiving access to additional supports and services that may assist them on their journey to addressing the root causes of their circumstance(s).

Wheeler serves anyone seeking shelter without regard to race, color, religion, national origin or citizenship status, ancestry, sex, gender identity or expression, sexual orientation, pregnancy, age, disability, military status, or housing status.

PROJECT INFORMATION

Name of the project to be funded:

Case Management for Those Experiencing Homelessness

Total cost of project: $38,563.20

Requested amount of Jack Hopkins funding: $16,068

Number of City residents to be served by this project in 2022: 1025

Number of clients to be served by this project in 2022: 1025

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

Wheeler Mission is seeking an investment of $16,068 to help absorb the cost of the full-time (emergency shelter services) case manager at Wheeler Mission. This role is critical to Wheeler's operation, carrying the responsibility of providing case management services for a diverse population that may include, but is not limited to, assessment of a guest's strengths, resources and needs, and whether crisis intervention or a referal to additional resources is needed. The goal is always to help each individual served achieve stability. Therefore, each guest - through the assistance of the case manager - will develop a care plan with written goals and methods to help the guest work toward a vision of what stability may look like for their unique circumstances.

This investment from Jack Hopkins will cover the wages for this critical role for up to six-months, and likely through the 2022 calendar year.

Wheeler Mission hosted approximately 84 guests per night throughout the entirety of 2021.

There are a variety of factors that influence whether a person experiencing homelessness may choose to address the root causes of their homelessness and/or pursue lasting change. Some of these factors are not within the control of the agency providing supports and services to those in need. However, offering authentic, judgment-free, trusting relationships alongside genuine compassion is something that is within our control at Wheeler Mission. Offering case management is critical in building a trusting relationship with those who won't pursue change without, first, establishing trust.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[ ] Yes [x] No

If yes, list the name(s) of agency partner(s)

Not applicable.

How do your missions, operations and services complement each other?

Not applicable.

What is the existing relationship between agencies?

Not applicable.

How will communication and coordination change as a result of the project?

Not applicable.

Explain any challenges and steps you plan to take to address those challenges.

Not applicable.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

This project will take place at the Center for Men in Bloomington, located at 215 S. Westplex Avenue.

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

[X] Yes [ ] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

This is not applicable to this proposal, as Wheeler owns this property and is not seeking funds for capital improvements to this facility.

Is the property zoned for your intended use? [X] 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.*

Not applicable.

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[x] Yes [ ] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[x] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

There are no other funds being pursued for the purpose of absorbing the cost of the Case Manager wages. However, Wheeler Mission is constantly in pursuit of general operating support through direct mail/annual appeal fundraising efforts, as well as ongoing relationship cultivation with existing donors - including local churches, businesses, and government entities.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

The person occupying the Case Manager role is already in the role, and has been for several years. Therefore, Wheeler would begin submitting claims for reimbursement as soon as it is allowable, by the City of Bloomington, to do so. Wheeler will submit claims for reimbursement monthly (or every other month) until a complete draw down of funds takes place.

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

The support sought is for general operating support and, more specifically, for services that are delivered to those experiencing homelessness in Bloomington every day. Delivering case management services to those in need does not depend on other anticipated funding, as it is core to Wheeler Mission's service delivery model.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

As noted above, Wheeler relies almost entirely on private, tax deductible contributions from individuals and private funders. The case manager services, and all other general operating services delivered through Wheeler Mission, are made possible through continued investments from a community of supporters (including, but not limited to, the United Way, Monroe County, City of Bloomington, local churches, and hundreds of private individual donors) committed to ensuring Bloomington's most vulnerable neighbors have access to not only their basic needs, but help, hope, and healing. Moreover, Wheeler utilizes hundreds of volunteers in ensuring guests receive a hot, nutritious meal each and every day.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Case Manager / FT@$15.45/hour for one month	$2,678
Priority #2	Case Manager / FT@$15.45/hour for one month	$2,678
Priority #3	Case Manager / FT@$15.45/hour for one month	$2,678
Priority #4	Case Manager / FT@$15.45/hour for one month	$2,678
Priority #5	Case Manager / FT@$15.45/hour for one month	$2,678
Priority #6	Case Manager / FT@$15.45/hour for one month	$2,678
Priority #7		
Total Requested		$16,068

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

Data from Monroe County Public Library's 2017 community survey indicates that the top three concerns for the local community are: 1) homelessness, 2) opioids/addictions, and 3) affordable housing. This correlates with data collected from the Regional Opportunities Initiative housing study indicating that over half of Monroe County households living in rental housing are cost burdened, spending more than 30% of their income on rent. The study goes on to say that housing insecurity is one of the many contributing causes of homelessness in our community.

Wheeler Mission, along with many other social service agencies in the community, is absorbing the real impact of these reports. Wheeler Mission hosted an average of 54 guests each night as recently as 2017. However, the number continues to climb each year. Wheeler served an average of 84 guests each night throughout the 2021 calendar year, and is still maintaining those numbers throughout the first few months of 2022.

As more people experience homelessness and/or find themselves in a crisis, Wheeler Mission aims to be a safe place where people can meet their basic needs and access case management and/or other resources aimed at helping them address the barriers they may be facing. These services are critical in making sure homelessness is rare, brief, and non-repeating in our community.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

Wheeler Mission seeks a one-time investment to assist in absorbing the cost of a full-time case manager. This role is critical to the shelter operation.

This role will always be an ongoing need for Wheeler Mission. However, this will not be an ongoing request for support, as the costs associated with this role will be absorbed by general fundraising income in future years. As Wheeler seeks to expand its program capabilities and offerings at the Westplex complex through the renovation of another facility at that site, there is gratitude for the opportunity to request operational funds from a consistent and trusted partner, such as Jack Hopkins Social Services Fund, for general operating support while other fundraising objectives are pursued.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

The Heading Home 2021 plan aims to ensure homelessness is rare, brief, and non-repeating. Our focus at Wheeler is to do whatever is possible to ensure homelessness is brief and non-repeating. Moreover, one of the strategies listed in the Heading Home plan is to prioritize coordinated crisis and case management supports for those experiencing homelessness.

If getting individuals off the street quickly and into apartments (if they are available and affordable) is what is effective at helping an individual stabilize, we will do our part to connect individuals to those opportunities. However, many are simply looking for a hot meal and a clean bed. And in some cases, they are looking to find, or even borrow, hope. Our team is committed to meeting people where they are, with the goal of providing hope and establishing a trusting relationship that can lead to empowered choices that result in stability and housing.

Wheeler Mission aims to be the front door to homelessness in Bloomington; offering a low-barrier, safe space for people to access a clean bed and a hot, nutritious meal. Then, working alongside other community agencies, the goal is to help each individual access the support and resources best suited for them as they look to address their circumstances and achieve long-term stability.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Short-term emergency shelter is designed to assist individuals with basic temporal needs while assessing the factors which led to their homelessness and determine opportunities to assist them in ending their experience with homelessness. Case management will be provided to every person seeking shelter in order to effectively assess short and long-term goals for each individual and to determine recommendations for either program participation at Wheeler Mission, another agency better suited to meet their unique needs, or assist them in stabilizing in safe, secure housing.

More specifically, as it relates to case management, the outcome indicator used to measure success will be the percentage of individuals seeking emergency shelter who connect to a long-term program (either at Wheeler or elsewhere). The goal is to have more than 33% of guests connect with some type of long-term program (including appropriate healthcare related assistance), as a result of case management assistance.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

In 2016 (Wheeler's first full year of being a part of the homeless response system in Bloomington), Wheeler Mission served 192 unduplicated guests, and approximately 20 guests each night, at Bloomington shelter sites. In 2021, Wheeler Mission served 1,017 unduplicated guests, and approximately 84 guests each night, at these same sites – an increase of 430% in just six years.

Despite this growth, Wheeler continues to operate in the same facilities since merging with Backstreet Mission in late 2015. Providing safe spaces are critical in building relationships with the guests who walk through our shelter doors. While providing a nutritious meal, a hot shower, a clean bed, and heavy doses of help, hope, and healing is always an important part of what Wheeler Mission offers, the goal is to make homelessness rare, brief, and non-repeating. This involves meeting people where they are – even if they are alone, broken, or bound by the chains of addiction – and developing a trusting relationship. Having the physical space needed to help each individual feel comfortable is critical in establishing trust and ensuring each guest feels safe and secure.

Wheeler Mission acquired two facilities adjacent to the existing Center for Men: the former Jazzercise facility, located at 201 Westplex, and the former Tri-State Building, located at 135 Westplex. The plan is to renovate each of these facilities to create a campus that provides a more robust offering of shelter and case management services for the growing number of individuals experiencing homelessness in Bloomington.

2022 Jack Hopkins Project Budget

Wheeler Mission		Case Management for those experiencing homelessness	
Total Project Cost		$38,563.20	
	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant	_	_	$16,068
Other Grants	_	_	_
Other Income Sources (direct mail, special events, churches, etc.)		$22,495.20	
TOTAL PROJECT FUNDS FROM ALL SOURCES	**$38,563.20**	**$22,495.20**	**$16,068**
EXPENSES			
Staff Wages (6 months)		$16,068	_
Staff Wages (6 months)		_	$16,068
Staff benefits		$5,927.20	_
Staff Supplies		500.00	_
TOTAL PROJECT EXPENSES	**$38,563.20**	**$22,495.20**	**$16,068**

WHEELER MISSION MINISTRIES, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENT OF ACTIVITIES
YEAR ENDED MAY 31, 2021
(With Comparative Total for the Year Ended May 31, 2020)

	2021			
	Without Donor Restrictions	With Donor Restrictions	Total	2020 Total
Support and revenue				
Support				
Contributions	$ 13,439,202	$ 5,427,862	$ 18,867,064	$ 18,598,525
Contributions - wills and estates	2,600,026	-0-	2,600,026	671,464
Gifts-in-kind	883,397	-0-	883,397	1,002,466
Revenue				
Fees and grants from government agencies - exchange	1,049,406	-0-	1,049,406	-0-
Program service revenue	1,989,358	-0-	1,989,358	1,723,913
Other	217,101	-0-	217,101	80,097
Change in value of annuity and trust liabilities	(30,122)	(1,212,458)	(1,242,580)	(528,050)
Investment return, net	547,062	4,047,161	4,594,223	628,781
Gain on debt extinguishment	1,531,300	-0-	1,531,300	-0-
Net assets released from restrictions	1,651,970	(1,651,970)	-0-	-0-
	23,878,700	6,610,595	30,489,295	22,177,196
Special events				
Registration fees and other support	882,934	-0-	882,934	1,055,558
Gift-in-kind support	758,626	-0-	758,626	1,059,341
Direct expenses of events	(208,013)	-0-	(208,013)	(374,938)
Gift-in-kind expenses	(758,626)	-0-	(758,626)	(1,059,341)
	674,921	-0-	674,921	680,620
Total support and revenue	24,553,621	6,610,595	31,164,216	22,857,816
Expenses				
Program services				
Men's residential center	1,199,357	-0-	1,199,357	1,247,470
Shelter for men	1,993,882	-0-	1,993,882	2,011,318
Center for women and children	2,054,421	-0-	2,054,421	1,867,836
Camp Hunt	950,039	-0-	950,039	957,458
Industry	1,206,462	-0-	1,206,462	1,331,248
Edwards residence	68,877	-0-	68,877	108,687
Thrift shop	602,181	-0-	602,181	571,972
Ministry services	1,372,019	-0-	1,372,019	1,351,515
Center for men (Bloomington)	661,735	-0-	661,735	924,006
Center for women and children (Bloomington)	154,876	-0-	154,876	420,094
Food services	1,073,215	-0-	1,073,215	466,826
Restored creations	71,038	-0-	71,038	91,810
	11,408,102	-0-	11,408,102	11,350,240
Supporting activities				
Management and general	889,994	-0-	889,994	982,426
Fundraising and development	3,585,605	-0-	3,585,605	3,417,782
	4,475,599	-0-	4,475,599	4,400,208
Total expenses	15,883,701	-0-	15,883,701	15,750,448
Change in net assets	8,669,920	6,610,595	15,280,515	7,107,368
Net assets, beginning of year	20,096,198	21,527,815	41,624,013	34,516,645
Net assets, end of year	$ 28,766,118	$ 28,138,410	$ 56,904,528	$ 41,624,013

See accompanying notes to consolidated financial statements.

WHEELER MISSION MINISTRIES, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED MAY 31, 2021
(With Comparative Total for the Year Ended May 31, 2020)

	2021					
		Supporting Activities				
	Program Services	Management and General	Fundraising and Development	Total Supporting Activities	Total	2020 Total
Salaries and benefits	$ 6,214,650	$ 268,797	$ 1,377,186	$ 1,645,983	$ 7,860,633	$ 8,023,807
Gift-in-kind expenses	878,263	-0-	758,626	758,626	1,636,889	2,061,807
Public relations and direct mailing	2,819	2,505	1,776,369	1,778,874	1,781,693	1,875,666
Direct expenses of events	-0-	-0-	208,013	208,013	208,013	374,938
Telephone and utilities	588,934	28,628	4,481	33,109	622,043	639,132
Depreciation expense	831,771	153,692	-0-	153,692	985,463	933,046
Postage	3,319	14,074	154,136	168,210	171,529	66,852
Maintenance	279,184	20,127	57,022	77,149	356,333	384,308
Insurance	231,547	3,813	8,341	12,154	243,701	222,074
Food	844,709	-0-	20,498	20,498	865,207	202,527
Equipment repair and maintenance	162,563	18,769	16,862	35,631	198,194	221,372
Cleaning supplies	68,553	1,115	-0-	1,115	69,668	84,814
Fuel and oil	51,021	1,082	2,772	3,854	54,875	61,332
Professional services	214,661	330,369	73,456	403,825	618,486	488,653
Program materials	106,283	-0-	2,050	2,050	108,333	170,526
Office supplies	11,340	3,392	1,926	5,318	16,658	17,134
Staff travel and conferences	10,189	1,370	6,252	7,622	17,811	46,646
Industry and supplies	848,194	-0-	-0-	-0-	848,194	921,969
Grants and scholarships	31,125	-0-	-0-	-0-	31,125	34,325
Interest, net of capitalized amounts	-0-	10,222	-0-	10,222	10,222	23,735
Membership fees	10,508	1,388	3,559	4,947	15,455	14,303
Sales and property tax	-0-	(18,614)	-0-	(18,614)	(18,614)	16,496
Capital campaign expenses	-0-	(59,686)	-0-	(59,686)	(59,686)	122,745
Lockbox and bank fees	10,687	108,945	78,723	187,668	198,355	166,546
Miscellaneous	7,782	6	1,972	1,978	9,760	9,974
Total expenses	11,408,102	889,994	4,552,244	5,442,238	16,850,340	17,184,727
Less expenses netted with support and revenues on the statement of activities	-0-	-0-	(966,639)	(966,639)	(966,639)	(1,434,279)
Total expenses reported on the statement of activities	$ 11,408,102	$ 889,994	$ 3,585,605	$ 4,475,599	$ 15,883,701	$ 15,750,448

See accompanying notes to consolidated financial statements.

Collaborative Beacon, Inc. and Crawford Housing Stability Improvement Project

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Beacon, Inc.

Address: PO Box 451 / 620 S. Walnut St.
Bloomington, IN 47402-0451

Phone: 812-334-5734

E-Mail: beacon@beaconinc.org

Website: www.beaconinc.org

President of Board of Directors: Jean Capler

Name of Executive Director: Forrest Gilmore

Phone: 812-334-5734, x122

E-Mail: forrest@beaconinc.org

Name of Grant Writer: Forrest Gilmore

Phone: 812-334-5734, x122

E-Mail: forrest@beaconinc.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
29	6	~1500

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Beacon is a solutions-driven, antipoverty organization, dedicated to aiding and empowering people experiencing extreme poverty, especially hunger and homelessness. Founded in 2000 in response to a growing community concern about the needs of people without homes, Beacon has grown rapidly these past 22 years to become the largest housing provider of any nonprofit in Monroe County. Beacon provides daytime and overnight shelter, hunger relief, permanent supportive housing, rapid re-housing, social services and case management, employment support, street outreach, eviction prevention, life essentials (restrooms, laundry, showers, mail, ID, etc.), and other health and human services to hundreds of adults and children each day and thousands each year.

PROJECT INFORMATION

Name of the project to be funded:

Crawford Housing Stability Improvement Project

Total cost of project: $10,000

Requested amount of Jack Hopkins funding: $10,000

Number of City residents to be served by this project in 2022: ~70

Number of clients to be served by this project in 2022: ~70

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are seeking $10,000 to improve housing stability in the Crawford Homes program by helping residents maintain the cleanliness of their homes. All of the residents of the Crawford Homes program have severe disabilities and many struggle with basic life skills, like hygiene, cooking, etc. Poor apartment maintenance is one of the most common ways that residents put their housing at risk.

To help improve housing outcomes, we seek to support the residents in two key ways:

Cleaning support - through contracted services, our staff will hire and work with a cleaning company and the residents to help them improve the conditions of their homes and learn and improve their own cleaning capacities.

Hygiene Pantry - we have a hygiene pantry where guests earn points through participation in helpful activities to gain access to items in the hygiene pantry. Essential items include toilet paper, trash bags, soap, spray cleaner, hair care, feminine hygiene products, laundry detergent, mops, brooms, sponges, and more.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[x] Yes [ ] No

If yes, list the name(s) of agency partner(s)

Cinnaire

How do your missions, operations and services complement each other?

Cinnaire is a community development financial organization, which provides creative capital solutions to projects with high social value that may not otherwise receive support from traditional financial institutions. They help community development organizations, lending partners, and socially motivated investors accomplish goals in underserved communities by filling gaps in community development funding. Beacon works as a service provider committed to people struggling with housing.

What is the existing relationship between agencies?

Cinnaire is the new owner of Crawford and Crawford II Apartments, two permanent supportive housing complexes dedicated to serving people with disabilities who experienced long-term homelessness. Beacon is the primary service provider for the residents of these two apartment complexes.

How will communication and coordination change as a result of the project?

Our communication and coordination is already strong, so I don't expect significant changes. The two teams meet weekly to discuss the overlapping needs and goals of the programs there.

Explain any challenges and steps you plan to take to address those challenges.

This will be a fairly easy partnership to enact. We already have well established lines of communication and collaboration. This project will primarily support Cinnaire through improved maintenance of the residences and support the residents through life skills training and improvements in housing stability and quality of life.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

2440 and 2446 S. Henderson St.
Bloomington

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

[ ] Yes [ ] No [x] N/A

If you are seeking funds for capital improvements to real estate <u>and</u> if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use? [ ] Yes [ ] No [x] 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. *<u>Note</u>: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Collaborative Beacon, Inc. and Crawford Housing Stability Improvement Project

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[ ] Yes [x] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

We are currently not seeking additional funding from other sources for this specific project.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

This is a fairly straightforward project. The hygiene supplies would be purchased early in the grant cycle. The cleaning support would be hired on a contract basis as needed. We anticipate a full drawdown of funds by December.

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

N/A

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Beacon receives over $1.2 million in HUD funding for the Crawford program: $967,922 for rental support for the ~130 residents, $206,215 for supportive services staffing, and $69,564 for administration. That funding while substantial doesn't cover extra support for projects like this.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Life Skills (Cleaning) Support	$5,000
Priority #2	Hygiene and Cleaning Supplies	$5,000
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		$10,000

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

The 2020-2024 Consolidated Plan lists one of its core goals as "Housing/services to the homeless/ near-homeless." It describes that goal in part as "provide funding to increase permanent supportive housing opportunities and work to create a stronger network of providers of supportive and mainstream services to homeless clients (p 105)."

Crawford Homes currently provides a majority (100 of the 191) permanent supportive housing beds for adult households and 25 of the 71 beds permanent supportive housing beds for adults with children in Bloomington.

Support for Crawford Homes fits very solidly within that core goal of the plan.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

This project is a one-time attempt to boost support for the residents in cleaning and maintaining their apartments. The pandemic made it difficult for on site support from property management and we saw a significant decline in the maintenance of the building. With a new owner and new property manager, we're seeking funds to help the residents address the delayed maintenance and return to a cleaner environment.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

Permanent supportive housing specifically targets the most vulnerable people experiencing homelessness in our community - the person with disabilities experiencing long-term homelessness. Most residents have tri-morbidity: a severe mental illness, a severe substance use disorder, and a chronic illness or physical disability. These three together prove lethal with the average age of death being 47 years old.

Residents of permanent supportive housing have better housing stability rates, better health outcomes, and better employment rates. Crawford Homes has been shown to both reduce emergency room use (65% drop in the first year) and interactions with the criminal justice system (between an 80-90% drop in arrests within 18 months.)

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Housing stability is our primary goal. Everyone living in the Crawford program has severe disabilities and has struggled greatly in the past with maintaining housing. A clean space, both from the resident's and the property management's perspective, is essential to help residents stay in their homes and avoid eviction.

For indicators, we can provide you the number of residents served and the number of residents who maintained their homes.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Beacon and its program, Crawford Homes, are essential components in the Heading Home plan. Beacon is the regional lead for coordinated entry, the community-driven collaboration amongst service providers to house people without homes.

Collaborative Beacon, Inc. and
Crawford Housing Stability Improvement
Project

620 S Walnut St / PO Box 451
Bloomington, IN 47402-0451
www.beaconinc.org
Day Shelter: (812) 334-5728
Administration: (812) 334-5734
Fax: (812) 334-5736

Crawford Housing Stability Improvement Project
Program Budget 2022

EXPENSES

$5,000	Life Skills/Cleaning Support
$5,000	Hygiene Supplies
$10,000	**TOTAL COST**

Beacon, Inc.

Statement of Financial Position

As of March 31, 2022

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
10000 Old National Checking 9643	61,140.95
10001 In-Kind Bank	0.00
10002 Old National Savings 2314	17,458.07
10003 Friends Place Account	0.00
10005 German American Bank 6001	252,000.65
10006 Payroll Clearing	-9,613.88
Total Bank Accounts	**$320,985.79**
Accounts Receivable	
11000 Accounts Receivable	556.05
Total Accounts Receivable	**$556.05**
Other Current Assets	
12001 *Undeposited Funds	0.00
12100 Friend's Place CD	0.00
Total Other Current Assets	**$0.00**
Total Current Assets	**$321,541.84**
Fixed Assets	
18000 Land	140,980.88
18100 Land Improvements	6,899.00
18200 Buildings	177,879.12
18300 Building Improvements	292,742.96
18500 Equipment - FP	1,199.00
18600 Equipment	85,490.66
18700 Furniture and Fixtures	38,387.25
18800 Furniture and Fixtures - FP	8,650.20
19000 Accumulated Depreciation	-236,753.23
Total Fixed Assets	**$515,475.84**
Other Assets	
10004 Endowment	50,736.42
12200 Marketable Securities	0.00
Total Other Assets	**$50,736.42**
TOTAL ASSETS	**$887,754.10**

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
26000 Deductions Payable	687.40
26050 Payroll Tax Liabilities	58.00
26100 Flex Med Spending Ded	4,673.65
26200 Empl United Way Payable	137.92
26300 Garnishment	474.40
26400 Life and AD&D - Employee	1,533.61
Total Other Current Liabilities	**$7,564.98**
Total Current Liabilities	**$7,564.98**
Long-Term Liabilities	
27100 PPP Loan (ONB)	166,309.28
27150 Old National Loan	11,619.38
27200 Other Liabilities	-2,137.60
Total Long-Term Liabilities	**$175,791.06**
Total Liabilities	**$183,356.04**
Equity	
30000 Opening Balance Equity	1,159,391.83
30001 Retained Earnings	0.00
30002 Net Income	0.00
32000 Unrestricted Net Assets	-267,483.55
Net Revenue	-187,510.22
Total Equity	**$704,398.06**
TOTAL LIABILITIES AND EQUITY	**$887,754.10**

Collaborative Beacon, Inc.
and
Crawford Housing
Stability Improvement
Project

Beacon, Inc

Statement of Financial Income and Expense

January - December 2021

	TOTAL
Revenue	
40000 Donations	
40100 Individual Donations	556,575.64
40110 Individual - Events	2,135.00
Total 40100 Individual Donations	**558,710.64**
40200 Faith Community Donations	27,396.77
40300 Corporate Donations	29,021.92
40400 Organization Donations	38,851.35
41000 NAP Contributions	20,350.00
Total 40000 Donations	**674,330.68**
41500 Isolation Shelter Income (deleted)	108,881.66
42000 Government Grants	3,064,014.73
42010 Federal Government Grants	335,828.75
Total 42000 Government Grants	**3,399,843.48**
42500 Occupancy Fee Income	33,721.00
43000 Nongovernment Grants	95,000.00
48300 Fundraising Event Income	58,586.24
49000 Investment & Interest Income	5,758.68
Total Revenue	**$4,376,121.74**
GROSS PROFIT	**$4,376,121.74**
Expenditures	
27160 GAB Loan	1,131.00
60000 Personnel Expenses	0.00
60100 Salaries & Wages	1,373,393.16
60150 Yearly Bonus	23,490.00
60400 Payroll Taxes	124,856.46
60500 Zane Enrollment Fee	6,436.00
60550 Employee Life Insurance	5,612.07
60600 FSA Reimbursements	5,842.62
60650 Zane Reimbursements	29,805.71
60700 Workers' Compensation	18,121.00
60800 New Employee Costs	722.70
60900 Staff Development & Education	681.28
61100 Mileage & Travel Expense	8,861.28
61150 Gas - Van	194.15
Total 61100 Mileage & Travel Expense	**9,055.43**
61200 Contract Services	4,400.66
61210 Accounting Fees	11,000.00
61220 Audit Costs	15,500.00
61230 Consulting Services	8,541.16
Total 61200 Contract Services	**39,441.82**

	TOTAL
61300 Payroll Accounting Fees	5,005.73
Total 60000 Personnel Expenses	**1,642,463.98**
61110 Vehicle Maintenance & Repair	204.85
62000 Administrative Costs	3,128.82
62100 Office Supplies	6,493.97
62200 Postage & Mailing	511.48
62300 Internet	4,502.78
62400 Telephone	8,128.12
62500 Technology	9,885.22
62600 Memberships & Dues	749.46
62800 Marketing	569.34
Total 62000 Administrative Costs	**33,969.19**
64000 Facility Expenses	144.72
64100 Facilities and Equipment	25,501.81
64200 Utilities	
64201 Electricity	20,119.96
64202 Natural Gas	6,389.93
64203 Water	10,997.33
Total 64200 Utilities	**37,507.22**
64300 Waste Removal	10,724.25
64400 Snow Removal	325.00
64500 Fire Suppression	2,176.52
64600 Pest Control	6,240.20
64700 Security	7,803.37
64800 Custodial Supplies	13,537.62
64900 Kitchen Supplies	24,291.58
65000 Maintenance and Repair	68,709.13
65200 Property & Liability Insurance	16,162.00
65205 Flood Insurance	591.00
65400 Equipment Lease	4,635.76
73250 - Auto Insurance	7,342.40
Total 64000 Facility Expenses	**225,692.58**
66000 Client Support	1,808.95
66100 Client Rents	1,185,246.98
66150 Renters Insurance	1,461.02
66200 Client Security Deposits	41,842.90
66250 Client Application Fees	4,185.56
66300 Client Utilities	61,605.41
66500 Client BMV/BC Expenses	2,629.12
66700 Pharmacy	1,752.63
66800 Bus Tickets - Local	2,860.00
66900 Bus Tickets Out-of-Town	3,710.64
67000 Food	78,148.19
67300 Hygiene Pantry	7,005.17
67600 Other Client Needs	188,024.70
67700 Lyft Transportation	2,361.20
Total 66000 Client Support	**1,582,642.47**

	TOTAL
66901 Reconciliation Discrepancies	1,239.75
68000 Fundraising Expenses	9,187.56
68200 Postage - Fundraising	45.38
68300 Fundraising Event Expenses	4,536.23
Total 68000 Fundraising Expenses	**13,769.17**
70000 Bank & Credit Card Fees	23,283.53
71000 Interest Expense	288.75
73000 Miscellaneous Expense	633.13
73100 COVID 19 Expenses (deleted)	48,840.99
73150 ISO Shelter Rent (deleted)	37,500.00
73200 Hotel Rents- COVID Isolation (deleted)	284,966.63
Total 73100 COVID 19 Expenses (deleted)	**371,307.62**
Total 73000 Miscellaneous Expense	**371,940.75**
Total Expenditures	**$3,896,626.02**
NET OPERATING REVENUE	**$479,495.72**
NET REVENUE	**$479,495.72**

Memorandum of Understanding
Cinnaire and Beacon, Inc
7/1/2022 – 6/30/2023

Purpose
The purpose of the memorandum is to develop a framework of cooperation between Cinnaire and Beacon, Inc. in order to manage a grant from the Jack Hopkins Social Service Funding Committee, which shall provide financial support for cleaning and hygiene improvement for the residents.

Statement of mutual benefit:
The residents, staff, and agencies of the Crawford Program will benefit with greater safety, improved health outcomes, increased quality of life, and greater housing stability from the better cleanliness and hygiene within the apartments of the residents.

Cinnaire Shall:
Provide 61 apartments for the Crawford program, operating from a housing first and eviction prevention approach.

Provide property management to inspect units for lease compliance and communicate housing retention related concerns to Beacon.

Beacon Shall:
Act as fiscal agent for any monies acquired from the Jack Hopkins Social Services grant.

Purchase hygiene supplies.

Coordinate cleaning and hygiene training with residents.

Track and record the outcomes required for any grants received.

Commencement, Termination & Expiration

This instrument is executed on July 1st, 2022 through June 30th, 2023 and may be canceled at any time by any party with written 30 day notification.

Principal Contacts
The principal contacts for this instrument are:

Kristin Bolan, Title	Forrest Gilmore, Executive Director
Cinnaire	Beacon
1118 S. Washington Ave.	PO Box 451/620 S. Walnut St.
Lansing, MI 48910	Bloomington, IN 47402-0451
844 4 CINNAIRE	812-334-5734

Indemnification
Cinnaire and Beacon shall indemnify and hold harmless each other against and in respect to all actions, suits, proceedings, demands, assessments, judgments, costs and expenses, including without limitation reasonable attorneys' fees, whether brought by agency clients or third parties, incident to all liabilities resulting from or arising out of the Agreement.

Entire Agreement and Modification

This Agreement constitutes the entire agreement of the parties concerning the subject matter hereof and supersedes all previous representation, understandings and agreements of the parties, whether oral or written, concerning the same. This Agreement may only be modified by a written document signed by the parties thereto.

Governing Law

This Agreement shall be governed by and construed under the laws of the State of Indiana.

Cinnaire

Signature

Print Name Kristin M. Bolan

Date 4/1/22

Beacon

Signature

Print Name Forrest Gallmon

Date 4/1/22

Collaborative Beacon, Inc. and
Crawford Housing Stability
Improvement Project

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
PO Box 2508
Cincinnati, OH 45201

Date:
July 6, 2021
Employer ID number:
74-3056968
Form 990 required:
990, YES
Person to contact:
Name: Ms. Wiles
ID number: 0196728

BEACON INC
PO BOX 451
BLOOMINGTON, IN 47402

Dear Sir or Madam:

We're responding to your request dated September 22, 2020, about your tax-exempt status.

We issued you a determination letter in September 2002, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,
Stephen A. Martin
Stephen A. Martin
Director, Exempt Organizations Rulings and Agreements

Letter 4168 (Rev. 09-2020)
Catalog Number 66666G

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: LIFEDesigns

Address: 200 E Winslow Rd

Phone: 812-322-7858

E-Mail: info@lifedesignsinc.org

Website: lifedesignsinc.org

President of Board of Directors: Kenneth Branaman

Name of Executive Director: Russell J Bonanno

Phone: 812-336-9615

E-Mail: rbonanno@lifedesignsinc.org

Name of Grant Writer: Kristen King

Phone: 812-322-7858

E-Mail: kking@lifedesignsinc.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
99	51	17

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

To partner with and promote independence for people with disabilities.

PROJECT INFORMATION

Name of the project to be funded:

Job-A-Palooza and ALL Abilities Health and Arts Fair

Total cost of project: 12750

Requested amount of Jack Hopkins funding: 7250

Number of City residents to be served by this project in 2022: 210

Number of clients to be served by this project in 2022: 700

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting $7250 in order to facilitate Job-A-Palooza and an ALL Abilities Health and Arts Fair for people of all ages and all abilities. Job-A-Palooza (JAP) is a joint effort between LIFEDesigns and Stone Belt Arc that provides a day of job exploration. Over 30 local employers will come to a one day event and each set up a table with multiple job tasks. Participants can try actual job tasks from each of the employers and ask questions about employment. Participants will also practice their interview skills by completing a mock interview. JAP is held in October (Disability Employment Awareness Month) at The Warehouse and the same day have an ALL Abilities Health and Arts Fair. The fair will allow people with disabilities to set up their own booths and sell/show off their arts and crafts, perform in front of an audience, and receive health and wellness screenings and resources. This project will focus on employment, health, and participation in the arts.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[x] Yes [ ] No

If yes, list the name(s) of agency partner(s)

Stone Belt Arc is our OFFICIAL partner however we anticipate SCCAP, MCCSC, ETC as well as over 30 Employers to participate.

How do your missions, operations and services complement each other?

We all believe that our community is stronger when the needs of the community are met and allow people to succeed. We all work collectively to meet the needs of the community and this project would allow us to put the focus on people of all ages with disabilities.

What is the existing relationship between agencies?

We currently partner with Stone Belt and Work to Include on the JAP aspect of this project. We just wish to expand it and include more agency partners to address the needs of the community.

How will communication and coordination change as a result of the project?

All agencies will work collectively together but the overall Communication and Coordination will be provided by The Community Relations Department at LIFEDesigns.

Explain any challenges and steps you plan to take to address those challenges.

We anticipate there to be barriers to any project of this magnitude. We will address any challenges and find a way through them in order to meet the needs of the community.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

The Warehouse

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

[ ] Yes [ ] No [x] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use? [ ] Yes [ ] No [x] 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.*

None needed

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[x] Yes [ ] No

If "yes," indicate the nature of the operational request:

[x] Pilot [ ] Bridge [x] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

Indiana Arts Commission Grant will help us with funding related to stage rental, key note speaker about music and the arts and the impact of it to people with disabilities. Also, it will help the ALL Ability Choir be able to perform at this event in October. This funding will also cover the rental cost of the space at the Warehouse.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We will submit plans for draw down as soon as possible to ensure that all aspects of JAP preworkshops and JAP and ALL Abiliites Fair meet the need of the community.

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

We will know the final decision by the Indiana Arts Commission Funding within the next month.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

We will utilize volunteers in most areas to decrease the amount of paid staff time needed to put this event on. Also, we will use in-kind donations where we can.

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	JAP programming costs	3425
Priority #2	ALL Abilities Fair programming costs	3425
Priority #3	Operation Costs for Pre JAP Workshops	400
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		7250

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

JAP and ALL Abilities Fair will address the needs of the community by helping people with disabilities to earn a living. Whether that means finding employment in the community or starting a self employment venture, this will increase the ability of people with disabilities to have their needs met in this area. Also, it helps bridge the gap in health in wellness for people with disabilities. Many people with disabilities struggle to have their health care needs met and thus have a poorer health outcome. The ALL Abilities Fair will include local healthcare providers to provide screenings for free or at a discount at the fair so that while they are working on job skills at JAP, they can make sure they are wearing the right shoes for the job or the right glasses to see at the job. As well as meeting essential needs of the community. Many people with disabilities need help with shopping or cooking using a budget, or how to access healthcare to meet their needs. This ALL Abilities Fair would make it a one stop day of discovery in all facets of a persons life.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

While we will always need some funding to be able to put on events yearly, this grant funding will allow us to purchase some big tickets items such as signage that can be used every year. Also, we believe that the community will be better with this resource fair available to people with disabilties of all ages. When this fair is successful, it will be easier to find sponsors for the event long term because they will see the impact to the community.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

By doing person centered planning to identify goals and plans to meet the needs of people with disabilities, we are giving them the tools they need to have a huge impact to their daily lives. By providing employer training to local business's, we are ensuring that our community is meeting the needs of all of its members, some being the most vulnerable. While you cannot put a price on independence, you can see the lasting effects well into that person's life. When someone is employed they become more self sufficient and less reliant on other forms of assistance. With JAP we hope to fill some of the needed open positions that local employers are struggling to fill. We also believe that all people, regardless of disability, have the right to live and work in the community they are in. By offering this All Abilities Fair, we are recognizing that people with disabilities matter. We are giving them a chance to thrive with the help of their community.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

We hope to help over 75 area Transition Age Students discover employment paths.
We hope to help over 75 adults with disabilities discover employment paths.
We hope to help over 150 people with disabilities find resources and get yearly health screenings.
We hope to help over 150 people celebrate their Abilities creatively using Arts and Music.
We hope to work with over 30 local businesses to find employees for their open positions.
We hope to help over 150 people with disabilities identify goals to independence.
We hope to meet the needs of all people with disabilities that live in our community.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

There are lots of resource fairs for different groups within the community; however, there is not one that is specifically focused on people of all ages with disabilities. We feel this collaborative project between all agencies will impact more people then doing a smaller event to meet the needs of just our clients at LIFEDesigns.

JAP was held in person in 2019, then online in 2020, and then a JAP Town Hall inviting employers to participate was held in 2021. There were many factors that have impacted this, with Covid being a big one and staff shortage being another and we need support to get an in person event planned.

And lastly, we want to offer Pre JAP workshops. These workshops will help individuals with disabilities in the community identify goals that lead to successful independence using Person Centered Planning Tools. Pre JAP workshops for employers will also be offered to help any local business provide the best quality services to people with disabilities and we will provide them the tools to meet the needs of this diverse population. This will help both groups of people prepare for JAP.

JAP and ALL Abilities Fair- Budget 2022

TOTAL PROJECT COST =	$ 12,750.00				
	Other Sources	**OTHER Grants**	**JHHS Grant**		
FUNDS					
JHSS Grants			$ 7,350.00	**Detailed Items Needed**	**Cost**
Other Grants		*$ 4,000.00*			
Other Income Sources	$ 1,500.00				
TOTAL PROJECT FUNDS	**$ 12,750.00**				
EXPENSES					
Venue		$ 800.00			
Décor/Tables/ETC		$ 500.00	$ 200.00	Balloons/etc	
Participant Materials		$ 200.00	$ 2,250.00	Shirts, folders, etc for participants	
Marketing/Signage/SocialMedia		$ 1,500.00	$ 1,900.00	Billboards, Newspaper Ad, FB promotions	
Key Note Speaker		$ 300.00			
AV system		$ 700.00			
Participation Incentives			$ 1,000.00	900 to employers baskets and 100 for 4 $25 GC attendees who complete Treasure hunt.	
Person Centered Planning			$ 400.00	8HRs of Person centered planning for JAP	
Transportation Vouchers			$ 500.00	Uber/lyft	
Volunteer Materials			$ 500.00	Shirts	
Employer Workshop Materials			$ 500.00	Materials etc	
Food and drink for volunteers	$ 1,500.00			Can get some food and drink donated	
	$ 1,500.00	$ 4,000.00	$ 7,250.00	$	12,750.00

JAP and ALL Abilities Fair

MOU

- We are requesting $7250 in order to facilitate Job-A-Palooza (JAP) and an ALL Abilities Health and Arts Fair for people of all ages and all abilities during Disability Employment Awareness Month in October of 2022.
- Job-A-Palooza is a joint effort between LIFEDesigns, Stone Belt Arc, and Work to Include that provides a day of job exploration.
- Over 30 local employers will come to a one-day event. Each will set up a table with actual job tasks for participants to try. Participants can also ask questions about employment. Participants can practice their interview skills by completing a mock interview.
- The fair will allow people with disabilities to set up their own booths and showcase and sell their arts and crafts, perform in front of an audience, and receive health and wellness screenings and resources. This project will focus on employment, health, and participation in the arts.
- There will be Pre-JAP Workshops to help individuals with disabilities in the community identify goals that lead to successful independence using Person Centered Planning Tools.
- Pre JAP workshops for employers will also be offered to help any local business provide the best quality services to people with disabilities and we will provide them the tools to meet the needs of this diverse population.

By signing this agreement, it is understood that all parties agree and understand the terms above.

SIGN Elizabeth DeWees DATE 3-31-22

PRINT Elizabeth DeWees

TITLE CEO

LifeDesigns, Inc.

Statement of Financial Position

For the 12 months ended December 31, 2021

LIFEDesigns

ASSETS	
Current Assets:	
Cash & Cash Equivalents	3,169,245
Cash - Internet Sales	118,036
Cash - Covey Lane Deposits	10,057
Certificates of Deposit - ONB	100,449
Certificates of Deposit - German American	101,155
Total Cash	3,498,942
Accounts Receivable	1,195,177
Accounts Receivable - Dr. Brewer	-
Less: Allowance for Doubtful Accounts	(2,266)
Accounts Receivable County Tax	0
Accounts Receivable Net	**1,192,911**
Other Current Assets	8,196
Total Current Assets	**4,700,050**
Investments:	
Endowment Fund Heritage	33,234
Endowment Fund Community Foundation	40,134
Endowment Fund Brown Co. Community Foundation	17,798
Endowment Fund ONB IMA	699,672
Cash in Bank ONB Ops Fund	688,666
Investment in LifeDesigns-McKinley	774,707
Investment in Crawford	100
Total Investments	**2,254,310**
Mortgage Receivable Crawford Apartments	1,065,000
Mortgage Interest Receivable Crawford Apts	298,500
Mortgage Receivable Crawford II	900,000
Mortgage Interest Receivable Crawford II	103,910
Note Receivable LifeDesigns-McKinley	23,026
Property and Equipment	6,337,099
Less: Accumulated Depreciation	(3,122,134)
Net Property and Equipment	**3,214,965**
TOTAL ASSETS	**12,559,761**

LIABILITIES AND NET ASSETS	
Current Liabilities:	
Current Maturities of Long-term Debt	82,306
Accounts Payable	243,797
Accrued Salaries	571,162
Payroll Taxes	43,224
Rental Deposits - Covey Lane	10,057
Rental Deposits - Orris	-
Deposits - Private Pay	1,153
Deferred Revenue; HO-Operations	-
Deferred Revenue Week of Chocolate	-
Medicaid Payable	3,124
Total Current Liabilities	954,824
Non-Current Liabilities:	
Long-term Debt, Less Current Maturities	1,164,450
Total Liabilities	2,119,273
Net Assets:	
Fund Balance	10,298,376
YTD Net Income (Loss)	142,112
Total Net Assets	10,440,488
TOTAL LIABILITIES AND NET ASSETS	**12,559,761**

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Pro Bono Indiana, dba District 10 Pro Bono Project

Address: 915 Main Street, Suite 208
Evansville, IN 47708

Phone: (812)402-6303

E-Mail: dist10probono@gmail.com

Website: www.d10probono.org

President of Board of Directors: Hon. Gregory Smith

Name of Executive Director: Robert Scott Wylie

Phone: (812)402-6303

E-Mail: vlpwylie@sige.com

Name of Grant Writer: Diane Walker

Phone: (812)318-1101

E-Mail: dist10probono@gmail.com

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
16	10	varying nos. of attorney volunteers and law students

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Pro Bono Indiana provides legal services to indigent people who otherwise would not be able to obtain justice. We do so with a variety of free, innovative legal services which enable Hoosiers to obtain fairness through the court system, in pursuit of the necessities of life, and for the peace, happiness, and wellbeing of individuals and the community.

PROJECT INFORMATION

Name of the project to be funded:

Housing and Eviction Prevention Program (HEPP)

Total cost of project: $7,869.00

Requested amount of Jack Hopkins funding: $7,155.00

Number of City residents to be served by this project in 2022: 298

Number of clients to be served by this project in 2022: 372

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting $7,155.00 to pay attorneys to provide legal services for the Housing and Eviction Prevention Project. (HEPP)

HEPP attorneys provide legal advice to tenants who are almost always being evicted in this pandemic (and hopefully soon, post-pandemic!) world because they do not have the money to pay their rent. HEPP attorneys also advise mom-and-pop landlords whose income has also nose-dived in the last two years because of eviction moratoria and tenants' struggles to pay rent. Neither class of client has the money to hire a private attorney, so in concert with the Monroe County courts, HEPP attorneys are present at every eviction hearing to give legal services to these people who are unrepresented by lawyers.

Providing attorneys to people who could otherwise not afford legal help levels the playing field, especially for unrepresented tenants are going up against landlords who do have lawyers. Having legal advice for all ensures that unrepresented litigants can fulfill their legal obligations, as well as mediate and litigate knowledgeably to obtain justice.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[x] Yes [ ] No

If yes, list the name(s) of agency partner(s)

Justice Unlocked (JU) and Pro Bono Indiana, dba District 10 Pro Bono Project (D10) Community Justice and Mediation (CJAM) also works on this project, but has separate grants to fund their portion.

How do your missions, operations and services complement each other?

D10 and JU provide civil legal aid. D10 serves clients who are 125% or less of poverty level, whereas JU charges reduced fees for people who are not indigent but not able to afford full price. CJAM provides free mediation for litigants so they can come to a mutually beneficial agreement.

What is the existing relationship between agencies?

JU, D10, and CJAM have been working together on HEPP for almost three years. JU and D10 have partnered together for other clinics, exchange referrals, and work to supplement the other's mission.

How will communication and coordination change as a result of the project?

All parties, including the eviction court judges, regularly meet to finetune forms, procedures, and practices, in order to provide efficient, quality service from this wraparound service. The agencies also debrief with each other at least once a week after eviction hearings, to determine how to better the program. Additional attorney time is added into the cost of the project to fund attorney work during these conference, with JU and D10 attorneys costing $714 for attendance and trainings with the court and partners. This $714.00 are not included in the JH request, but will be funded by other resources.

Explain any challenges and steps you plan to take to address those challenges.

Dealing with the volume of clients is the biggest challenge. As expected, evictions increased sharply after moratoria expired last fall. HEPP legal was able to recuit a volunteer attorney, Gabriel Levy, to also give advice. If particularly heavy court dockets appear, we can sometimes recruit other pro bono attorneys, although it's difficult, since many attorneys make their living working for landlords, and don't want to acquire a conflict of interest through HEPP. It is possible that we can train attorneys newly barred who don't yet work for firms representing landlords.The costs for this training is included in
the attorney time of $714, which is NOT included in the JH request, but which will come from other resources.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Both eviction court judges will continue to do eviction hearings by Zoom, because of space limitations and because litigants miss less work if they can appear remotely. HEPP will thus continue its work on Zoom.

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

[ ] Yes [ ] No [x] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

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.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[x] Yes [ ] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [x] Collaborative

[ ] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

D10 might have access to an IHCDA grant for housing projects, but JU will not, and the project cannot be done without at least two attorneys, because sometimes it's necessary to help both sides of a dispute. We've been invited to apply for the Community Foundation's 'Heading Home" grant as well. Neither of these resources have been confirmed, but D10 access to IHCDA funds is more likely. This
is why we have prioritized funding for JU attorneys over funding for D10 attorneys below.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

D10 has been submitting claims roughly quarterly on behalf of itself and JU. Because we were granted JH funding last year, we have refined billing procedures in the last nine months. For example, we switched the person who did the billing to Diane Walker, managing attorney of D10, which allows Debra Davis, the D10 attorney, to devote more time to services.

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

D10 will receive Civil Legal Aid Funds, apportioned by the legislature, through the Indiana Bar Foundation, distributed in January and July. D10 will likely have IHCDA funding beginning May 1, 2022. JU works as law firm, albeit with cheaper fees, and supports itself by monthly billing and collection of fees.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Gabe Levy is our primary attorney volunteer, and we sometimes recruit new attorney volunteers from IU's Student Legal Services. Volunteer attorneys are covered by D10 malpractice insurance, and D10 has private donations to buy new laptops. Other staff from JU and D10 help with administering the grant, with court and partner communications, meetings, and trainings. The courts provide the Zoom accounts to host the larger and longer online meetings, and court staff wrangles lawyers, mediators, and litigants in and out of various Zoom rooms.

FUNDING PRIORITIES – RANKED

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

[x] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	JU legal funding 20 hrs/6.5 mo @ 29.75	$3,867.50
Priority #2	D10 legal funding 17 hrs/6.5 mo@29.75	$3,287.38
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		$7,155

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

HEPP legal advice can sometimes help save a tenancy, which addresses both the SCAN and Consolidated Plan's concerns about homelessness. Even if a tenancy can't be saved altogether, and a tenant has to move, advice provided in a HEPP advice session to a tenant can provide "a softer landing." For example, Ash Kulak, an attorney with JU, devised a five-page checklist for HEPP attorneys who advise tenants, so that attorneys can easily identify legal arguments which might save the tenancy, protect tenants from getting the black mark of "eviction" on their records, or reduce the amount of money tenants have to pay if they lose.

That checklist also includes strategies to persuade the landlord to accept governmental rental assistance monies, something landlords are usually wary of doing, even though it preserves housing and puts money in the landlord's pocket.

Legal advice to landlords ensures they're not engaging in onerous or illegal practices, that they comply with security deposit laws, and know they have to mitigate their damages. Well-trained landlords who comply with the law are part of community wellbeing, so that people aren't driven out of their homes unjustly or with great disruption in families' lives.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

HEPP legal was granted money last year too. Hopefully we are coming out of the pandemic and there will be fewer evictions burdening our community. But HEPP legall also will likely have access to IHCDA funds for a two-year period. This money MIGHT be shared between D10 and JU, although IHCDA funding isn't certain and the ability to share funds with JU is less likely, but possible. Both D10 and JU have regular fundraising events, Giving Tuesday and holiday appeals. All of these fundraising methods directed toward private donors can be expanded.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

Evictions cause loss for everyone. Evictees may have their usual transportation and jobs disrupted if they have to move farther from work. They may have to squash in with family members,straining both families' resources. Eviction is regarded as an Adverse Childhood Experience by the CDC, because of the stressors and disruptions it creates for children.The "housing first" philosophy is the idea that having stable housing strengthens vulnerable people's ability to solve problems such as mental and physical illness, addictions, and joblessness. It follows that loss of housing can exacerabate all of those issues.

All of that is apart from the money tenants lose: moving expenses, time off work, paying for past-due rent at the same time they're paying for new housing, deposits or application fees which must be paid for new rentals and applications.

Landlords lose money in cleaning, fixing, and advertising apartments, and in administrative and legal costs.

Communities may lose money with increased need for overnight shelter, unemployment,and less money pumped into the local economy.

Concrete legal assistance which can avoid that problem at the point of danger--an eviction hearing--may avoid or decrease all of those costs.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Almost everyone without an attorney will benefit from advice, so one measure is number of legal consultations provided.

Other outcomes include:
1) Agreed judgments: Tenants leave but there's no eviction record marring future opportunities; may also indicate agreement to mutually beneficial terms.
2) Default judgments: These happen when a tenant doesn't attend court and loses. HEPP is well known, so fewer default judgments will occur because tenants know they'll have help; and

3) Tenancies saved: These could be either the number of evictions which the tenant wins, or in which the landlord dismisses because the eviction becomes unnecessary.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Indiana is frequently cited as one of the most landlord-friendly states in the nation. See, e.g. https://learn.roofstock.com/blog/landlord-friendly-states, which states "Indiana laws have no tolerance for tenants who don't pay their rent." The situation isn't as bald as that--for example, tenants can file counterclaims which reduce their rent, landlords can't evict if they've not given proper notice to the tenant to pay, and there are due process restrictions which apply, for example.

It IS true that in Indiana landlords don't have to accept payment of rent after the notice period expires or an eviction is filed, and the new Supreme Court directive for mediation between landlords and tenants only applies if both agree to mediate, and most landlords won't do that before a court hearing.

These facts do not mean that legal advice to tenants still isn't crucial. Tenants usually don't know how to assert counterclaims, notice defects or due process defenses. Because HEPP is at the eviction hearings with a judge present, even landlords who refused to mediate previously will do so through HEPP because it's not in their client's interests to appear unreasonable to judges.

A crucial component of HEPP is its intake and court navigation services which means that tenants who are having trouble with their tenancies can receive legal advice before eviction is filed, which gives them a better chance of saving their housing. Where the issue isn't failure to pay rent, but other violations of leases, HEPP attorneys have a better chance of saving tenancies because Indiana law with regard to issues other than rent is more favorable to tenants.

Legal advice benefits tenants even if the their tenancy can't be saved. HEPP attorneys negotiate for longer stays before evictions so that tenants can move in a way that saves costs. They coach clients to save costs by cleaning and preserving evidence so that landlords must charge less for damages. Tenants are instructed how to use the security deposit law to their advantage, and how to use collection law to protect from onerous collection measures. A loss of tenancy when attorneys involved means that the judgment entered will be agreed, not an outright eviction. The mere presence of HEPP at these hearings means more tenants appear for their hearings instead of giving up completely and thus being hit with maximum damages. All of these are vital measures to help people in getting on their feet again.

2022 Jack Hopkins Project Budget -

Pro Bono Indiana, dba District 10 Pro Bono Project (D10)		Housing and Eviction Prevention Project (HEPP)	
Total Project Cost		$7,869.00	
	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant	$7,155	0	$7,155
Other Grants	357.00	Civil Legal Aid Funding (D10)	
Other Income Sources	$357.00	JU client fees	
TOTAL PROJECT FUNDS FROM ALL SOURCES	**$7,869**		
EXPENSES			
Office Equipment			
Staff Time (264.5 hrs)	7,869	714	$7,155
Client Services			
Project Supplies			
TOTAL PROJECT EXPENSES	**$7,869**	**$714**	**$7,155.00**

Pro Bono
Indiana, DBA
District 10 Pro
Bono Project

MEMORANDUM OF UNDERSTANDING

1. **The Overall Intent:** Pro Bono Indiana, dba District 10 Pro Bono Project, Inc. and Justice Unlocked, both legal aid nonprofits committed to providing services to indigent or lower-income people, hereby agree to collaborate to provide legal advice and/or brief services in a program called Housing and Eviction Prevention Project ("HEPP") The purpose of this project is to provide legal advice to unrepresented litigants during eviction hearings in the Monroe Circuit Courts in order to allow these litigants to access justice, maximize the fiscal and general wellbeing of litigants, and to increase the stability of rental housing within our community.

2. **The Parties:**

Justice Unlocked is an Indiana nonprofit corporation with 501©(3) federal tax-exempt status. It is a law firm located in Bloomington, Indiana whose lawyers deliver low-cost services. ("JU")

Pro Bono Indiana, dba District 10 Pro Bono Project, is a statewide Indiana nonprofit corporation with 501©(3) federal tax-exempt status, with a regional office located in Bloomington, Indiana, which is commonly known as District 10 Pro Bono Project. District 10 Pro Bono Project employs and a contracts with attorneys, as well as finding volunteer attorneys to deliver free legal services. ("D10.")

3. **The Period:**. This memorandum of understanding memorializes the parties' intention to continue to work together for HEPP between the periods of June 2022 through at least December 31, 2022, longer is extensions are made to this document.

4. **Assignments/Responsibilities:**

A: JU:

i)Agrees to provide attorneys to give advice and brief legal services for the benefit of unrepresented litigants. Such unrepresented litigants will be referred mostly by the Court but may be self-referred as well.

ii)Agrees to collaborate and consult with D10 in improving programming.

iii)Agrees to provide malpractice insurance for the attorneys working under JU auspices.

iv)Agrees to pay JU attorneys in advance out of JU operating funds before reimbursement claims are made to Jack Hopkins' funding.

v)Agrees to submit claims to D10 in a timely fashion, who will submit claims for both JU and D10 attorneys to Jack Hopkins funding.

vi)Agrees to submit data, materials, and necessary records or documents, or anything required to report to, claim from, or accomplish the purposes of Jack Hopkins funding to D10 in a timely fashion.

B: D10:
i)Agrees to provide attorneys to give advice and brief legal services for the benefit of unrepresented litigants. Such unrepresented litigants will be referred mostly by the Court but may be self-referred as well.

ii)Agrees to collaborate and consult with the Courts and JU in improving programming.

iii)Agrees to provide malpractice insurance for the attorneys working under D10 auspices.

iv)Agrees to pay D10 attorneys in advance out of their parent Pro Bono Indiana/D10 funds before reimbursement claims are made to Jack Hopkins' funding.

v)Agrees to be the lead organization for purposes of this grant, including submitting claims for both JU and D10 for reimbursement to JU and Pro Bono Indiana/D10 for Jack Hopkins funding.

vi)Agrees to submit data, materials, and necessary records or documents, or anything require to report to, claim from, or accomplish the purposes of Jack Hopkins funding, for both D10 and JU.

vii)Agrees to disburse funds to JU from Jack Hopkins funding for services rendered. Pro Bono Indiana shall be obligated to disburse funds to JU within a reasonable time period of Pro Bono Indiana's receiving reimbursement from Jack Hopkins.

5. Disclaimers and other Financial Obligations:

A.If equipment or supplies are needed by either JU or D10 during the course of this MOU, each shall purchase their own equipment or supplies out of JU or D10 funds, keeping the receipts, and submitting receipts and necessary information for reimbursement. Such equipment and supplies shall remain the property of each respective organization.

B. JU and D10 agree to pay for their own malpractice insurance. If there is an incident during the course of this MOU alleging attorney malpractice or a disciplinary complaint, a claim or complaint against an attorney will be covered by the malpractice insurance of that attorney's employer or contracting agency, or in the case of volunteer

attorneys, by D10's malpractice insurance. Any other liability claims will likewise be made against the insurance of that attorney's employer or contracting agency. D10 and JU agree to release, indemnify, and hold harmless the other agency should any malpractice, complaints, or liability of any sort inure against them.

C. For the purposes of this MOU, JU and D10 employees, contractors and volunteers are not shared by the parties.

D. Any dispute under this MOU shall be governed by the laws of Indiana. Should any part of this agreement be found to be unenforceable, all other parts of this agreement remain enforceable, consist with providing services under the HEPP program.

E. All parties acknowledge that no representation of any kind has been made as inducement to enter into this MOU, other than the representations set forth herein, and that this MOU constitutes all the terms of the contract between said parties. The rights and obligations created by this MOU, except as otherwise provided herein, shall be binding upon, and run for the benefit of all successors and parties of interest.

F. Electronic signatures made by the parties' representatives serve to bind that party. Each party has retained a copy of this MOU for their records.

Jamie Sutton, Executive Director, Justice Unlocked — Date 4/1/22

Diane Walker, Managing Attorney for District 10 Pro Bono Project, a local office of Pro Bono Indiana, Inc. — Date 4/1/22

Pro Bono Indiana, DBA District 10 Pro Bono Project

Pro Bono Indiana, Inc.

Statement of Activity

January - December 2021

	TOTAL
Revenue	
1000 IOLTA Grant Funds	1,000,000.00
1100 Civil Legal Aid Fund	170,363.14
1300 Family Court Project Grant	31,312.47
1400 Non-Profit Revenue	260.00
1500 Continuing Education Fees	4,540.00
1600 Bar Association Support	32,602.85
1800 Miscellaneous Gifts	303,107.64
1900 Private Contributions	45,023.68
1901 VOCA Fund	94,205.02
Total Revenue	**$1,681,414.80**
GROSS PROFIT	**$1,681,414.80**
Expenditures	
2200 Contractors	145,711.17
2400 Employee Benefits	
2410 Health Care Benefits	115,303.92
Total 2400 Employee Benefits	**115,303.92**
2500 Payroll Service	3,609.00
3000 Office Expense	
3010 Rent & Utilities	95,518.82
3020 Office Supplies	14,072.28
3030 Postage	2,772.37
3040 Copy & Printing	20.99
3050 Equipment Purchase	406.58
3060 Telephone & Internet	25,073.05
3070 Equipment Leases	2,652.30
3080 Software	68,448.41
3090 Miscellaneous Expense	6,908.51
Total 3000 Office Expense	**215,873.31**
4000 Insurance Products	
4010 Professional Liability	13,928.73
4020 General Liability	3,722.00
Total 4000 Insurance Products	**17,650.73**
5000 Travel	
5010 Mileage & Parking	5,679.42
5020 Hotel	5,286.13
5030 Meals	1,292.64
Total 5000 Travel	**12,258.19**

Pro Bono Indiana, Inc.

Statement of Activity

January - December 2021

Pro Bono Indiana, DBA District 10 Pro Bono Project

	TOTAL
6000 Employee Training & Dues	240.07
6010 Dues & Subscriptions	3,315.43
6020 CLE & Event Registration	5,008.87
6030 Library & Information Materials	332.77
Total 6000 Employee Training & Dues	**8,897.14**
7000 Legal & Professional Fees	17,860.00
7020 Accounting & Bank Fees	7,122.35
7040 Litigation Cost Reimbursement	162.10
Total 7000 Legal & Professional Fees	**25,144.45**
Payroll Expenses	
Taxes	73,415.71
Wages	906,891.14
Total Payroll Expenses	**980,306.85**
Total Expenditures	**$1,524,754.76**
NET OPERATING REVENUE	**$156,660.04**
NET REVENUE	**$156,660.04**

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2022 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Summit Hill Community Development Corporation (SHCDC)

Address: 1007 N. Summit St.
Bloomington, IN 47404

Phone: 812-339-3491

E-Mail: lgordon@blha.net

Website: bhaindiana.net

President of Board of Directors: William Hosea

Name of Executive Director: Kate Gazunis

Phone: 812-545-7045

E-Mail: kgazunis@blha.net

Name of Grant Writer: Leon Gordon, Administrative Director

Phone: 812-545-7040

E-Mail: lgordon@blha.net

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

[x] Yes

[ ] No

Number of Employees:

Full-Time	Part-Time	Volunteers
27	1	0

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

The SHCDC is an instrumentality of the Bloomington Housing Authority (BHA). Both entities share common, mutually reinforcing visions. The SHCDC was formed to own, manage and preserve high quality, affordable housing within BHA control throughout Monroe County. The overall goal is to expand community access to affordable housing as a hub for resources, policy advocate, and/or property developer. Its mission is to provide housing as a foundation to advance resident opportunity and improve lives. The mission of the BHA has long been to administer public funds to offer a variety of affordable housing opportunities and supportive services that foster stability and self-sufficiency through creative partnerships while servicing customers with the highest professionalism and respect. Our focus, however, expands beyond the administration of resources: We do housing, but our focus is the resident --the person-- first. We strengthen opportunity --beginning but not ending with housing.

PROJECT INFORMATION

Name of the project to be funded:

BHA Resident Grocery Shuttle & Services Vehicle

Total cost of project: $55,491.32

Requested amount of Jack Hopkins funding: $50,000.00

Number of City residents to be served by this project in 2022: 150

Number of clients to be served by this project in 2022: 150

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting $7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting $50,000 to procure a services vehicle to establish a grocery & household goods shopping shuttle for BHA residents. This amount will cover the following expenses: vehicle cost, registration fees, 1-year of insurance, 1-year of regular maintenance, and a 1-year pool of funding for fuel costs. We are seeking procurement of a services vehicle so that we can offer regular shuttle service to residents to local grocery stores (e.g., Kroger) and department stores (e.g., Walmart, Sam's Club). At capacity, the BHA provides housing to 320 households across 3 developments: Crestmont, Reverend Butler, and Walnut Woods. To start, the BHA Resident Services Dept. will offer a bi-weekly shuttle service. There will be a weekday option and a weekend option. Through on-going assessment of demand, there will likely be multiple shuttle times on a given day. Additionally, this vehicle will be used to enhance the capacity of our larger program/library of resources provided through the BHA Resident Services Dept. Some of these include: ongoing pickup of resources for existing food pantry (including a pet food pantry); transportation for service-related events and meetings; individual transportation for critical-time interventions for households in crises; transportation of supplies and goods as needed for BHA services Dept.

COLLABORATIVE PROJECTS

Is this a collaborative project?

[x] Yes [ ] No

If yes, list the name(s) of agency partner(s)

The Bloomington Housing Authority (BHA)

How do your missions, operations and services complement each other?

Please see "mission statement" section above. Both entities share common, mutually reinforcing visions.

What is the existing relationship between agencies?

Summit Hill Community Development Corporation is a wholly controlled 501(c)(3) instrumentality of the Bloomington Housing Authority. They work in tandem to improve access to affordable housing and supportive resources for low-income households in Monroe County.

How will communication and coordination change as a result of the project?

No changes anticipated.

Explain any challenges and steps you plan to take to address those challenges.

No challenges anticipated.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

1007 N. Summit St.
Bloomington, IN 47404

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

[x] Yes [ ] No [ ] N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use? [ ] Yes [ ] No [x] 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

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

[x] Yes [ ] No

If "yes," indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative

[x] None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending)*:

The BHA will contribute staff personnel to facilitate shuttle service for residents: 8 hrs x 26 weeks (for shuttle program) as well as another additional 5hrs/mo. x 12 months (for anticipated individuated support) which amounts to $5,491.32 annually (i.e., at existential pay rate for Resident Services Coordinator).

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

The plan will be to complete purchase (and registration, insurance) for vehicle upon receipt of award. We anticipate this purchase can be made within a month of award, upon which we would submit claims for reimbursement for vehicle costs. Annual costs for fuel and vehicle maintenance could be completed in the form of gas cards and gift cards for service at local vendor for regular maintenance and submitted likewise.

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

Aside form JHSS Grant funding, all other funding is secured and on-hand at the BHA.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

As indicated above, staff time will be paid for by the BHA. Other substantive financial contributions for services vehicle food program include: pet pantry food provided by Monroe County Humane Association (in-kind), Food donations/purchases provided by Hoosier Hills Food Bank (i.e., both in-kind & discounted purchase rate for meat paid for by BHA Services Dept.)

FUNDING PRIORITIES – RANKED

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

[X] Yes [ ] No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Quality New/Used 6-8 Passenger Vehicle	$46,800.00
Priority #2	Vehicle Registration, Insurance, Maintenance, & Fuel	$3200.00
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		

JACK HOPKINS FUNDING CRITERIA

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 2020-2024 Consolidated Plan, or any other community-wide survey of social service needs.

This project stands to ameliorate gaps in both: (a) food security/access; and (b) transportation enabling access to basic needs/essentials (SCAN, p.126). Given the locale of our housing developments, residents must navigate the challenge of living in an existential food desert. "Public transportation does not run frequently enough to provide a substantial benefit to low-income and elderly residents who depend on it for access to jobs and amenities like grocery stores and health care (Consolidated Plan, p.4)." "The population in Bloomington receiving assistance for food access are almost entirely very low-income, or households with incomes 50% or less than the area median family income" (Consolidated Plan, p.58). Roughly 83% of BHA households are at or below 30% AMI (extremely low-income). 51% are families with children and 38% have a disabled head of household. BHA households with children earn $9,766 a year/avg. SCAN 2012 identified that, "additional concerns related to poor food access include the lack of transportation access limiting not only the ability to get to food but also the additional financial burden of maintaining their vehicles or paying bus fare." (SCAN, p.58). Providing this service will provide access to healthier and more economic food selections. It also enhances the effective use of household SNAP benefits, allowing their budget to go further; thereby building capacity for economic self-sufficiency (SCAN).

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

This one-time investment will enable us to purchase the vehicle. All long-term, annual costs associated with maintaining and using the vehicle will be absorbed by the BHA. Additionally, the BHA Resident Services Department has a 4 full-time staff and 1 part-time staff. The BHA will cover all future on-going staff costs associated with the facilitation of the grocery shuttle program.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

This project will have broad and long-lasting benefits for our community because it provides regular, reliable transportation to essential goods for some of our City's most vulnerable households. This project will empower those with limited means to have regular access to better, more economical shopping options that are not immediately available within the food deserts in which they reside. The extent to which food shopping is currently available to those with limited transportation is the local gas station/ convenience market. Moreover, shopping and traveling via public transit (often with children in tow) is by no means easy, and limits the capacity of groceries/products one can carry. So long as the services vehicle remains in operation, we will have the means to help support the long-term self-sufficiency of the residents in our community. Access to more affordable (and healthy) food options presents benefits both for long-term resident health as well as improved financial outlook/budgeting/saving.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Outcome indicators that will be used to measure the success of our project will be: (1) the amount of hours (and frequency) of shuttle services offered on a monthly basis; (2) the amount of resident households (adults & children) that access and utilize the shuttle service; (3) the amount of critical-time intervention, individual resident transport support requests fulfilled; and (4) the amount/frequency of service program related use (e.g., resource pick-up, event-related utilization/transportation utilization).

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

The projected costs for a service vehicle are based on estimated costs of current vehicles available in the local market. We are willing to take a lesser amount, if the committee feels that a reliable vehicle can be purchased for less. Additionally, the BHA can (and will) pay all additional costs (e.g., registration, fuel, maintenance, insurance) for establishing/caring for the vehicle (i.e., if the committee feels the need to reduce the award amount).

The numbers provided for clients served are anticipated amounts of residents that will access these services. There are a total of 548 current residents in BHA households (50% of which are children) across 320 households.

Given that this is a joint project, we are providing financial statements for both entities (i.e., SHCDC & the BHA). Please note these are from FY20, our FY21 Audit is currently being conducted and those statements will be available soon (and can be sent at that time, if need be).

2022 Jack Hopkins Project Budget			
Summit Hill Community Development Corporation		**BHA Resident Grocery Shuttle & Services Vehicle**	
Total Project Cost		$50,000	
FUNDS	Totals	Other Sources	JHSS Grant
JHSS Grant			$50,000.00
BHA		$5,491.32	
TOTAL PROJECT FUNDS FROM ALL SOURCES	**$55,491.32**	**$5,491.32**	**$50,000.00**
EXPENSES			
6-8 Passenger Vehicle			$46,800.00
Staff Time (268 hrs.) (16 hrs. x 26 weeks + 5hrs./mo. x12 months)		$5,491.32	
Annual Cycle of Vehicle Regular Maintenance, Insurance, Registration & Fuel			$3,200.00
TOTAL PROJECT EXPENSES	$55,491.32	$5,491.32	$50,000.00

Note: Attached are 2 estimates provided from local dealers. They are examples of vehicles that would potentially meet the needs of our project. Given the nature of car buying, we are unable to depend on these vehicles still being available (if and when we are awarded grant).

Summit Hill Community Development Corporation

2017 Ford

Transit Wagon XLT

3.7L V6

6-Speed Automatic with Overdrive

Rear-Wheel Drive

Ingot Silver Metallic

INTERIOR: Charcoal

Customer: None
Dealership: Community Ford Lincoln of Bloomington
Address: 2200 S Walnut St, Bloomington, IN 47401

Mileage 96,510 Stock B107 Model X2C VIN 1FBAX2CM7HKA67306

Community Ford Lincoln of Bloomington Price	**$42,500**	**Estimated Registration & Fees**	$400
Sales Tax (7%)	$3,003	**Total Purchase Price**	$45,903

Customer signature

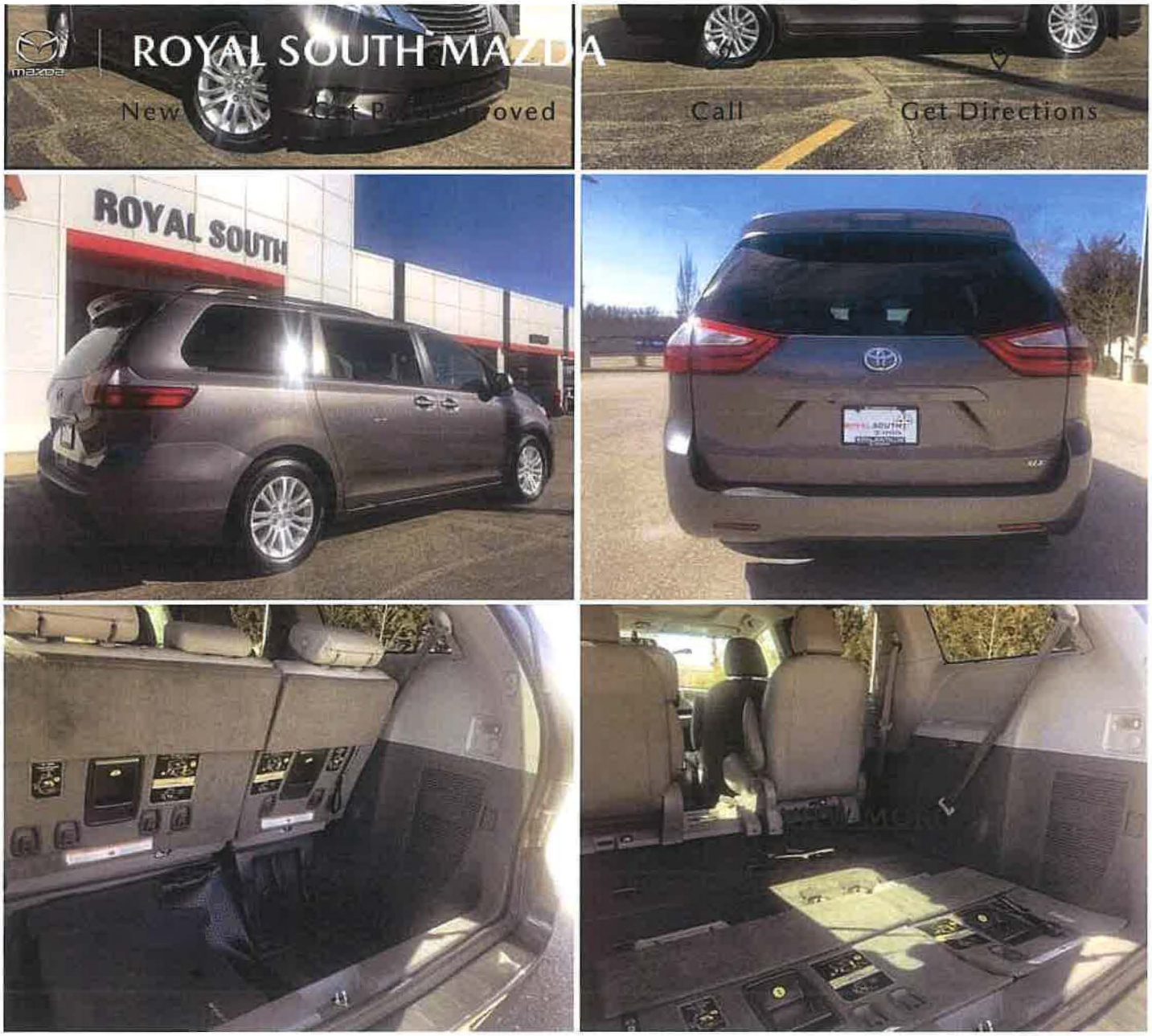
Date

Registration & Fees include $399.00 Documentation Fee and $1.25 tire fee .

Additional taxes, registration and license fees may apply for out of state purchasers based on their registration address. Taxes are estimates. The dealership will help determine accurate taxes prior to delivery.

While Community Ford Lincoln of Bloomington and Roadster try to make sure all information posted here is accurate, we cannot be responsible for typographical and other errors (e.g., data transmission) that may appear on the site. If the posted price (including finance and lease payments) for a vehicle is incorrect, Community Ford Lincoln of Bloomington and Roadster will endeavor to provide you with the correct prices as soon as we become aware of the error. In the event a vehicle is priced incorrectly, Community Ford Lincoln of Bloomington shall have the right to refuse or cancel any orders placed for the vehicle presented with the incorrect price. In addition, vehicle prices are subject to change and all vehicles are subject to prior sale and may not be available when you are ready to purchase.

Summit Hill Community Development Corporation



2016 TOYOTA SIENNA XLE

Stock: 882542 **VIN:** 5TDYK3DC4GS743237

ROYAL SOUTH MAZDA PRICE **$29,999**

Summit Hill Community Development Corporation

VEHICLE DETAILS

STOCK:
882542

VIN:
5TDYK3DC4GS743237

DEALER:
Royal South Toyota

TYPE:
Used

YEAR:
2016

MAKE:
Toyota

MODEL:
Sienna

MILEAGE:
76,425

DEALER CERTIFIED:
No

CERTIFIED:
Yes

DATE IN STOCK:
02/18/2022

TRIM:
XLE

MODEL NUMBER:
5348

BODY STYLE:

Summit Hill Community Development Corporation

BODY STYLE:
Mini-van, Passenger

New Get Pre-Approved Call Get Directions

TRANSMISSION:
6-Speed Automatic w/OD

DOORS:
4

CYLINDERS:
6

DISPLACEMENT:
Regular Unleaded V-6 3.5 L/211

ENGINE:
Regular Unleaded V-6 3.5 L/211

DRIVETRAIN:
FWD

FUEL TYPE:
Gas

EXTERIOR COLOR:
Predawn Gray Mica

INTERIOR COLOR:
Bisque

EPA CITY:
18

EPA HIGHWAY:
25

Certified Used Vehicles

SHOW ME THE CARFAX 1 OWNER

Memorandum of Understanding

Summit Hill Community Development Corporation (SHCDC) and
Bloomington Housing Authority (BHA)
[BHA Resident Grocery Shuttle & Services Vehicle]

Purpose:

The purpose of this memorandum is to specify the cooperation between SHCDC and the BHA for the purpose of facilitating the proposed Resident Grocery Shuttle & Services Vehicle Program.

Statement of Mutual Benefit:

The Summit Hill Community Development Corporation (SHCDC) is a wholly controlled 501(c)(3) instrumentality of the Bloomington Housing Authority (BHA). Given the nature of the relationship between these two entities, it imperative to clarify the missions of both, as they share a common vision that are mutually reinforcing. The SHCDC was formed to own, manage and preserve high quality, affordable housing within BHA control and throughout Monroe County. The overall goal is to expand the Community's access to affordable housing over time as a hub for resources, policy advocate, and/or property developer. As such it pursues a mission—to provide housing as a foundation to advance resident opportunity and improve lives--that is similar to that of the BHA. The mission of the BHA has long been to administer public funds using available resources in a manner which will allow the Housing Authority to offer a variety of affordable housing opportunities and supportive services that foster stability and self-sufficiency through creative partnerships while servicing our customers with the highest level of professionalism and respect. While all of this continues to hold true, a focus on administration of resources misses the mark. BHA does housing. But its focus is the resident --the person-- first. As such the BHA: Strengthens opportunity -- beginning but not ending with housing.

SHCDC Shall:

- Retain ownership of the Services Vehicle for the purpose of facilitating mission-based activity in service of BHA clientele, events, and service-related business.
- Provide exclusive, uninhibited use of Services Vehicle to the BHA Services Dept. for official BHA service-related activity.
- Share in the cost for upkeep, maintenance, and on-going costs imperative to lawful operation (e.g., insurance, registration, etc.)

BHA Shall:

- Leverage the Services Vehicle to facilitate the "Resident Grocery Shuttle & Services Vehicle" program.
- Will offer a bi-weekly shuttle service that includes both a weekday & weekend option. BHA will actively adjust to the demands of the program by offering multiple shuttle times on a given day (and adjust as needed in response to ridership).
- Leverage the Services Vehicle to enhance the capacity larger program/library of resources provided through the BHA Resident Services Dept.
- Leverage the Services vehicle for: ongoing pickup of resources for existing food pantry (including a pet food pantry); transportation for service-related events and meetings; individual transportation for critical-time interventions for households in crises; transportation of supplies and goods as needed for BHA services Dept.
- Agree to incorporate Service Vehicle programming at subsequent BHA/SHCDC properties, with respect to staff capacity.
- Submit amendments to Service Vehicle use agreement (i.e., this MOU) as needed.

These services are agreed to by both parties to facilitate the continuation of the BHA Resident Grocery Shuttle & Services Vehicle Program. Equal consideration will be given to all age appropriate participants without regard to race, color, national origin, sex, political beliefs or religion. Information provided between programs will only be used for the purposes of establishing eligibility or for purposes of outreach. Review, continuation, and a re-affirmation of this agreement will be completed every two years. Modifications to this document will be sent via written notification (email or hard copy) with a minimum of 10 days' notice for agreed upon changes for implementation. This agreement may be terminated at any time through a 30 day written notification by either party.

This agreement shall be entered into and established April 1st, 2022 with the first review and renewal anticipated to occur within 10 business day of April 29, 2024.

Signature: _____ Date: 4/1/22
Executive Director, Summit Hill Community Development Corporation

Signature: _____ Date: 04/01/2022
Administrative Director, Bloomington Housing Authority

Summit Hill
Community
Development
Corporation

HOUSING AUTHORITY OF THE CITY OF BLOOMINGTON, INDIANA

REPORT ON EXAMINATION OF FINANCIAL STATEMENTS AND SUPPLEMENTAL DATA

YEAR ENDED SEPTEMBER 30, 2020

HOUSING AUTHORITY OF THE CITY OF
BLOOMINGTON, INDIANA

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INDEPENDENT AUDITOR'S REPORT

Board of Commissioners
Housing Authority of the City of Bloomington
Bloomington, Indiana

Report on the Financial Statements
We have audited the accompanying financial statements of the Housing Authority of the City of Bloomington, Indiana as of and for the year ended September 30, 2020, and the related notes to the financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the Authority as of September 30, 2020, and the respective changes in financial position and cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters
Accounting principles generally accepted in the United States of America require that Management's Discussion and Analysis on pages 7 through 15 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information
Our audit was performed for the purpose of forming an opinion on the financial statements that collectively comprise the Authority's basic financial statements. Supplementary data is presented for purposes of additional analysis and is not a required part of the basic financial statements. The accompanying Financial Data Schedule is presented for the Department of Housing and Urban Development's information and is not a required part of the basic financial statements. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and is not a required part of the basic financial statements.

The Financial Data Schedule, the Schedule of Expenditures of Federal Awards and other supplementary data are the responsibility of management and were derived from and relate directly to the underlying accounting data and other records used to prepare the financial statements. Such information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting data and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*
In accordance with *Government Auditing Standards*, we have also issued our report dated June 3, 2021 on our consideration of the Authority's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Apio, LLP

Birmingham, Alabama
June 3, 2021

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Commissioners
Housing Authority of the City of Bloomington
Bloomington, Indiana

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Authority, as of and for the year ended September 30, 2020, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements, and have issued our report thereon dated June 3, 2021.

Internal Control Over Financial Reporting
In planning and performing our audit of the financial statements, we considered the Authority's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the Authority's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a *material weakness*, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be *material weaknesses* or *significant deficiencies*. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be *material* weaknesses. However, *material weakness* may exist that have not been identified

Compliance and Other Matters
As part of obtaining reasonable assurance about whether the Authority's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards.*

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Authority's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Apio, LLP

Birmingham, Alabama
June 3, 2021

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Passionate for what's next
Advisory Assurance Tax Private Client

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Commissioners
Housing Authority of the City of Bloomington
Bloomington, Indiana

Report on Compliance for the Major Federal Program
We have audited the Authority's compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on the Authority's major federal programs for the year ended September 30, 2020. The Authority's major federal programs are identified in the Summary of Auditor's Results section of the accompanying Schedule of Findings and Questioned Costs.

Management's Responsibility
Management is responsible for compliance with the requirements of laws, regulations, contracts and grants applicable to its federal programs.

Auditor's Responsibility
Our responsibility is to express an opinion on compliance for the Authority's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the *Uniform Guidance* require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Authority's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal programs. However, our audit does not provide a legal determination of Authority's compliance.

Opinion on Each Major Program
In our opinion, the Authority complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on its major federal programs for the year ended September 30, 2020.

Report on Internal Control Over Compliance
Management of the Authority is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Authority's internal control over compliance with the types of requirements that could have a direct and material effect on the major federal programs to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for the major federal programs and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a *material weakness* in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be *material weaknesses* or *significant deficiencies*. We did not identify any deficiencies in internal control over compliance that we consider to be *material weaknesses*. However, *material weaknesses* may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of our testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Apio, LLP

Birmingham, Alabama
June 3, 2021

HOUSING AUTHORITY OF THE CITY OF BLOOMINGTON
MANAGEMENT'S DISCUSSION AND ANALYSIS (MD&A)
FOR THE YEAR ENDED SEPTEMBER 30, 2020

The Housing Authority of the City of Bloomington's ("the Authority") Management's Discussion and Analysis is designed to (a) assist the reader in focusing on significant financial issues, (b) provide an overview of the Authority's financial activity, (c) identify changes in the Authority's financial position (its ability to address the next and subsequent year challenges), and (d) identify individual program issues or concerns.

Since the Management's Discussion and Analysis (MD&A) is designed to focus on the current year's activities, resulting changes and currently known facts, please read it in conjunction with the Authority's financial statements.

Financial Highlights

- The Authority's net position increased $5.3 million during 2020. Net Position was $7.9 million and $13.2 million for 2019 and 2020, respectively.

- Revenues increased $5.3 million during 2020, and were $12.5 million and $17.8 million for 2019 and 2020, respectively.

- The total expenses of all Authority programs increased $.4 million, and were $12.1 million and $12.5 million for 2019 and 2020, respectively.

USING THIS ANNUAL REPORT

The Report includes three major sections, the "Management's Discussion and Analysis (MD&A)", "Basic Financial Statements", and "Other Required Supplementary Information":

MD&A

~ MANAGEMENT DISCUSSION AND ANALYSIS ~

BASIC FINANCIAL STATEMENTS

~ AUTHORITY-WIDE FINANCIAL STATEMENTS ~
~ NOTES TO FINANCIAL STATEMENTS ~

OTHER REQUIRED SUPPLEMENTARY INFORMATION

~ REQUIRED SUPPLEMENTARY INFORMATION ~
(OTHER THAN MD&A)

Authority-Wide Financial Statements

Statement of Net Position

These Statements include a Statement of Net Position, which is similar to a Balance Sheet. The Statement of Net Position reports all financial and capital resources for the Authority. The statement is presented in the format in which assets and deferred outflows of resources, equal liabilities, deferred inflows of resources and "Net Position", formerly known as net assets. Assets and liabilities are presented in order of liquidity and are classified as "Current" (convertible into cash within one year), and "Non-current".

The focus of the Statement of Net Position (the "Unrestricted Net Position") is designed to represent the net available liquid (non-capital) assets and deferred outflows of resources, net of liabilities and deferred inflows of resources, for the entire Authority. Net Position (formerly net assets) is reported in three broad categories:

Net Investment in Capital Assets: This component of Net Position consists of all Capital Assets, reduced by the outstanding balances of any bonds, mortgages, notes or other borrowings that are attributable to the acquisition, construction, or improvement of those assets.

Restricted Net Position: This component of Net Position consists of restricted assets, when constraints are placed on the asset by creditors (such as debt covenants), grantors, contributors, laws, regulations, etc.

Unrestricted Net Position: Consists of Net Position that does not meet the definition of "Net Investment in Capital Assets", or "Restricted Net Position."

Statement of Revenues, Expenses, and Changes in Net Position

The Authority-wide financial statements also include a Statement of Revenues, Expenses and Changes in Net Position (similar to an Income Statement). This Statement includes operating revenues, such as rental income, operating expenses, such as administrative, utilities, maintenance, and depreciation, and non-operating revenue and expenses, such as capital grant revenue, investment income and interest expense.

The focus of the Statement of Revenues, Expenses and Changes in Net Position is the "Change in Net Position", which is similar to Net Income or Loss.

Statement of Cash Flows

Finally, a Statement of Cash Flows is included, which discloses net cash provided by, or used for operating activities, non-capital financing activities, investing activities and from capital and related financing activities.

THE AUTHORITY'S MAIN PROGRAMS

Significant Programs – The focus of the Authority's Financial Statements should be on the significant programs of the Authority. The following are considered significant programs of the Authority.

Conventional Public Housing – Under the Conventional Public Housing Program, the Authority rents units that it owns to low-income households. The Conventional Public Housing Program is operated under an Annual Contributions Contract (ACC) with HUD, and HUD provides Operating Subsidy and Capital Grant funding to enable the PHA to offer housing at a rent that is based upon 30% of household income. The Conventional Public Housing Program also includes the Capital Fund Program, which is the primary funding source for physical and management improvements to the Authority's properties.

Housing Choice Voucher Program – Under the Housing Choice Voucher Program, the Authority administers contracts with independent landlords that own the property. The Authority subsidizes the family's rent through a Housing Assistance Payment made to the landlord. The program is administered under an Annual Contributions Contract (ACC) with HUD. HUD provides Annual Contributions Funding to enable the Authority to structure a lease that sets the participants' rent at 30% of household income.

Other Programs – In addition to the significant programs above, the Authority also maintains the following programs:

- Central Office Cost Center
- Community Development Block Grant
- Section 8 Moderate Rehabilitation – Single Room Occupancy Program
- Family Self Sufficiency Program
- Resident Opportunity and Supportive Services Program
- HOME Investment Partnerships Program
- State/Local
- CARES Act Funding through its Public Housing and Housing Choice Voucher Programs, and its COCC

AUTHORITY-WIDE STATEMENTS

Condensed Statement of Net Position

The following table reflects the Condensed Statement of Net Position compared to the prior year.

TABLE 1
CONDENSED STATEMENT OF NET POSITION

	2020	2019	Variance
Assets and Deferred Outflows of Resources:			
Current and Restricted Assets	$ 4,179,683	$ 4,291,208	$ (111,525)
Capital Assets	4,248,570	6,044,842	(1,796,272)
Notes Receivable	5,237,220	-	5,237,220
Deferred Outflows of Resources	-	-	-
Total Assets and Deferred Outflows of Resources	**$ 13,665,473**	**$ 10,336,050**	**$ 3,329,423**
Liabilities and Deferred Inflows of Resources:			
Current Liabilities	$ 285,866	$ 2,264,097	$ (1,978,231)
Non-Current Liabilities	202,193	210,027	(7,834)
Deferred Inflows of Resources	-	-	-
Total Liabilities and Deferred Inflows of Resources	**$ 488,059**	**$ 2,474,124**	**$ (1,986,065)**
Net Position:			
Net Investment in Capital Assets	$ 4,248,570	$ 4,988,012	$ (739,442)
Restricted Net Position	489,666	126,573	363,093
Unrestricted Net Position	8,439,178	2,747,341	5,691,837
Total Net Position	**$ 13,177,414**	**$ 7,861,926**	**$ 5,315,488**

Major Factors Affecting the Condensed Statement of Net Position

During 2020 current and restricted assets decreased due primarily to the fiscal year collection and expenditure of a restricted receivable from the trustee bank during October 2019 to pay-off the Fannie Mae loan. Capital assets decreased due to the disposition of one of the dwelling projects through HUD's Rental Assistance Demonstration (RAD) Program. For additional detail see "Capital Assets" in Tables 4 and 5, and the Notes to the Financial Statements. The fiscal year 2020 notes receivable agreements were also a result of the RAD Program disposition.

Current liabilities decreased due to the pay-off of the Fannie Mae loan balance and the revenue recognition during fiscal year 2020 of fiscal year 2019 unearned capital grant proceeds to pay-off the Fannie Mae loan.

Table 2 presents details on the change in Unrestricted Net Position

TABLE 2

CHANGE IN UNRESTRICTED NET POSITION

Unrestricted Net Position, October 1, 2019	$ 2,747,341
Results of Operations	953,060
Proceeds Received on the Disposition of Capital Assets	2,000
Promissory Notes Received on RAD Program Disposition	5,237,220
Loaned to Affiliate Upon RAD Conversion	(587,220)
Capital Expenditures from Operating Reserves	(58,258)
Interest Income	23,594
Grant Revenues Recognized and Restricted for Future Housing Assistance Payments	(456,980)
Depreciation Expense	578,421
Unrestricted Net Position, September 30, 2020	**$ 8,439,178**

While the results of operations are a significant measure of the Authority's activities, the analysis of the changes in Unrestricted Net Position provides a clearer understanding of the change in financial well-being.

TABLE 3

SCHEDULE OF REVENUES, EXPENSES AND CHANGES IN NET POSITION

The following Schedule compares the revenues and expenses for the current and previous fiscal years.

	2020	2019	Variance
Revenues:			
Tenant Rental and Other Revenue	$ 880,266	$ 1,030,684	$ (150,418)
Operating Grants	12,087,278	10,750,503	1,336,775
Capital Grants	1,174,524	459,342	715,182
Interest Income	23,594	19,683	3,911
Other Revenue	490,752	220,399	270,353
Gain on Disposition of Capital Assets	2,000	-	2,000
Gain on RAD Program Disposition	3,162,310	-	3,162,310
Total Revenues	**$ 17,820,724**	**$ 12,480,611**	**$ 5,340,113**
Expenses:			
Administrative Expenses	$ 1,156,853	$ 1,139,411	$ 17,442
Tenant Services	208,076	155,130	52,946
Utilities	355,183	454,532	(99,349)
Maintenance and Operations	754,576	671,037	83,539
Protective Services	16,984	17,391	(407)
General Expense	479,785	398,200	81,585
Interest Expense	-	52,956	(52,956)
Depreciation	578,421	651,570	(73,149)
RAD Conversion Assistance Payments	203,233	-	203,233
Housing Assistance Payments	8,752,125	8,537,067	215,058
Total Expenses	**$ 12,505,236**	**$ 12,077,294**	**$ 427,942**
Excess (Deficiency) of Revenues Over Expenses	**$ 5,315,488**	**$ 403,317**	**$ 4,912,171**

Major Factors Affecting the Schedule of Revenue, Expenses and Changes in Net Position

Tenant revenues decreased due to a reduction of leasing resulting from the May 2020 RAD conversion. Operating grants increased due mainly to an increase of CARES Act funding subsidies recognized under the Public Housing and Housing Choice Voucher Programs. Capital grants increased due to revenues recognized to pay-off the Fannie Mae loan in October 2019. Other revenue increased due primarily to developer fee income recognized from the RAD conversion. The fiscal year 2020 gain on RAD program disposition is a result of recognizing promissory notes in exchange for the assets disposed of through the RAD conversion.

Utilities and depreciation decreased due predominantly from the reduction of leasing resulting from the RAD conversion. Maintenance expenses increased moderately due to external contracting costs incurred. General expenses increased due primarily to the accrual of a repayment to HUD for subsidies received under the Energy Performance Contract. Fiscal year 2020 RAD conversion assistance payments consisted of housing assistance payments made to the affiliated RAD entity to subsidize rent through the Public Housing and Capital Fund Programs. Housing assistance payments increased due primarily to an increase of leasing.

Capital Assets

As of year-end, the Authority had $4.2 million invested in a variety of capital assets as reflected in the following schedule, which represents a net decrease (additions, deductions and depreciation) of $1.8 million from the end of last year. For additional detail see the Notes to the Financial Statements.

TABLE 4
CAPITAL ASSETS AT YEAR-END
(NET OF DEPRECIATION)

	2020	2019	Variance	% Change
Land	$ 615,090	$ 934,929	$ (319,839)	-34%
Buildings and Improvements	12,866,250	18,336,866	(5,470,616)	-30%
Furniture and Equipment	176,073	181,434	(5,361)	-3%
Construction in Process	202,881	253,998	(51,117)	-20%
Accumulated Depreciation	(9,611,724)	(13,662,385)	4,050,661	-30%
Net Capital Assets	**$ 4,248,570**	**$ 6,044,842**	**$ (1,796,272)**	**-30%**

TABLE 5

CHANGE IN CAPITAL ASSETS

The following reconciliation summarizes the change in Capital Assets.

Beginning Balance, October 1, 2019	**$ 6,044,842**
Additions:	
Capital Fund Program - Improvements	57,905
CDBG Funded Public Housing Improvements	153,676
Other Capital Asset Purchases	58,258
Disposals - net	(1,487,690)
Depreciation Expense	(578,421)
Ending Balance, September 30, 2020	**$ 4,248,570**

DEBT

In October of 2019, the Authority paid-off $1.1 million of outstanding debt obligations, which consisted of its Fannie Mae loan payable financed through the Capital Fund Financing Program (CFFP).

TABLE 6

FISCAL YEAR DEBT PAY-OFF

Debt	2020	2019
CFFP Loan Payable	$ -	$ 1,056,830

ECONOMIC FACTORS

Significant economic factors affecting the Authority are as follows:

- Federal funding provided by Congress to the Department of Housing and Urban Development
- Local labor supply and demand, which can affect salary and wage rates
- Local inflationary, recessionary and employment trends, which can affect resident incomes and therefore the amount of rental income
- Inflationary pressure on utility rates, supplies and other costs

FINANCIAL CONTACT

The individual to be contacted regarding this report is the Executive Director. Specific requests may be submitted to the Housing Authority of the City of Bloomington, 1007 North Summit, Bloomington, Indiana 47404.

HOUSING AUTHORITY OF THE CITY OF BLOOMINGTON
STATEMENT OF NET POSITION
SEPTEMBER 30, 2020

ASSETS AND DEFERRED OUTFLOWS OF RESOURCES

	Enterprise Fund
Current Assets	
Cash and Cash Equivalents	$ 2,555,510
Accounts Receivable, Net	196,542
Accrued Interest Receivable	619
Investments	700,749
Prepaid Costs	34,908
Inventory	23,384
Total Current Assets	3,511,712
Restricted Assets	
Cash and Cash Equivalents	667,971
Total Restricted Assets	667,971
Capital Assets	
Land	615,090
Buildings and Improvements	12,866,250
Furniture & Equipment	176,073
Construction in Progress	202,881
	13,860,294
(Less): Accumulated Depreciation	(9,611,724)
Net Capital Assets	4,248,570
Other Assets	
Notes Receivable	5,237,220
Total Other Assets	5,237,220
Total Assets	13,665,473
Deferred Outflows of Resources	-
Total Assets and Deferred Outflows of Resources	$ 13,665,473

See the accompanying notes to financial statements.

HOUSING AUTHORITY OF THE CITY OF BLOOMINGTON
STATEMENT OF NET POSITION
SEPTEMBER 30, 2020

LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION

	Enterprise Fund
Current Liabilities	
Accounts Payable	$ 88,763
Accrued Wages and Payroll Taxes	31,026
Accrued Compensated Absences	78,850
Tenant Security Deposits	34,092
Unearned Revenue	53,135
Total Current Liabilities	285,866
Long Term Liabilities	
FSS Escrow Liability	169,748
Accrued Compensated Absences	32,445
Total Long Term Liabilities	202,193
Total Liabilities	488,059
Deferred Inflows of Resources	-
Total Liabilities and Deferred Inflows of Resources	488,059
Net Position	
Net Investment in Capital Assets	4,248,570
Restricted Net Position	489,666
Unrestricted Net Position	8,439,178
Total Net Position	13,177,414
Total Liabilities, Deferred Inflows of Resources and Net Position	$ 13,665,473

See the accompanying notes to financial statements.

HOUSING AUTHORITY OF THE CITY OF BLOOMINGTON
STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
FOR THE YEAR ENDED SEPTEMBER 30, 2020

	Enterprise Fund
Operating Revenues	
Dwelling Rent	$ 880,266
Operating Grants	12,087,278
Other Revenue	490,752
Total Operating Revenues	13,458,296
Operating Expenses	
Administrative	1,156,853
Tenant Services	208,076
Utilities	355,183
Maintenance and Operations	754,576
Protective Services	16,984
General Expense	479,785
RAD Conversion Assistance Payments	203,233
Housing Assistance Payments	8,752,125
Depreciation	578,421
Total Operating Expenses	12,505,236
Operating Income (Loss)	953,060
Non-Operating Revenues (Expenses)	
Interest Income	23,594
Gain on the Disposition of Capital Assets	2,000
Gain on RAD Program Disposition	3,162,310
Total Non-Operating Rev/(Exp)	3,187,904
Increase (decrease) before Capital Contributions	4,140,964
Capital Contributions	1,174,524
Increase (Decrease) in Net Position	5,315,488
Net Position, Beginning	7,861,926
Net Position, Ending	$ 13,177,414

See the accompanying notes to financial statements.

HOUSING AUTHORITY OF THE CITY OF BLOOMINGTON
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED SEPTEMBER 30, 2020

	Enterprise Fund
Cash flows from operating activities:	
Cash Received from Dwelling Rent	$ 803,808
Cash Received from Operating Grants	12,105,519
Cash Received from Other Sources	255,173
Cash Payments for Salaries and Benefits	(1,418,548)
Cash Payments to Vendors and Landlords	(10,267,503)
Net cash provided (used) by operating activities	1,478,449
Cash flows from capital and related financing activities:	
Capital Grants Received	211,400
Capital Outlay	(269,839)
Proceeds Received on Advances to Trustee Bank	1,056,830
Principal paid on Capital Debt	(1,056,830)
Proceeds Received on Dispositions	2,000
Net cash provided (used) by capital & related financing activities	(56,439)
Cash flows from investing activities:	
Interest earned from cash and cash equivalents	24,105
Reinvestment in Certificates of Deposit	(12,943)
Loaned to Affiliate Upon RAD Conversion	(587,220)
Net cash provided (used) by investing activities	(576,058)
Net increase in cash and cash equivalents	845,952
Total cash and restricted cash, beginning of year	2,377,529
Total cash and restricted cash, end of year	$ 3,223,481

Continued on next page

HOUSING AUTHORITY OF THE CITY OF BLOOMINGTON
STATEMENT OF CASH FLOWS - CONTINUED
FOR THE YEAR ENDED SEPTEMBER 30, 2020

Reconciliation of operating income (loss) to net cash provided (used) by operating activities:	
Operating Income (Loss)	$ 953,060
Adjustment to reconcile operating income (loss) to net cash provided (used) by operating activities:	
Depreciation	578,421
Bad Debt Expense (Tenants)	61,868
Bad Debt Expense (Other)	101,350
Change in Tenant Accounts Receivable	(67,703)
Change in Accounts Receivable (Grants)	(19,613)
Change in Other Accounts Receivable	(190,017)
Change in Prepaid Costs and Inventory	27,375
Change in Accounts Payable - Operating	25,426
Change in Accrued Expenses	24,745
Change in Unearned Revenue (Grants)	37,854
Change in Unearned Revenue (Tenants)	(8,755)
Change in Security Deposits and Escrows Held	(45,562)
Net cash provided (used) by operating activities	$ 1,478,449

See the accompanying notes to financial statements.

HOUSING AUTHORITY OF THE CITY OF
BLOOMINGTON, INDIANA

NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2020

NOTE A - SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Housing Authority have been prepared in conformity with generally accepted accounting principles (GAAP) as applied to government units. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The Authority is a Special Purpose Government engaged only in business-type activities and therefore, presents only the financial statements required for the enterprise fund, in accordance with GASB Statement 34 paragraph 138 and GASB Statement 63.

The Authority has multiple programs which are accounted for in one enterprise fund, which is presented as the "Enterprise Fund" in the basic financial statements as follows:

> Enterprise Fund – In accordance with the Enterprise Fund Method, activity is recorded using the accrual basis of accounting and the measurement focus is on the flow of economic resources. Under the accrual basis of accounting revenues are recorded when earned and expenses are recorded when are incurred. This required the Housing Authority to account for operations in a manner similar to private business or where the Board has decided that the determination of revenues earned, costs incurred, and/or net income is necessary for management accountability.
>
> Governmental Accounting Standards – The Housing Authority has applied all applicable Governmental Accounting Standards Board pronouncements as well as applicable pronouncements issued by the Financial Accounting Standards Board.

Cash and Investments

The Housing Authority considers cash on hand and cash in checking to be cash equivalents. Cash on hand is not included in calculation of collateral required. The Authority's investments consisted of certificates of deposit.

Accounts Receivable

Accounts receivable are reported at amounts management expects to collect and consisted of tenant and fraud receivables, grants receivable, operating advances to an affiliate and other miscellaneous receivables. Gross accounts receivable totaled $273,286 and are reported net of allowances of $76,744. See Note K for additional detail regarding accounts receivable.

Prepaid Items and Inventory

Prepaid items and inventory consist of payments made to vendors for services and materials that will benefit future periods.

NOTE A - SIGNIFICANT ACCOUNTING POLICIES- CONTINUED

Property and Equipment

Property and equipment are recorded at cost. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. The costs of maintenance and repairs are expensed, while significant renewals and betterments are capitalized. Small dollar value minor equipment items are expensed. Depreciation on assets has been expensed in the statement of income and expenses. Estimated useful lives are as follows:

Buildings and Improvements	15 - 40 years
Furniture and equipment	5 - 7 years

Authority management has assessed the carrying values of capital asset balances as of September 30, 2020, and as of June 3, 2021. No significant capital asset value impairments exist as of the noted dates.

PILOT Agreement

The Authority has entered into a Payment-in-Lieu of Taxes (PILOT) Agreement with the City of Bloomington, whereby the Authority agrees to pay a negotiated sum in lieu of local real property taxes. However, the City has waived the Authority's PILOT applicable to fiscal year 2020, estimated at $47,738. Therefore, the Authority has not accrued a PILOT liability as of September 30, 2020 on its Statement of Net Position.

Unearned Revenue

The Authority recognizes revenues as earned. Funds received before the Authority is eligible to apply them are recorded as a liability under unearned revenue. As of September 30, 2020, the Authority's unearned revenue balance consisted of grant proceeds of $37,854 and tenant rent prepayments of $15,281.

Deferred Outflows and Inflows of Resources

A deferred outflow of resources is a consumption of assets by the Authority that is applicable to a future reporting period. Conversely, a deferred inflow of resources is an acquisition of assets by the Authority that is applicable to a future reporting period. As of September 30, 2020, the Authority did not have any deferred outflows or inflows of resources.

Revenue Accounting Policies

Dwelling rent income, HUD grants received for operations, other operating fund grants and operating miscellaneous income are shown as operating income. HUD grants received for capital assets and all other revenue is shown as non-operating revenue.

Indirect Costs Recovery

Direct costs are charged to the Authority's applicable programs. The Authority charges indirect costs to its Central Office Cost Center and charges the programs management fees based on fee rates provided by the Department of Housing and Urban Development.

NOTE B - REPORTING ENTITY DEFINITION

The Housing Authority was established by the City of Bloomington pursuant to the laws of the State of Indiana to provide assisted housing for qualified individuals. An independent Board of Commissioners, appointed by the Mayor, is responsible for the activities of the Authority. The Housing Authority has complete legislative and administrative authority and it recruits and employs personnel. The Authority adopts a budget that is approved by the Board of Commissioners, funded primarily by the U.S. Department of Housing and Urban Development (HUD) based upon performance funding and program and capital grants. The Authority has substantial legal authority to control its affairs without local government approval; therefore, all operations of the Authority are a separate reporting entity as reflected in this report. The Authority is responsible for its debts and is entitled to surpluses.

In determining how to define the reporting entity, management has considered all potential component units. The decision to include a component unit in the reporting entity was made by applying the criteria set forth in *Section 2100 and 2600 of the Codification of Governmental Accounting and Financial Reporting Standards, Statement No. 14 (amended), of the Governmental Accounting Standards Board: The Financial Reporting Entity, Statement No. 39: Determining Whether Certain Organizations are Component Units,* and *Statement No. 61: The Financial Reporting Entity: Omnibus*. These criteria include manifestation of oversight responsibility including financial accountability, appointment of a voting majority, imposition of will, financial benefit to or burden on a primary organization, financial accountability as a result of fiscal dependency, potential for dual inclusion, and organizations included in the reporting entity although the primary organization is not financially accountable.

Based upon the application of these criteria, the Authority has the following component units:

Summit Hill Community Development Corporation (the Corporation) – is a legally separate not-for-profit corporation, organized for the purpose of assisting the Authority in providing affordable housing for low-moderate income individuals and families in the Bloomington area. The Corporation is a blended component unit of the Authority and had a September 30 fiscal year end. The Corporation's fiscal year end was amended in April of 2021 to a December 31 year end. The Corporation did not have any significant financial activity during, or balances as of, its previous fiscal year ended September 30, 2020.

Bloomington RAD I Manager, LLC (the LLC) – is a limited liability company organized for the purpose of acquiring a general partnership interest in Bloomington RAD I, LP (an affiliated limited partnership), in order to facilitate the Authority's participation in HUD's Rental Assistance Demonstration (RAD) Program. The LLC is a discrete component unit of the Authority and has a December 31 year end. The LLC did not have any financial activity during, or balances as of, the year ended December 31, 2019. Therefore, the Authority has not discretely presented financial activity or balances of the LLC with these financial statements for the Authority's fiscal year ended September 30, 2020.

NOTE C - CASH AND INVESTMENT DEPOSITS

Custodial Credit Risk - The Authority's policy is to limit credit risk by adherence to the list of HUD-permitted investments, which are backed by the full faith and credit of or a guarantee of principal and interest by the U.S. Government.

Interest Rate Risk – The Authority's formal investment policy does not limit investment maturities as a means of managing its exposure to fair value losses arising from interest rate volatility.

The U.S. Department of HUD requires housing authorities to invest excess funds in obligations of the U.S., certificates of deposit or any other federally insured investments.

The Housing Authority's cash, and cash equivalents consist of funds held in interest bearing checking accounts with reconciled balances totaling $3,222,731. Investments consist of certificates of deposit totaling $700,749, yielding interest at varying rates up to 1.40%. The remaining $750 is held in the form of petty cash. Deposits with financial institutions are secured as follows:

	Bank Deposits
Insured by FDIC	$ 500,000
Public Funds collateralized by the State of Indiana Public Deposit Fund	450,749
Collateralized with specific securities in the Authority's name which are held by a third-party financial institution	3,021,218
	$ 3,971,967

All investments are carried at cost plus accrued interest, which approximates market. The Authority had no realized gains or losses on the sale of investments. The calculation of realized gains or losses is independent of a calculation of the net change in the fair value of investments.

NOTE D - CONTRACTUAL COMMITMENTS

The Authority did not have any significant outstanding contractual commitments as September 30, 2020.

NOTE E – SIGNIFICANT ESTIMATES

These financial statements are prepared in accordance with generally accepted accounting principles. The financial statements include some amounts that are based on management's best estimates and judgments. The most significant estimates relate to depreciation and useful lives, compensated absences to be utilized or paid, and the realizable value of inventory and receivables. These estimates may be adjusted as more current information becomes available, and any adjustment could be significant.

NOTE F – CONCENTRATION OF RISK

The Housing Authority receives most of its funding from HUD. These funds and grants are subject to modification by HUD depending on the availability of funding.

NOTE G – RISK MANAGEMENT

The Housing Authority is exposed to various risks of losses related to torts; thefts of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. The Housing Authority carries commercial insurance for all risks of loss, including workman's compensation and employee health and accident insurance. The Housing Authority has not had any significant reductions in insurance coverage, or any claims not reimbursed.

NOTE H – INTER-PROGRAM ACTIVITY

The Housing Authority manages several programs. Many charges, i.e., payroll, benefits, insurance, etc. are paid by the Housing Authority's various funds and subsequently reimbursed. Balances due for such charges are reflected in the Inter-Program Due to/Due from account balances. Inter-program balances at the fiscal year end consisted of the following:

Central Office Cost Center	$ 41,529
Family Self Sufficiency Program	(34,272)
Resident Opportunity and Supportive Services Program	(7,257)
	$ -

NOTE I – DEFINED CONTRIBUTION RETIREMENT PLANS

The Authority provides retirement benefits for all of its eligible full-time employees through a defined contribution plan, known as the Housing Authority of the City of Bloomington Retirement Plan. The plan is administered by One American (American United Life). In a defined contribution plan, benefits depend solely on amounts contributed to the plan plus investment earnings. The Authority contributes 10% of the eligible employees' base salary and employees are not required to contribute to the plan. Contributions and allocated investment earnings are fully vested after 5 years of continuous service. During 2020, the Authority made the required contributions in the amount of $91,531, and there were no significant unpaid pension liabilities outstanding as of September 30, 2020.

The Authority also provides a 457 Deferred Compensation Plan and a Roth Individual Retirement Account (IRA) for eligible full-time employees. During the fiscal year, employees contributed $5,745 to the 457 Deferred Compensation Plan and $2,575 to the Roth IRA.

The Authority does not provide any other post-employment benefit plans.

NOTE J – RESTRICTED ASSETS AND RESTRICTED NET POSITION

The Authority's restricted assets consisted of the following as of the end of the fiscal year:

Funds held for Housing Assistance Payments	$ 489,666
HCV CARES Act Funding held for Housing Assistance Payments	8,557
FSS Escrow Funds	169,748
Total Restricted Assets	**$ 667,971**

There is no off-setting liability for funds held for housing assistance payments. Therefore, $489,666 is reported as Restricted Net Position in the Statement of Net Position.

NOTE K – ACCOUNTS RECEIVABLE

As of September 30, 2020, the Authority's accounts receivable consisted of the following:

	Receivable	Allowance for Doubtful Accounts	Net Receivable
Tenant Rent Receivables	$ 36,201	$ (22,066)	$ 14,135
Fraud Recovery Receivables	63,839	(43,145)	20,694
Grants Receivable due from HUD	43,917	-	43,917
Operating Advances due from RAD Affiliate	117,796	-	117,796
Other Miscellaneous Receivables	11,533	(11,533)	-
Total Receivables, Net of Allowances	**$ 273,286**	**$ (76,744)**	**$ 196,542**

NOTE L – COMPENSATED ABSENCES

Employees earn vacation and sick time annually, in varying amounts depending on tenure with the Authority. The Authority's policy allows employees to accumulate and carry-over up to one year of earned vacation. Additionally, employees are permitted to accumulate up to 420 hours of sick leave. This policy also allows for payment of accrued vacation and sick leave upon termination, with certain limitations and specified exceptions. The Authority's leave liability accrual is divided and reported between current and non-current liabilities in the Statement of Net Position.

NOTE M – LONG TERM LIABILITIES

In September of 2006, the Authority obtained a loan from Fannie Mae in the amount of $2,275,000. The loan was issued to finance significant renovations to two of the Authority's public housing properties and was scheduled to mature in February of 2025. The outstanding principal balance was paid in full in October of 2019.

A summary of long-term liability activity and balances as of September 30, 2020, is as follows:

	October 1, 2019 Balance	Increase	Decrease	September 30, 2020 Balance	Due Within One Year
CFFP Loan Payable	$ 1,056,830	$ -	$ 1,056,830	$ -	$ -
Compensated Absences	90,221	114,470	93,396	111,295	(78,850)
FSS Escrow Liability	194,378	-	24,630	169,748	-
Less: Current portion	(1,131,402)			(78,850)	
Long Term Liabilities	**$ 210,027**	**$ 114,470**	**$ 1,174,856**	**$ 202,193**	**$ (78,850)**

NOTE N – COMMITMENTS AND CONTINGENCIES

Amounts received or receivable from HUD are subject to audit and adjustment by grantor agencies. If expenses are disallowed as a result of these audits, the claims for reimbursement to the grantor agency would become a liability of the Authority. In the opinion of management, any such adjustments would not be significant.

NOTE O – CAPITAL ASSETS

A summary of capital asset balances as of September 30, 2020, is as follows:

	PUBLIC HOUSING & CFP	SECTION 8 HOUSING CHOICE VOUCHER	COCC	TOTAL
Land	$ 580,030	$ -	$ 35,060	$ 615,090
Building and Improvements	12,718,215	-	148,035	12,866,250
Furniture and Equipment	60,566	35,276	80,231	176,073
Construction in Process	202,881	-	-	202,881
Less Accumulated Depreciation	(9,390,176)	(17,891)	(203,657)	(9,611,724)
Total Capital Assets	**$ 4,171,516**	**$ 17,385**	**$ 59,669**	**$ 4,248,570**

NOTE O – CAPITAL ASSETS - Continued

A summary of capital asset activity for the fiscal year ended September 30, 2020, is as follows:

	October 1, 2019 Balance	Additions	Transfers & Deletions	September 30, 2020 Balance
Land	$ 934,929	$ -	$ (319,839)	$ 615,090
Construction in Process	253,998	249,834	(300,951)	202,881
Total Assets not being depreciated	1,188,927	249,834	(620,790)	817,971
Buildings and Improvements	18,336,866	-	(5,470,616)	12,866,250
Furniture and Equipment	181,434	20,005	(25,366)	176,073
Total Capital Assets	19,707,227	269,839	(6,116,772)	13,860,294
Less Accumulated Depreciation				
Buildings and Improvements	(13,510,273)	(570,540)	4,606,385	(9,474,428)
Furniture and Equipment	(152,112)	(7,881)	22,697	(137,296)
Net Book Value	**$ 6,044,842**	**$ (308,582)**	**$ (1,487,690)**	**$ 4,248,570**

In May of 2020, the Authority disposed of one of its dwelling projects through a long-term land lease to Bloomington RAD I, LP, an affiliated limited partnership through HUD's RAD Program. The applicable property had a cost basis of $6,096,723 and accumulated depreciation of $4,609,033 at the time of the disposition. Other dispositions unrelated to the RAD conversion consisted of a vehicle with a cost basis of $20,049 and accumulated depreciation of $20,049.

NOTES TO FINANCIAL STATEMENTS – CONTINUED

NOTE P – NOTES RECEIVABLE

As consideration for the lease of the property described above in Note O, and cash in the amount of $587,220 transferred to Bloomington RAD I, LP at the time of the RAD conversion, the partnership issued promissory notes to the Authority as follows:

Due from Bloomington RAD I, LP		
Seller Note Receivable	$ 4,650,000	
Accrued Interest	65,391	
Allowance for Doubtful Accounts	(65,391)	4,650,000
Due from Bloomington RAD I, LP		
Sponsor Note Receivable	587,220	
Accrued Interest	5,505	
Allowance for Doubtful Accounts	(5,505)	587,220
Notes and Interest Receivable, Net of Allowances		**$ 5,237,220**

Each of the notes are secured with leasehold mortgages against the property and mature on May 1, 2050. The Authority recognized a gain on the transaction of $3,162,310.

NOTE Q – SUBSEQUENT EVENTS

In preparing the financial statements, management evaluated subsequent events through June 3, 2021, the date the financial statements were available to be issued.

HOUSING AUTHORITY OF THE CITY OF BLOOMINGTON
STATEMENT AND CERTIFICATION OF PROGRAM COSTS - CAPITAL FUND PROGRAM
FOR THE YEAR ENDED SEPTEMBER 30, 2020

	IN36P02250117
Funds Approved	$ 495,307
Funds Expended	495,307
Excess of Funds Approved	$ -
Funds Advanced	$ 495,307
Funds Expended	495,307
Excess of Funds Advanced	$ -

1. The distribution of costs as shown on the Actual Modernization Cost Certificate submitted to HUD for approval is in agreement with the Housing Authority's records.

2. All Modernization costs have been paid and all related liabilities have been discharged through payment.

HOUSING AUTHORITY OF THE CITY OF
BLOOMINGTON, INDIANA

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

YEAR ENDED SEPTEMBER 30, 2020

EXPENDITURES

Community Development Block Grant - Passed through the City of Bloomington Total CFDA Number 14.218	$ 153,676
HOME Investment Partnerships Program - Passed through the City of Bloomington Total CFDA Number 14.239	9,193
Section 8 Moderate Rehabilitation - SRO Total CFDA Number 14.249*	34,590
Public Housing Program Total CFDA Number 14.850a	1,231,743
Public Housing CARES Act Funding Total CFDA Number 14.PHC	197,368
Section 8 Housing Choice Voucher Program Total CFDA Number 14.871**	9,297,622
Housing Choice Voucher CARES Act Funding Total CFDA Number 14.HCC	865,930
Public Housing Capital Fund Program Total CFDA Number 14.872	1,311,769
Resident Opportunity and Supportive Services Program Total CFDA Number 14.870	64,116
PIH Family Self Sufficiency Program Total CFDA Number 14.896	95,795
TOTAL HUD EXPENDITURES	13,261,802
TOTAL FEDERAL EXPENDITURES	**$ 13,261,802**

* - Section 8 Project-Based Cluster
** - Housing Choice Voucher Cluster

HOUSING AUTHORITY OF THE CITY OF
BLOOMINGTON, INDIANA

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

YEAR ENDED SEPTEMBER 30, 2020

NOTE 1 – BASIS OF PRESENTATION

The above Schedule of Expenditures of Federal Awards includes the federal award activity of the Authority under programs of the federal government for the year ended September 30, 2020. The information on this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*. Because the Schedule presents only a selected portion of operations of the Authority, it is not intended to and does not present the financial net position, changes in net position, or cash flows of the Authority.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowed or are limited as to reimbursement.

NOTE 3 – INDIRECT COST RATE

The Authority has elected not to use the 10% *De Minimus Indirect Cost Rate* allowed under the Uniform Guidance.

Housing Authority of the City of Bloomington (IN022)
BLOOMINGTON, IN
Entity Wide Balance Sheet Summary

Fiscal Year
End: 09/30/2020

	Project Total	14.PHC Public Housing CARES Act Funding	14.218 Community Development Block Grants/Entitlement Grants	14.896 PIH Family Self-Sufficiency Program	14.CCC Central Office Cost Center CARES Act Funding	2 State/Local	14.239 HOME Investment Partnerships Program
111 Cash - Unrestricted	$ 745,415	$ -	$ -	$ -	$ -	$ 35	$ 2,904
112 Cash - Restricted - Modernization and Development	-	-	-	-	-	-	-
113 Cash - Other Restricted	-	-	-	-	-	-	-
114 Cash - Tenant Security Deposits	34,092	-	-	-	-	-	-
115 Cash - Restricted for Payment of Current Liabilities	15,281	-	-	-	-	-	-
100 Total Cash	**$ 794,788**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 35**	**$ 2,904**
121 Accounts Receivable - PHA Projects	-	-	-	-	-	-	-
122 Accounts Receivable - HUD Other Projects	2,388	-	-	34,272	-	-	-
124 Accounts Receivable - Other Government	-	-	-	-	-	-	-
125 Accounts Receivable - Miscellaneous	-	-	-	-	-	-	-
126 Accounts Receivable - Tenants	36,201	-	-	-	-	-	-
126.1 Allowance for Doubtful Accounts -Tenants	(22,066)	-	-	-	-	-	-
126.2 Allowance for Doubtful Accounts - Other	-	-	-	-	-	-	-
127 Notes, Loans, & Mortgages Receivable - Current	-	-	-	-	-	-	-
128 Fraud Recovery	-	-	-	-	-	-	-
128.1 Allowance for Doubtful Accounts - Fraud	-	-	-	-	-	-	-
129 Accrued Interest Receivable	421	-	-	-	-	-	-
120 Total Receivables, Net of Allowances for Doubtful Accounts	**$ 16,944**	**$ -**	**$ -**	**$ 34,272**	**$ -**	**$ -**	**$ -**
131 Investments - Unrestricted	380,915	-	-	-	-	-	-
132 Investments - Restricted	-	-	-	-	-	-	-
135 Investments - Restricted for Payment of Current Liability	-	-	-	-	-	-	-
142 Prepaid Expenses and Other Assets	22,627	-	-	-	-	-	-
143 Inventories	23,384	-	-	-	-	-	-
143.1 Allowance for Obsolete Inventories	-	-	-	-	-	-	-
144 Inter Program Due From	-	-	-	-	-	-	-
145 Assets Held for Sale	-	-	-	-	-	-	-
150 Total Current Assets	**$ 1,238,658**	**$ -**	**$ -**	**$ 34,272**	**$ -**	**$ 35**	**$ 2,904**
161 Land	580,030	-	-	-	-	-	-
162 Buildings	12,718,215	-	-	-	-	-	-
163 Furniture, Equipment & Machinery - Dwellings	3,280	-	-	-	-	-	-
164 Furniture, Equipment & Machinery - Administration	57,286	-	-	-	-	-	-

Housing Authority of the City of Bloomington (IN022)
BLOOMINGTON, IN
Entity Wide Balance Sheet Summary
Fiscal Year
End: 09/30/2020

	Project Total	14.PHC Public Housing CARES Act Funding	14.218 Community Development Block Grants/Entitlement Grants	14.896 PIH Family Self-Sufficiency Program	14.CCC Central Office Cost Center CARES Act Funding	2 State/Local	14.239 HOME Investment Partnerships Program
165 Leasehold Improvements	-	-	-	-	-	-	-
166 Accumulated Depreciation	(9,390,176)	-	-	-	-	-	-
167 Construction in Progress	202,881	-	-	-	-	-	-
168 Infrastructure	-	-	-	-	-	-	-
160 Total Capital Assets, Net of Accumulated Depreciation	**$ 4,171,516**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
171 Notes, Loans and Mortgages Receivable - Non-Current	5,237,220	-	-	-	-	-	-
172 Notes, Loans, & Mortgages Receivable - Non Current - Past Due	-	-	-	-	-	-	-
173 Grants Receivable - Non Current	-	-	-	-	-	-	-
174 Other Assets	-	-	-	-	-	-	-
176 Investments in Joint Ventures	-	-	-	-	-	-	-
180 Total Non-Current Assets	**$ 9,408,736**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
200 Deferred Outflow of Resources	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
290 Total Assets and Deferred Outflow of Resources	**$ 10,647,394**	**$ -**	**$ -**	**$ 34,272**	**$ -**	**$ 35**	**$ 2,904**
311 Bank Overdraft	-	-	-	-	-	-	-
312 Accounts Payable <= 90 Days	19,214	-	-	-	-	-	-
313 Accounts Payable >90 Days Past Due	-	-	-	-	-	-	-
321 Accrued Wage/Payroll Taxes Payable	9,094	-	-	-	-	-	-
322 Accrued Compensated Absences - Current Portion	14,443	-	-	-	-	-	-
324 Accrued Contingency Liability	-	-	-	-	-	-	-
325 Accrued Interest Payable	-	-	-	-	-	-	-
331 Accounts Payable - HUD PHA Programs	47,547	-	-	-	-	-	-
332 Account Payable - PHA Projects	-	-	-	-	-	-	-
333 Accounts Payable - Other Government	-	-	-	-	-	-	-
341 Tenant Security Deposits	34,092	-	-	-	-	-	-
342 Unearned Revenue	44,083	-	-	-	-	35	-
343 Current Portion of Long-term Debt - Capital Projects/Mortgage Revenue	-	-	-	-	-	-	-
344 Current Portion of Long-term Debt - Operating Borrowings	-	-	-	-	-	-	-
345 Other Current Liabilities	-	-	-	-	-	-	-
346 Accrued Liabilities - Other	17,175	-	-	-	-	-	-
347 Inter Program - Due To	-	-	-	34,272	-	-	-

Housing Authority of the City of Bloomington (IN022)
BLOOMINGTON, IN
Entity Wide Balance Sheet Summary

Fiscal Year
End: 09/30/2020

	Project Total	14.PHC Public Housing CARES Act Funding	14.218 Community Development Block Grants/Entitlement Grants	14.896 PIH Family Self-Sufficiency Program	14.CCC Central Office Cost Center CARES Act Funding	2 State/Local	14.239 HOME Investment Partnerships Program
348 Loan Liability - Current	-	-	-	-	-	-	-
310 Total Current Liabilities	**$ 185,648**	**$ -**	**$ -**	**$ 34,272**	**$ -**	**$ 35**	**$ -**
351 Long-term Debt, Net of Current - Capital Projects/Mortgage Revenue	-	-	-	-	-	-	-
352 Long-term Debt, Net of Current - Operating Borrowings	-	-	-	-	-	-	-
353 Non-current Liabilities - Other	-	-	-	-	-	-	-
354 Accrued Compensated Absences - Non Current	4,796	-	-	-	-	-	-
355 Loan Liability - Non Current	-	-	-	-	-	-	-
356 FASB 5 Liabilities	-	-	-	-	-	-	-
357 Accrued Pension and OPEB Liabilities	-	-	-	-	-	-	-
350 Total Non-Current Liabilities	**$ 4,796**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
300 Total Liabilities	**$ 190,444**	**$ -**	**$ -**	**$ 34,272**	**$ -**	**$ 35**	**$ -**
400 Deferred Inflow of Resources	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
508.4 Net Investment in Capital Assets	4,171,516	-	-	-	-	-	-
511.4 Restricted Net Position	-	-	-	-	-	-	-
512.4 Unrestricted Net Position	6,285,434	-	-	-	-	-	2,904
513 Total Equity - Net Assets / Position	**$ 10,456,950**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 2,904**
600 Total Liabilities, Deferred Inflows of Resources and Equity - Net	**$ 10,647,394**	**$ -**	**$ -**	**$ 34,272**	**$ -**	**$ 35**	**$ 2,904**

Housing Authority of the City of Bloomington (IN022)
BLOOMINGTON, IN

Entity Wide Revenue and Expense Summary

Fiscal Year
End: 09/30/2020

	Project Total	14.PHC Public Housing CARES Act Funding	14.218 Community Development Block Grants/Entitlement Grants	14.896 PIH Family Self-Sufficiency Program	14.CCC Central Office Cost Center CARES Act Funding	2 State/Local	14.239 HOME Investment Partnerships Program
70300 Net Tenant Rental Revenue	$ 702,662	$ -	$ -	$ -	$ -	$ -	$ -
70400 Tenant Revenue - Other	177,604	-	-	-	-	-	-
70500 Total Tenant Revenue	**$ 880,266**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
70600 HUD PHA Operating Grants	1,522,664	197,368	-	95,795	-	-	9,193
70610 Capital Grants	1,020,848	-	153,676	-	-	-	-
70710 Management Fee	-	-	-	-	152,096	-	-
70720 Asset Management Fee	-	-	-	-	-	-	-
70730 Book Keeping Fee	-	-	-	-	50,040	-	-
70740 Front Line Service Fee	-	-	-	-	-	-	-
70750 Other Fees	-	-	-	-	-	-	-
70700 Total Fee Revenue	**$ 2,543,512**	**$ 197,368**	**$ 153,676**	**$ 95,795**	**$ 202,136**	**$ -**	**$ 9,193**
70800 Other Government Grants	-	-	-	-	-	-	-
71100 Investment Income - Unrestricted	9,472	-	-	-	-	-	-
71200 Mortgage Interest Income	-	-	-	-	-	-	-
71300 Proceeds from Disposition of Assets Held for Sale	-	-	-	-	-	-	-
71310 Cost of Sale of Assets	-	-	-	-	-	-	-
71400 Fraud Recovery	-	-	-	-	-	-	-
71500 Other Revenue	199,465	-	-	-	-	498	-
71600 Gain or Loss on Sale of Capital Assets	-	-	-	-	-	-	-
72000 Investment Income - Restricted	-	-	-	-	-	-	-
70000 Total Revenue	**$ 3,632,715**	**$ 197,368**	**$ 153,676**	**$ 95,795**	**$ 202,136**	**$ 498**	**$ 9,193**
91100 Administrative Salaries	110,305	48,070	-	-	202,136	-	-
91200 Auditing Fees	3,576	-	-	-	-	-	-
91300 Management Fee	207,985	56,044	-	-	-	-	-
91310 Book-keeping Fee	15,915	-	-	-	-	-	-
91400 Advertising and Marketing	-	-	-	-	-	-	-
91500 Employee Benefit contributions - Administrative	40,615	17,424	-	-	-	-	-
91600 Office Expenses	60,974	-	-	-	-	-	-
91700 Legal Expense	536	-	-	-	-	-	-
91800 Travel	826	-	-	-	-	-	-
91810 Allocated Overhead	-	-	-	-	-	-	-

Housing Authority of the City of Bloomington (IN022)
BLOOMINGTON, IN
Entity Wide Revenue and Expense Summary
Fiscal Year
End: 09/30/2020

	Project Total	14.PHC Public Housing CARES Act Funding	14.218 Community Development Block Grants/Entitlement Grants	14.896 PIH Family Self-Sufficiency Program	14.CCC Central Office Cost Center CARES Act Funding	2 State/Local	14.239 HOME Investment Partnerships Program
91900 Other	21,333	-	-	-	-	498	-
91000 Total Operating - Administrative	**$ 462,065**	**$ 121,538**	**$ -**	**$ -**	**$ 202,136**	**$ 498**	**$ -**
92000 Asset Management Fee	**$ 30,500**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
92100 Tenant Services - Salaries	-	-	-	95,795	-	-	-
92200 Relocation Costs	3,603	-	-	-	-	-	-
92300 Employee Benefit Contributions - Tenant Services	-	-	-	-	-	-	-
92400 Tenant Services - Other	4,118	19,294	-	-	-	-	-
92500 Total Tenant Services	**$ 7,721**	**$ 19,294**	**$ -**	**$ 95,795**	**$ -**	**$ -**	**$ -**
93100 Water	53,595	-	-	-	-	-	-
93200 Electricity	161,225	-	-	-	-	-	-
93300 Gas	62,122	-	-	-	-	-	-
93400 Fuel	-	-	-	-	-	-	-
93500 Labor	-	-	-	-	-	-	-
93600 Sewer	78,241	-	-	-	-	-	-
93700 Employee Benefit Contributions - Utilities	-	-	-	-	-	-	-
93800 Other Utilities Expense	-	-	-	-	-	-	-
93000 Total Utilities	**$ 355,183**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
94100 Ordinary Maintenance and Operations - Labor	129,819	58,025	-	-	-	-	-
94200 Ordinary Maintenance and Operations - Materials and Other	116,718	-	-	-	-	-	-
94300 Ordinary Maintenance and Operations Contracts	310,246	-	-	-	-	-	-
94500 Employee Benefit Contributions - Ordinary Maintenance	48,478	17,805	-	-	-	-	-
94000 Total Maintenance	**$ 605,261**	**$ 75,830**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
95100 Protective Services - Labor	-	-	-	-	-	-	-
95200 Protective Services - Other Contract Costs	16,984	-	-	-	-	-	-
95300 Protective Services - Other	-	-	-	-	-	-	-
95500 Employee Benefit Contributions - Protective Services	-	-	-	-	-	-	-
95000 Total Protective Services	**$ 16,984**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
96110 Property Insurance	67,091	-	-	-	-	-	-
96120 Liability Insurance	16,675	-	-	-	-	-	-

Housing Authority of the City of Bloomington (IN022)
BLOOMINGTON, IN
Entity Wide Revenue and Expense Summary
Fiscal Year
End: 09/30/2020

	Project Total	14.PHC Public Housing CARES Act Funding	14.218 Community Development Block Grants/Entitlement Grants	14.896 PIH Family Self-Sufficiency Program	14.CCC Central Office Cost Center CARES Act Funding	2 State/Local	14.239 HOME Investment Partnerships Program
96130 Workmen's Compensation	5,572	-	-	-	-	-	-
96140 All Other Insurance	6,531	-	-	-	-	-	-
96100 Total insurance Premiums	**$ 95,869**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
96200 Other General Expenses	347,402	-	-	-	-	-	-
96210 Compensated Absences	32,267	-	-	-	-	-	-
96300 Payments in Lieu of Taxes	-	-	-	-	-	-	-
96400 Bad debt - Tenant Rents	61,868	-	-	-	-	-	-
96500 Bad debt - Mortgages	-	-	-	-	-	-	-
96600 Bad debt - Other	-	-	-	-	-	-	-
96800 Severance Expense	-	-	-	-	-	-	-
96000 Total Other General Expenses	**$ 441,537**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
96710 Interest of Mortgage (or Bonds) Payable	-	-	-	-	-	-	-
96720 Interest on Notes Payable (Short and Long Term)	-	-	-	-	-	-	-
96730 Amortization of Bond Issue Costs	-	-	-	-	-	-	-
96700 Total Interest Expense and Amortization Cost	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
96900 Total Operating Expenses	**$ 2,015,120**	**$ 216,662**	**$ -**	**$ 95,795**	**$ 202,136**	**$ 498**	**$ -**
97000 Excess of Operating Revenue over Operating Expenses	**$ 1,617,595**	**$ (19,294)**	**$ 153,676**	**$ -**	**$ -**	**$ -**	**$ 9,193**
97100 Extraordinary Maintenance	20,653	-	-	-	-	-	-
97200 Casualty Losses - Non-capitalized	50,419	-	-	-	-	-	-
97300 Housing Assistance Payments	-	-	-	-	-	-	6,289
97350 HAP Portability-In	-	-	-	-	-	-	-
97400 Depreciation Expense	572,892	-	-	-	-	-	-
97500 Fraud Losses	-	-	-	-	-	-	-
97600 Capital Outlays - Governmental Funds	-	-	-	-	-	-	-
97700 Debt Principal Payment - Governmental Funds	-	-	-	-	-	-	-
97800 Dwelling Units Rent Expense	-	-	-	-	-	-	-
90000 Total Expenses	**$ 2,659,084**	**$ 216,662**	**$ -**	**$ 95,795**	**$ 202,136**	**$ 498**	**$ 6,289**
10010 Operating Transfer In	219,377	19,294	-	-	-	-	-

Housing Authority of the City of Bloomington (IN022)
BLOOMINGTON, IN
Entity Wide Revenue and Expense Summary
Fiscal Year
End: 09/30/2020

	Project Total	14.PHC Public Housing CARES Act Funding	14.218 Community Development Block Grants/Entitlement Grants	14.896 PIH Family Self-Sufficiency Program	14.CCC Central Office Cost Center CARES Act Funding	2 State/Local	14.239 HOME Investment Partnerships Program
10020 Operating transfer Out	(238,671)	-	-	-	-	-	-
10030 Operating Transfers from/to Primary Government	-	-	-	-	-	-	-
10040 Operating Transfers from/to Component Unit	-	-	-	-	-	-	-
10050 Proceeds from Notes, Loans and Bonds	-	-	-	-	-	-	-
10060 Proceeds from Property Sales	-	-	-	-	-	-	-
10070 Extraordinary Items, Net Gain/Loss	-	-	-	-	-	-	-
10080 Special Items (Net Gain/Loss)	3,162,310	-	-	-	-	-	-
10091 Inter Project Excess Cash Transfer In	55,652	-	-	-	-	-	-
10092 Inter Project Excess Cash Transfer Out	(55,652)	-	-	-	-	-	-
10093 Transfers between Program and Project - In	-	-	-	-	-	-	-
10094 Transfers between Project and Program - Out	-	-	-	-	-	-	-
10100 Total Other financing Sources (Uses)	**$ 3,143,016**	**$ 19,294**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
10000 Excess (Deficiency) of Total Revenue Over (Under) Total Expenses	**$ 4,116,647**	**$ -**	**$ 153,676**	**$ -**	**$ -**	**$ -**	**$ 2,904**
11020 Required Annual Debt Principal Payments	$ 962,943	$ -	$ -	$ -	$ -	$ -	$ -
11030 Beginning Equity	**$ 6,186,627**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
11040 Prior Period Adjustments, Equity Transfers and Correction of Errors	153,676	-	(153,676)	-	-	-	-
11170 Administrative Fee Equity	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11180 Housing Assistance Payments Equity	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11190 Unit Months Available	3,086	-	-	-	-	-	18
11210 Number of Unit Months Leased	3,047	-	-	-	-	-	18
11610 Land Purchases	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11620 Building Purchases	57,905	-	-	-	-	-	-
11630 Furniture & Equipment - Dwelling Purchases	-	-	-	-	-	-	-
11640 Furniture & Equipment - Administrative Purchases	-	-	-	-	-	-	-
11650 Leasehold Improvements Purchases	-	-	-	-	-	-	-
11660 Infrastructure Purchases	-	-	-	-	-	-	-
13510 CFFP Debt Service Payments	962,943	-	-	-	-	-	-
13901 Replacement Housing Factor Funds	-	-	-	-	-	-	-

Housing Authority of the City of Bloomington (IN022)
BLOOMINGTON, IN
Entity Wide Balance Sheet Summary

Fiscal Year
End: 09/30/2020

	14.871 Housing Choice Vouchers	14.870 Resident Opportunity and Supportive Services	14.HCC HCV CARES Act Funding	14.249 Section 8 Moderate Rehabilitation Single Room Occupancy	COCC	ELIM	Total Enterprise Fund
111 Cash - Unrestricted	$ 563,890	$ -	$ -	$ 18,026	$ 1,175,867	$ -	$ 2,506,137
112 Cash - Restricted - Modernization and Development	-	-	-	-	-	-	-
113 Cash - Other Restricted	659,414	-	8,557	-	-	-	667,971
114 Cash - Tenant Security Deposits	-	-	-	-	-	-	34,092
115 Cash - Restricted for Payment of Current Liabilities	-	-	-	-	-	-	15,281
100 Total Cash	**$ 1,223,304**	**$ -**	**$ 8,557**	**$ 18,026**	**$ 1,175,867**	**$ -**	**$ 3,223,481**
121 Accounts Receivable - PHA Projects	-	-	-	-	-	-	-
122 Accounts Receivable - HUD Other Projects	-	7,257	-	-	-	-	43,917
124 Accounts Receivable - Other Government	-	-	-	-	-	-	-
125 Accounts Receivable - Miscellaneous	-	-	-	-	129,329	-	129,329
126 Accounts Receivable - Tenants	-	-	-	-	-	-	36,201
126.1 Allowance for Doubtful Accounts -Tenants	-	-	-	-	-	-	(22,066)
126.2 Allowance for Doubtful Accounts - Other	-	-	-	-	(11,533)	-	(11,533)
127 Notes, Loans, & Mortgages Receivable - Current	-	-	-	-	-	-	-
128 Fraud Recovery	63,839	-	-	-	-	-	63,839
128.1 Allowance for Doubtful Accounts - Fraud	(43,145)	-	-	-	-	-	(43,145)
129 Accrued Interest Receivable	198	-	-	-	-	-	619
120 Total Receivables, Net of Allowances for Doubtful Accounts	**$ 20,892**	**$ 7,257**	**$ -**	**$ -**	**$ 117,796**	**$ -**	**$ 197,161**
131 Investments - Unrestricted	319,834	-	-	-	-	-	700,749
132 Investments - Restricted	-	-	-	-	-	-	-
135 Investments - Restricted for Payment of Current Liability	-	-	-	-	-	-	-
142 Prepaid Expenses and Other Assets	7,630	-	-	-	4,651	-	34,908
143 Inventories	-	-	-	-	-	-	23,384
143.1 Allowance for Obsolete Inventories	-	-	-	-	-	-	-
144 Inter Program Due From	-	-	-	-	41,529	(41,529)	-
145 Assets Held for Sale	-	-	-	-	-	-	-
150 Total Current Assets	**$ 1,571,660**	**$ 7,257**	**$ 8,557**	**$ 18,026**	**$ 1,339,843**	**$ (41,529)**	**$ 4,179,683**
161 Land	-	-	-	-	35,060	-	615,090
162 Buildings	-	-	-	-	148,035	-	12,866,250
163 Furniture, Equipment & Machinery - Dwellings	-	-	-	-	-	-	3,280
164 Furniture, Equipment & Machinery - Administration	35,276	-	-	-	80,231	-	172,793

Housing Authority of the City of Bloomington (IN022)
BLOOMINGTON, IN
Entity Wide Balance Sheet Summary
Fiscal Year
End: 09/30/2020

	14.871 Housing Choice Vouchers	14.870 Resident Opportunity and Supportive Services	14.HCC HCV CARES Act Funding	14.249 Section 8 Moderate Rehabilitation Single Room Occupancy	COCC	ELIM	Total Enterprise Fund
165 Leasehold Improvements	-	-	-	-	-	-	-
166 Accumulated Depreciation	(17,891)	-	-	-	(203,657)	-	(9,611,724)
167 Construction in Progress	-	-	-	-	-	-	202,881
168 Infrastructure	-	-	-	-	-	-	-
160 Total Capital Assets, Net of Accumulated Depreciation	**$ 17,385**	**$ -**	**$ -**	**$ -**	**$ 59,669**	**$ -**	**$ 4,248,570**
171 Notes, Loans and Mortgages Receivable - Non-Current	-	-	-	-	-	-	5,237,220
172 Notes, Loans, & Mortgages Receivable - Non Current - Past Due	-	-	-	-	-	-	-
173 Grants Receivable - Non Current	-	-	-	-	-	-	-
174 Other Assets	-	-	-	-	-	-	-
176 Investments in Joint Ventures	-	-	-	-	-	-	-
180 Total Non-Current Assets	**$ 17,385**	**$ -**	**$ -**	**$ -**	**$ 59,669**	**$ -**	**$ 9,485,790**
200 Deferred Outflow of Resources	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
290 Total Assets and Deferred Outflow of Resources	**$ 1,589,045**	**$ 7,257**	**$ 8,557**	**$ 18,026**	**$ 1,399,512**	**$ (41,529)**	**$ 13,665,473**
311 Bank Overdraft	-	-	-	-	-	-	-
312 Accounts Payable <= 90 Days	2,217	-	-	-	2,610	-	24,041
313 Accounts Payable >90 Days Past Due	-	-	-	-	-	-	-
321 Accrued Wage/Payroll Taxes Payable	13,144	-	-	-	8,788	-	31,026
322 Accrued Compensated Absences - Current Portion	31,592	-	-	-	32,815	-	78,850
324 Accrued Contingency Liability	-	-	-	-	-	-	-
325 Accrued Interest Payable	-	-	-	-	-	-	-
331 Accounts Payable - HUD PHA Programs	460	-	-	-	-	-	48,007
332 Account Payable - PHA Projects	-	-	-	-	-	-	-
333 Accounts Payable - Other Government	-	-	-	-	-	-	-
341 Tenant Security Deposits	-	-	-	-	-	-	34,092
342 Unearned Revenue	-	-	8,557	-	-	-	52,675
343 Current Portion of Long-term Debt - Capital Projects/Mortgage Revenue	-	-	-	-	-	-	-
344 Current Portion of Long-term Debt - Operating Borrowings	-	-	-	-	-	-	-
345 Other Current Liabilities	-	-	-	-	-	-	-
346 Accrued Liabilities - Other	-	-	-	-	-	-	17,175
347 Inter Program - Due To	-	7,257	-	-	-	(41,529)	-

Housing Authority of the City of Bloomington (IN022)
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End: 09/30/2020

	14.871 Housing Choice Vouchers	14.870 Resident Opportunity and Supportive Services	14.HCC HCV CARES Act Funding	14.249 Section 8 Moderate Rehabilitation Single Room Occupancy	COCC	ELIM	Total Enterprise Fund
348 Loan Liability - Current	-	-	-	-	-	-	-
310 Total Current Liabilities	**$ 47,413**	**$ 7,257**	**$ 8,557**	**$ -**	**$ 44,213**	**$ (41,529)**	**$ 285,866**
351 Long-term Debt, Net of Current - Capital Projects/Mortgage Revenue	-	-	-	-	-	-	-
352 Long-term Debt, Net of Current - Operating Borrowings	-	-	-	-	-	-	-
353 Non-current Liabilities - Other	169,748	-	-	-	-	-	169,748
354 Accrued Compensated Absences - Non Current	10,365	-	-	-	17,284	-	32,445
355 Loan Liability - Non Current	-	-	-	-	-	-	-
356 FASB 5 Liabilities	-	-	-	-	-	-	-
357 Accrued Pension and OPEB Liabilities	-	-	-	-	-	-	-
350 Total Non-Current Liabilities	**$ 180,113**	**$ -**	**$ -**	**$ -**	**$ 17,284**	**$ -**	**$ 202,193**
300 Total Liabilities	**$ 227,526**	**$ 7,257**	**$ 8,557**	**$ -**	**$ 61,497**	**$ (41,529)**	**$ 488,059**
400 Deferred Inflow of Resources	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
508.4 Net Investment in Capital Assets	17,385	-	-	-	59,669	-	4,248,570
511.4 Restricted Net Position	489,666	-	-	-	-	-	489,666
512.4 Unrestricted Net Position	854,468	-	-	18,026	1,278,346	-	8,439,178
513 Total Equity - Net Assets / Position	**$ 1,361,519**	**$ -**	**$ -**	**$ 18,026**	**$ 1,338,015**	**$ -**	**$ 13,177,414**
600 Total Liabilities, Deferred Inflows of Resources and Equity - Net	**$ 1,589,045**	**$ 7,257**	**$ 8,557**	**$ 18,026**	**$ 1,399,512**	**$ (41,529)**	**$ 13,665,473**

Summit Hill Community Development Corporation

Housing Authority of the City of Bloomington (IN022)
BLOOMINGTON, IN

Entity Wide Revenue and Expense Summary

Fiscal Year End: 09/30/2020

	14.871 Housing Choice Vouchers	14.870 Resident Opportunity and Supportive Services	14.HCC HCV CARES Act Funding	14.249 Section 8 Moderate Rehabilitation Single Room Occupancy	COCC	ELIM	Total Enterprise Fund
70300 Net Tenant Rental Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ 702,662
70400 Tenant Revenue - Other	-	-	-	-	-	-	177,604
70500 Total Tenant Revenue	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 880,266**
70600 HUD PHA Operating Grants	9,297,622	64,116	865,930	34,590	-	-	12,087,278
70610 Capital Grants	-	-	-	-	-	-	1,174,524
70710 Management Fee	-	-	-	-	319,417	(471,513)	-
70720 Asset Management Fee	-	-	-	-	30,500	(30,500)	-
70730 Book Keeping Fee	-	-	-	-	85,560	(135,600)	-
70740 Front Line Service Fee	-	-	-	-	-	-	-
70750 Other Fees	-	-	-	-	-	-	-
70700 Total Fee Revenue	**$ 9,297,622**	**$ 64,116**	**$ 865,930**	**$ 34,590**	**$ 435,477**	**$ (637,613)**	**$ 13,261,802**
70800 Other Government Grants	-	-	-	-	-	-	-
71100 Investment Income - Unrestricted	8,012	-	-	-	6,110	-	23,594
71200 Mortgage Interest Income	-	-	-	-	-	-	-
71300 Proceeds from Disposition of Assets Held for Sale	-	-	-	-	-	-	-
71310 Cost of Sale of Assets	-	-	-	-	-	-	-
71400 Fraud Recovery	105,463	-	-	-	-	-	105,463
71500 Other Revenue	3,370	-	-	-	200,156	(18,200)	385,289
71600 Gain or Loss on Sale of Capital Assets	2,000	-	-	-	-	-	2,000
72000 Investment Income - Restricted		-	-	-	-	-	-
70000 Total Revenue	**$ 9,416,467**	**$ 64,116**	**$ 865,930**	**$ 34,590**	**$ 641,743**	**$ (655,813)**	**$ 14,658,414**
91100 Administrative Salaries	141,916	-	123,808	7,713	73,263	-	707,211
91200 Auditing Fees	1,669	-	-	-	2,702	-	7,947
91300 Management Fee	111,432	-	96,052	-	-	(471,513)	-
91310 Book-keeping Fee	69,645	-	50,040	-	-	(135,600)	-
91400 Advertising and Marketing	-	-	-	-	-	-	-
91500 Employee Benefit contributions - Administrative	61,100	-	45,423	710	66,305	-	231,577
91600 Office Expenses	31,246	-	-	-	72,188	(18,200)	146,208
91700 Legal Expense	1,808	-	-	-	2,377	-	4,721
91800 Travel	2,549	-	-	-	2,052	-	5,427
91810 Allocated Overhead	-	-	-	-	-	-	-

Housing Authority of the City of Bloomington (IN022)
BLOOMINGTON, IN

Entity Wide Revenue and Expense Summary

Fiscal Year
End: 09/30/2020

	14.871 Housing Choice Vouchers	14.870 Resident Opportunity and Supportive Services	14.HCC HCV CARES Act Funding	14.249 Section 8 Moderate Rehabilitation Single Room Occupancy	COCC	ELIM	Total Enterprise Fund
91900 Other	6,345	-	-	-	25,586	-	53,762
91000 Total Operating - Administrative	**$ 427,710**	**$ -**	**$ 315,323**	**$ 8,423**	**$ 244,473**	**$ (625,313)**	**$ 1,156,853**
92000 Asset Management Fee	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ (30,500)**	**$ -**
92100 Tenant Services - Salaries	-	53,684	-	-	-	-	149,479
92200 Relocation Costs	-	-	-	-	-	-	3,603
92300 Employee Benefit Contributions - Tenant Services	-	-	-	-	-	-	-
92400 Tenant Services - Other	-	10,432	6,424	-	14,726	-	54,994
92500 Total Tenant Services	**$ -**	**$ 64,116**	**$ 6,424**	**$ -**	**$ 14,726**	**$ -**	**$ 208,076**
93100 Water	-	-	-	-	-	-	53,595
93200 Electricity	-	-	-	-	-	-	161,225
93300 Gas	-	-	-	-	-	-	62,122
93400 Fuel	-	-	-	-	-	-	-
93500 Labor	-	-	-	-	-	-	-
93600 Sewer	-	-	-	-	-	-	78,241
93700 Employee Benefit Contributions - Utilities	-	-	-	-	-	-	-
93800 Other Utilities Expense	-	-	-	-	-	-	-
93000 Total Utilities	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 355,183**
94100 Ordinary Maintenance and Operations - Labor	-	-	-	-	-	-	187,844
94200 Ordinary Maintenance and Operations - Materials and Other	363	-	-	-	-	-	117,081
94300 Ordinary Maintenance and Operations Contracts	2,050	-	-	-	-	-	312,296
94500 Employee Benefit Contributions - Ordinary Maintenance	-	-	-	-	-	-	66,283
94000 Total Maintenance	**$ 2,413**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 683,504**
95100 Protective Services - Labor	-	-	-	-	-	-	-
95200 Protective Services - Other Contract Costs	-	-	-	-	-	-	16,984
95300 Protective Services - Other	-	-	-	-	-	-	-
95500 Employee Benefit Contributions - Protective Services	-	-	-	-	-	-	-
95000 Total Protective Services	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 16,984**
96110 Property Insurance	-	-	-	-	-	-	67,091
96120 Liability Insurance	15,365	-	-	-	9,491	-	41,531

Summit Hill Community Development Corporation

Housing Authority of the City of Bloomington (IN022)
BLOOMINGTON, IN

Entity Wide Revenue and Expense Summary

Fiscal Year End: 09/30/2020

	14.871 Housing Choice Vouchers	14.870 Resident Opportunity and Supportive Services	14.HCC HCV CARES Act Funding	14.249 Section 8 Moderate Rehabilitation Single Room Occupancy	COCC	ELIM	Total Enterprise Fund
96130 Workmen's Compensation	4,601	-	-	-	2,842	-	13,015
96140 All Other Insurance	6,523	-	-	-	3,859	-	16,913
96100 Total insurance Premiums	**$ 26,489**	**$ -**	**$ -**	**$ -**	**$ 16,192**	**$ -**	**$ 138,550**
96200 Other General Expenses	5,467	-	-	-	9,772	-	362,641
96210 Compensated Absences	40,522	-	-	-	28,110	-	100,899
96300 Payments in Lieu of Taxes	-	-	-	-	-	-	-
96400 Bad debt - Tenant Rents	19,060	-	-	-	-	-	80,928
96500 Bad debt - Mortgages	-	-	-	-	-	-	-
96600 Bad debt - Other	-	-	-	-	-	-	-
96800 Severance Expense	-	-	-	-	-	-	-
96000 Total Other General Expenses	**$ 65,049**	**$ -**	**$ -**	**$ -**	**$ 37,882**	**$ -**	**$ 544,468**
96710 Interest of Mortgage (or Bonds) Payable	-	-	-	-	-	-	-
96720 Interest on Notes Payable (Short and Long Term)	-	-	-	-	-	-	-
96730 Amortization of Bond Issue Costs	-	-	-	-	-	-	-
96700 Total Interest Expense and Amortization Cost	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
96900 Total Operating Expenses	**$ 521,661**	**$ 64,116**	**$ 321,747**	**$ 8,423**	**$ 313,273**	**$ (655,813)**	**$ 3,103,618**
97000 Excess of Operating Revenue over Operating Expenses	**$ 8,894,806**	**$ -**	**$ 544,183**	**$ 26,167**	**$ 328,470**	**$ -**	**$ 11,554,796**
97100 Extraordinary Maintenance	-	-	-	-	-	-	20,653
97200 Casualty Losses - Non-capitalized	-	-	-	-	-	-	50,419
97300 Housing Assistance Payments	8,172,586	-	550,607	22,643	-	-	8,752,125
97350 HAP Portability-In	-	-	-	-	-	-	-
97400 Depreciation Expense	2,620	-	-	-	2,909	-	578,421
97500 Fraud Losses	-	-	-	-	-	-	-
97600 Capital Outlays - Governmental Funds	-	-	-	-	-		-
97700 Debt Principal Payment - Governmental Funds	-	-	-	-	-		-
97800 Dwelling Units Rent Expense	-	-	-	-	-	-	-
90000 Total Expenses	**$ 8,696,867**	**$ 64,116**	**$ 872,354**	**$ 31,066**	**$ 316,182**	**$ (655,813)**	**$ 12,505,236**
10010 Operating Transfer In	-	-	6,424	-	-	(245,095)	-

Summit Hill Community Development Corporation

Housing Authority of the City of Bloomington (IN022)
BLOOMINGTON, IN

Entity Wide Revenue and Expense Summary

Fiscal Year End: 09/30/2020

	14.871 Housing Choice Vouchers	14.870 Resident Opportunity and Supportive Services	14.HCC HCV CARES Act Funding	14.249 Section 8 Moderate Rehabilitation Single Room Occupancy	COCC	ELIM	Total Enterprise Fund
10020 Operating transfer Out	(6,424)	-	-	-	-	245,095	-
10030 Operating Transfers from/to Primary Government	-	-	-	-	-	-	-
10040 Operating Transfers from/to Component Unit	-	-	-	-	-	-	-
10050 Proceeds from Notes, Loans and Bonds	-	-	-	-	-		-
10060 Proceeds from Property Sales	-	-	-	-	-		-
10070 Extraordinary Items, Net Gain/Loss	-	-	-	-	-	-	-
10080 Special Items (Net Gain/Loss)	-	-	-	-	-	-	3,162,310
10091 Inter Project Excess Cash Transfer In	-	-	-	-	-	(55,652)	-
10092 Inter Project Excess Cash Transfer Out	-	-	-	-	-	55,652	-
10093 Transfers between Program and Project - In	-	-	-	-	-	-	-
10094 Transfers between Project and Program - Out	-	-	-	-	-	-	-
10100 Total Other financing Sources (Uses)	**$ (6,424)**	**$ -**	**$ 6,424**	**$ -**	**$ -**	**$ -**	**$ 3,162,310**
10000 Excess (Deficiency) of Total Revenue Over (Under) Total Expenses	**$ 713,176**	**$ -**	**$ -**	**$ 3,524**	**$ 325,561**	**$ -**	**$ 5,315,488**
11020 Required Annual Debt Principal Payments	$ -	$ -	$ -	$ -	$ -	$ -	$ 962,943
11030 Beginning Equity	**$ 648,343**	**$ -**	**$ -**	**$ 14,502**	**$ 1,012,454**	**$ -**	**$ 7,861,926**
11040 Prior Period Adjustments, Equity Transfers and Correction of Errors	-	-	-	-	-	-	-
11170 Administrative Fee Equity	$ 871,853	$ -	$ -	$ -	$ -		$ 871,853
11180 Housing Assistance Payments Equity	$ 489,666	$ -	$ -	$ -	$ -		$ 489,666
11190 Unit Months Available	16,368	-	-	144	-	-	19,616
11210 Number of Unit Months Leased	15,944	-	-	103	-	-	19,112
11610 Land Purchases	$ -	$ -	$ -	$ -	$ -		$ -
11620 Building Purchases	-	-	-	-	-		57,905
11630 Furniture & Equipment - Dwelling Purchases	-	-	-	-	-		-
11640 Furniture & Equipment - Administrative Purchases	-	-	-	-	-		-
11650 Leasehold Improvements Purchases	-	-	-	-	-		-
11660 Infrastructure Purchases	-	-	-	-	-		-
13510 CFFP Debt Service Payments	-	-	-	-	-		962,943
13901 Replacement Housing Factor Funds	-	-	-	-	-		-

HOUSING AUTHORITY OF THE CITY OF BLOOMINGTON
BLOOMINGTON, INDIANA

SCHEDULE OF FINDINGS
AND QUESTIONED COSTS

SEPTEMBER 30, 2020

Section I: Summary of Auditor's Results:

FINANCIAL STATEMENTS

Type of auditor's report issued:	Unmodified	
Internal Control over financial reporting:		
Are material weaknesses identified?	____Yes	__X__No
Are significant deficiencies that are not considered to be material weaknesses identified?	____Yes	__X__None Reported
Is noncompliance that could have a material effect on the financial statements identified?	____Yes	__X__No

FEDERAL AWARDS

Internal control over major programs:		
Are material weaknesses identified?	_____Yes	__X__No
Are significant deficiencies that are not considered to be material weaknesses identified?	_____Yes	__X__None Reported
Type of report issued on compliance with requirements applicable to each major program:	Unmodified	
Are there any audit findings that are required to be reported in accordance with 2 CFR Section 200.516(a) of the Uniform Guidance?	_____Yes	__X__No

Identification of major programs:

Name of Federal Program	CFDA No.
Public Housing Program	14.850a
Public Housing CARES Act Funding	14.PHC
Section 8 Housing Choice Voucher Program	14.871
Housing Choice Voucher CARES Act Funding	14.HCC
Capital Fund Program	14.872

Dollar threshold used to distinguish between type A and type B programs: $750,000

Is the auditee identified as a low-risk auditee? __X__Yes ___No

HOUSING AUTHORITY OF THE CITY OF BLOOMINGTON
BLOOMINGTON, INDIANA

SCHEDULE OF FINDINGS
AND QUESTIONED COSTS

SEPTEMBER 30, 2020

Section II: Financial Statement Findings:

Summary Schedule of Prior Year Findings:

None

Current Year Findings and Questioned Costs:

None

Section III: Federal Award Findings and Questioned Costs:

Summary Schedule of Prior Year Findings:

None

Current Year Findings and Questioned Costs:

None

Summit Hill Community Development Corporation

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form, as it may be made public.**

▶ **Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning October 1 **, 2019, and ending** September 30 **, 20** 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☑ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Summit Hill Community Devlopment Corporation

Number and street (or P.O. box if mail is not delivered to street address): 1007 N Summit Street | Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Bloomington, IN 47404

D Employer identification number 30-1112000

E Telephone number (812) 339-3491

F Group Exemption Number ▶

G Accounting Method: ☐ Cash ☑ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	0
	2	Program service revenue including government fees and contracts			2	0
	3	Membership dues and assessments			3	0
	4	Investment income			4	0
	5a	Gross amount from sale of assets other than inventory	5a	0		
	b	Less: cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)			5c	0
	6	Gaming and fundraising events:				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	0		
	b	Gross income from fundraising events (not including $ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	0		
	c	Less: direct expenses from gaming and fundraising events	6c	0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	0		
	b	Less: cost of goods sold	7b	0		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	0
	8	Other revenue (describe in Schedule O)			8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	0
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	0
	11	Benefits paid to or for members			11	0
	12	Salaries, other compensation, and employee benefits			12	0
	13	Professional fees and other payments to independent contractors			13	0
	14	Occupancy, rent, utilities, and maintenance			14	0
	15	Printing, publications, postage, and shipping			15	0
	16	Other expenses (describe in Schedule O)			16	0
	17	**Total expenses.** Add lines 10 through 16 ▶			17	0
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)			18	0
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	0
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	0

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I Form **990-EZ** (2019)

Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	0	22	0
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	0	25	0
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	0	27	0

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . ☑

What is the organization's primary exempt purpose? Provide Affordable Housing

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	N/A (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29	N/A (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	N/A (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	0

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☑

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
William Hosea President	0	0	0	0
Kevin Cade Vice President	0	0	0	0
Marilyn Skirvin Director	0	0	0	0
Elaine Amerson Director	0	0	0	0
Sherry Clay Director	0	0	0	0
Sue Wanzer Director	0	0	0	0
Lindsey Smith Director	0	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶ Indiana			
42a	The organization's books are in care of ▶ Nika Alexander Telephone no. ▶ 812-339-3491 Located at ▶ Bloomington Housing Authority, 1007 N Summit Street Bloomington, IN ZIP + 4 ▶ 47404			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		✓
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over $100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 ▶ 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☑ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Amber Skoby — Signature of officer — Date 01/11/2021

▶ Amber L. Skoby, Secretary/Treasurer — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ **Yes** ☐ **No**

Summit Hill Community Development Corporation

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	**Employer identification number**
Summit Hill Community Development Corporation	30-1112000

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1–10 above (see instructions))	**(iv)** Is the organization listed in your governing document? Yes	No	**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	0	0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						0

12 Gross receipts from related activities, etc. (see instructions) . . . **12** 0

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☑

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . **14** %

15 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . **15** %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV **Supporting Organizations** *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d Total (add lines 1a, 1b, and 1c)	**1d**		
e Discount claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by .035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 Minimum Asset Amount (add line 7 to line 6)	**8**		

Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2 Enter 85% of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D—Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions.			
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015 . . .			
b	Excess from 2016 . . .			
c	Excess from 2017 . . .			
d	Excess from 2018 . . .			
e	Excess from 2019 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
Summit Hill Community Development Corporation	30-1112000

Part III: Summit Hill CDC is a nonprofit wholly controlled by the Bloomington Housing Authority for the exempt purpose of providing and developing affordable housing. During the fiscal year ending 9/30/20, Summit Hill CDC did not own any assets, incur any liabilities, receive any revenue or pay any expenses. Summit Hill CDC expects to begin financial activity during FY21.

Part IV: The Summit Hill CDC Board of Directors held one board meeting during the fiscal year. The Directors were not compensated for the meeting.

Name of the organization | Employer identification number

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to *www.irs.gov/Form990*.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Don't use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization isn't required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return isn't filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. **Don't use** this schedule to provide the late-filing statement.

Amended return. If the organization checked the *Amended return* box on Form 990, *Heading*, item B, or Form 990-EZ, *Heading*, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Don't use** this schedule. See the instructions for Form 990, *I. Group Return.*

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, *Statement of Program Service Accomplishments.*

a. "Yes" response to line 2.

b. "Yes" response to line 3.

c. Other program services on line 4d.

2. Part V, *Statements Regarding Other IRS Filings and Tax Compliance*.

a. "No" response to line 3b.

b. "Yes" or "No" response to line 13a.

c. "No" response to line 14b.

3. Part VI, *Governance, Management, and Disclosure.*

a. Material differences in voting rights among members of the governing body in line 1a.

b. Delegation of governing board's authority to executive committee in line 1a.

c. "Yes" responses to lines 2 through 7b.

d. "No" responses to lines 8a, 8b, and 10b.

e. "Yes" response to line 9.

f. Description of process for review of Form 990, if any, in response to line 11b.

g. "Yes" response to line 12c.

h. Description of process for determining **compensation,** in response to lines 15a and 15b.

i. If applicable, in response to line 18, an explanation as to why the organization checked the *Other* box or didn't make any of Forms 1023, 1024, 1024-A, 990, or 990-T publicly available.

j. Description of public disclosure of documents, in response to line 19.

4. Part VII, *Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.*

a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.

b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).

5. Explanation for Part IX, *Statement of Functional Expenses*, line 11g (other fees for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

6. Explanation for Part IX, *Statement of Functional Expenses*, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

7. Part XI, *Reconciliation of Net Assets.* Explain any other changes in net assets or fund balances reported on line 9.

8. Part XII, *Financial Statements and Reporting.*

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions.

1. Part I, *Revenue, Expenses, and Changes in Net Assets or Fund Balances*.

a. Description of other revenue, in response to line 8.

b. List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20.

2. Part II, *Balance Sheets*.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services, in response to Part III, *Statement of Program Service Accomplishments*, line 31.

4. Part V, *Other Information*.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization didn't report unrelated business gross income of $1,000 or more to the IRS on Form 990-T, in response to line 35b.

d. "No" response to line 44d.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.

CAUTION ***Don't*** *include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.*

Summit Hill Community Development Corporation

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 2 2 2019

SUMMIT HILL COMMUNITY DEVELOPMENT
CORPORATION
1007 N SUMMIT ST
BLOOMINGTON, IN 47404

Employer Identification Number:
30-1112000
DLN:
17053226309008
Contact Person:
SIRIJUN MAYI ID# 31449
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
September 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
July 19, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

SUMMIT HILL COMMUNITY DEVELOPMENT

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

Letter 947

City of Bloomington
Office of the Common Council

Jack Hopkins 2022

HAND 2021 Final Report

2021 Jack Hopkins Social Service Funding Report *as of March 25, 2022*

The following agencies have fully drawn (100%) their 2021 allocated funds:

· All Options Pregnancy Resource Center	$ 3,940	Mobile Diaper Distribution Program
· Amethyst House	$21,800	Upgrade Women's Residential Facility and Paint
· Big Brothers Big Sisters	$20,000	Operational Expenses
· Boys & Girls Club	$15,000	Emergency community relief program
· Catholic Charities	$17,800	Therapy Salary Costs for 24 weeks and trauma training
· Community Bike Project	$ 6,800	Free Bikes Program, tow behind trailer and equipment
· Community Kitchen	$ 5,400	Produce cooler replacement (True t-72-HC three door)
· Courage to Change	$ 3,036	Drug Testing Kits
· HealthNet	$12,300	Public awareness campaign (promotional materials)
· Hoosier Hills Food Bank	$35,000	Food Purchasing
· Meals on Wheels	$ 5,673	Website Redevelopment
· Monroe County United Ministries	$22,000	Upgrade to building exterior
· Mother Hubbard's Cupboard	$11,325	Office and Pantry Furniture
· New Hope for Families	$35,000	Appliances and Furnishings for new shelter
· New Leaf New Life	$12,000	Salary support and supplies
· Pets Alive	$12,500	Wellness Clinic Products
· Saint Vincent DePaul	$30,000	Rent and Deposit Assistance
· The Project School	$12,210	Installation of laundry room and laundry appliances
· Hotels for Hope	$21,500	6 months of Hotel room payments
· Shalom Community Center	$21,000	Exterior painting and floor upgrade
· Wheeler Mission	$17,000	Staff expense for case and food service mgrs.
· Healing Hands Community Church	$6,649.42	Purchase a used moving truck
· Beacon	$25,000	Rent and utility support
· CJAM	$8,739.10	Support for HEPP project
· My Sister's Closet	$22,400	Assistant Store Manager Salary
· Tandem	$30,000	Rent, personnel expenses, supplies, insurance, etc
· Middle Way House	$10,000	Used Work Truck

The following agencies submitted final claims and have funds to revert back to the Jack Hopkins fund:

· Habitat for Humanity $9,473 award	$ 333.42	Zero Turn mower, DK2 Power Chipper, Chainsaw
· Refugee Support Network $8,000 award	$6.78	Rent, utilities, transportation, medical expenses
· SCCAP $2,944.22 Award	$ 0.21	Video Equipment, garden kits, cases, and flyers
· The Persisterhood Workshop $2,943.07 Award	$265.57	Tent, Hand Truck, Embroidery, sewing, displays
· Pro Bono Indiana $8,206.00	$ 1,220.44	– Support for HEPP project
· Indiana Recovery Alliance $17,000	$ 1,368.08	– Development Director Salary Support
· Life Designs $28,676.26 Award	$19,757.25	– Day Services

$22,951.75 in reverted funds

2021 Jack Hopkins funding of $511,000.00

$511,000.00 Jack Hopkins 2021 grant funds awarded

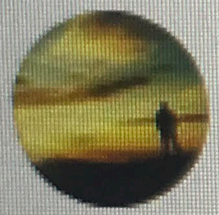
$488,048.25 (95.51%) has been drawn as of 03.25.22

Jack Hopkins Grant

Thank you to the Jack Hopkins Social Services Grant Committee for awarding Courage To Change a Recover Forward Grant for 2020/2021. This grant will help pay the salaries for extra hours for our house mangers during the COVID pandemic.

9+ 9+ 2

ommunity Photos More Promote



Courage to Change Sober Living

Published by Bobby Overman · December 8, 2020 ·

Thank you to the Jack Hopkins Social Services Funding Committee for awarding us a Recover Forward grant. We appreciate your continued support for the work we do in our community.

245	20	–
People Reached	Engagements	Distribution Score

Boost Post

4 3 Shares

Like Comment Share

Monroe County United Ministries serves Monroe County's low-income, no-income families by providing high quality, low-cost childcare, basic needs assistance, and asset building. We are on track to serve 1,600 families by the end of 2021. This year MCUM was awarded $22,000 for the Visibility Revamp to Serve more Families Project. The project was designed for external improvement materials to increase safety, create positive visibility, and improve the message our physical environment sends to actual and prospective, clients, staff, community members, and funding partners. Donor psychology research indicates people choose whether to give to an organization based on looks and impression - these changes will have a positive influence on food and hygiene as well as financial donations. Additionally, the improved ambiance will help recruit more potential program users who could benefit from our services.

The improved outside of the facility gives passers-by an opportunity to notice our building and inquire about our programs. Most of the improvements were completed just in time for MCUM's Open House in early October. The event attracted over 200 people and hosted 12 other nonprofit and city agencies. We have received a lot of positive feedback in regards to the updated space from the attendees, which included several donors and clients as well as residents in MCUM's general neighborhood. The colorful fence wraps combined with the outside lights, help brighten up the neighborhood.

The new sheds have been great addition to the school play yards. The largest of the sheds keeps all of the larger toys, such as water tables, bikes and toy cars, clean and dry when not in use. The previous shed, in addition to be too small, had started to fall apart. The addition of a small shed to one of the top playgrounds has provided much needed storage that is easily accessible for the teachers. The fence screen and wrapping not only makes MCUM cheerier to drive past but provides privacy for the children playing on the large playground, as it is the one is closest to the road. Because of this grant, we were able to get our parking lots and driveway repaved and stripped. As the lines had all faded and there were many potholes, which had become a tripping hazard for the children and our clients, this part of MCUM needed to be updated badly.

Please see the attached pictures for a visual update of the project.

We're
glad
you're
here!

Welcome to
MCUM!
Our goal is to help YOU achieve YOUR goals!
Are you interested in working with a coach to improve an area of your life? Together, we can make that happen!
OTHER SERVICES
CLEANING & HYGIENE
FINANCIAL AID
MOBILITY MENTORING
*MUST APPLY & MEET ELIGIBILITY REQUIREMENTS
"Because of [MCUM], I decided that I was going to return to school. The sliding fee was really the only way that got my degree."
"When that first delivery came, I took the food into the house to unpack it all and I cannot put into words how ecstatic/relieved/humbled/appreciative I was."
"What I like most about MCUM are the friendly people. They are there to help."
Food Pantry
SELF-SUFFICIENCY CENTER:
All are welcome! We are here for you!
NO PROOF OF IDENTITY OR NEED REQUIRED!
www.mcum.org
812-338-3409

OTHER SERVICES
CLEANING & HYGIENE
FINANCIAL AID
MOBILITY MENTORING
*MUST APPLY & MEET ELIGIBILITY REQUIREMENTS
"Because of [MCUM], I decided that I was going to return to school. The sliding fee was really the only way that I got my degree."
"When that first delivery came, I took the food into the kitchen to unpack it all and I cannot put into words how ecstatic/relieved/humbled/appreciative I was."
"What I like most about MCUM are the friendly people; They are there to help."
Food Pantry
• Shop once/month, 3 day supply
• You can choose your own food!
• Fresh bread & produce
• Respect for food restrictions and preferences
• ORDER ONLINE for delivery or
SELF-SUFFICIENCY CENTER:
All are welcome! We are here for you!
www.mcum.org
812-339-3429
NO PROOF OF IDENTITY OR NEED REQUIRED!

petsalive
nonprofit spay/neuter clinic

JACK HOPKINS FINAL REPORT

I. Awarded: $12,500

II. Project: to purchase products for our Wellness Clinic

III. Results:

A. Many of the health issues humans face, our pets face also. We spent $1,319.97 on wellness meds to combat the following common problems: Digestive issues such as stomach ulcers and acid reflux, dental issues such as plaque and tartar, infection, thyroid and pituitary problems, arthritis and joint problems, and allergies and asthma.

B. Vaccinations prevent many pet illnesses and can help avoid costly treatments for diseases. Vaccinations also prevent diseases that can be passed between animals and from animals to people making it the most important part of a wellness program. We spent $3,322.50 on 2,100 vaccine doses for: Rabies, Feline leukemia, Bordetella (kennel cough) and Distemper. In 2021, we have administered 12,436 vaccines through September 30.

C. Flea and tick prevention should be a part of all pets' wellness. These pests can impact the health of animals by creating discomfort, skin infections, and illness in addition to creating an infestation in these pets' homes. We spent $4,969.09 on chews, topical solutions, and oral drops to help 270 animals and their humans stay healthier this summer.

D. No one wants to hear that their pet has heartworm, but the good news is that most can be successfully treated. An infected mosquito is the cause of the cough, lethargy, decreased appetite, and weight loss. If left untreated, most pets will die as a result. We spent $1,290.38 on chews to help 35 animals fight heartworms, tapeworms, and other parasites. We have performed 793 heartworm tests in 2021.

E. Finally, to administer wellness, our staff relies on gloves and syringes, and we spent $1,800.48 on them. It is enough for 3,500 injections, 1,136 less than we did in June, July, and August 2021.

IV. Population served: The goal of our Wellness Clinic is to ensure that all pets have access to basic health services, regardless of their person's financial position. As we are one of the few low-cost clinics, we serve a large area in the south-central Indiana region.

V. Community Benefits: Especially as we all continue to feel myriad effects of COVID-19, the impact of zoonotic diseases cannot be understated. Rabies vaccinations are a state law; fleas and ticks can cause serious issues for humans as well. Humans save money, animals stay healthier.

VI. Credit to Jack Hopkins: https://petsaliveindiana.org/involved/

Receiving these funds from the Jack Hopkins Social Services Funding Committee has allowed us to continue our work serving the animals and their companion humans who call this area home. There is no end to the need for our services and we often book up weeks in advance. There is only need for more funding and more qualified people to help us achieve our goals. We are most grateful that this Committee saw the value in Pets Alive and that we were able to make the best use of these funds.

Submitted: October 4, 2021

BRAVECTO
Purell
ASPCA
2021
Dr. Owens

1 PERSON
PER ANIMAL.
MAX. 3 PEOPLE
IN LOBBY
AT ONE TIME.
THANK YOU!!

HealthNet
Your Health. Our Passion.

Jack Hopkins Social Services Final Funding Report
Nancy E. Richman, Ph.D., MPA
December 7, 2021

HealthNet is grateful for the one-time investment of $12,300 from the Jack Hopkins Social Services funding that enabled the Bloomington Health Center (BLHC) to conduct a public awareness campaign to promote BLHC as an option for medical and dental care for the entire family.

Our hope with this campaign was that if people know that BLHC serves all ages, with and without insurance, then more people would schedule new patient appointments. There would be, then, a greater chance for the early detection and treatment of potentially serious conditions.

Specifically, with JHSS funding, BLHC purchased billboards for two locations that each ran for two months. Bloomington bus tail wraps were also purchased for 10 buses for 1 month and interior promotional cards were installed in 20 buses for two months. Finally, promotional brochures were printed, and materials were purchased for promotions at local health fairs and festivals, including Bloomington Pridefest, Fiesta del Otono, 50+ Expo, Children's Expo, and the Redeemer Church Fair.

The key outcome indicators for our public awareness campaign were:

1. **The number of new patients to the call center for BLHC in the 3 months after the grant activities began (Sept- Nov), compared to the number of new patients in the 3 months prior to when grant activities began (Apr-June).**

Results: Interestingly, the total number of new patients in the 3 months after grant activities began were a little lower than the 3 months before (254 vs 265, average patients per month 88 vs 85). This small difference might have been due to the 2 additional days the Center was closed in this period (Memorial Day vs Labor Day and 2 days for Thanksgiving). However, in July and August, while the campaign was active the average new patients per month was higher at 95. This suggests that the most impactful time of the campaign was during the height of visibility, i.e., when the billboard and bus wraps were active and when we attended several fairs and festivals.

In reviewing this data on new patients, the nurses have pointed out that when a new patient has an urgent issue the appointment is recorded on the schedule as a "sick visit" rather than a "new patient visit," and the focus of the visit is the pressing issue. A new patient appointment is then scheduled later. Thus, this person does not show up on the report as a new patient. The result of this is that this data is an underestimate of the number of new patients and it's difficult to derive conclusions based on this data as a result.

2. **The number of phone calls to BLHC in the 3 months after the grant activities began (Sept- Nov), compared to the number of calls in the 3 months prior to when grant activities began (Apr- June).**

Results: Phone calls to the Bloomington Health Center showed a huge positive impact of the marketing campaign. In the 3 months after grant activities began (Sept-Nov) there were a total of 4,988 calls, with an average of 1,662 per month. This is an increase of 940 calls from the total of calls in the period before the marketing campaign. Pre-campaign, the total number of calls was 4,048, with an average of 1,349 per month. Interesting, during the most active phase of the campaign, July and August, the average number of phone calls showed an increase from pre-campaign (1,510), but not as high as post-campaign.

Overall, the data from our outcome indicators demonstrates that the public awareness campaign funded by the Jack Hopkins Social Services Funding was a huge success! Again, we greatly appreciate your support of the HealthNet Bloomington Health Center.

Photo of one of the Billboards

Photo of one of the Bus Tail Wraps

Photo of Promotional Materials at Bloomington Pridefest

Public Acknowledgement of grant award (HealthNet Website, July 14, 2021)

HealthNet

Your Health. Our Passion.

English | Español | Hakka Chin

Home | Patients | Locations | Services | Programs | Find a Provider | About | Get Involved | Patient Portal

HealthNet Receives Jack Hopkins Social Services Grant for Public Awareness Campaign for Bloomington Health Center

7/6/2021

Thank you to the City of Bloomington Common Council Jack Hopkins Social Services Funding Committee for enabling us to run a public awareness campaign for the HealthNet Bloomington Health Center. Look for our ads on two billboards and the tail end of transit buses! This funding has helped us reach out to the community with a multi-pronged promotional approach, so that people know where they can get medical care when they need it!

Public Acknowledgement of grant award (HealthNet Facebook page, July 14, 2021)

Jack Hopkins Social Services Program 2021
Upgrade Kitchen at the Women's House

Amethyst House was awarded $21,800 in funding. The money was used to support the kitchen and dining room floors as they were starting to sag. After the floors were supported the kitchen and dining room were upgraded by new vinyl flooring, new countertop, new sink, painting kitchen cabinets, kitchen walls, dining room walls, and updating the dining room table and chairs and lighting fixtures.

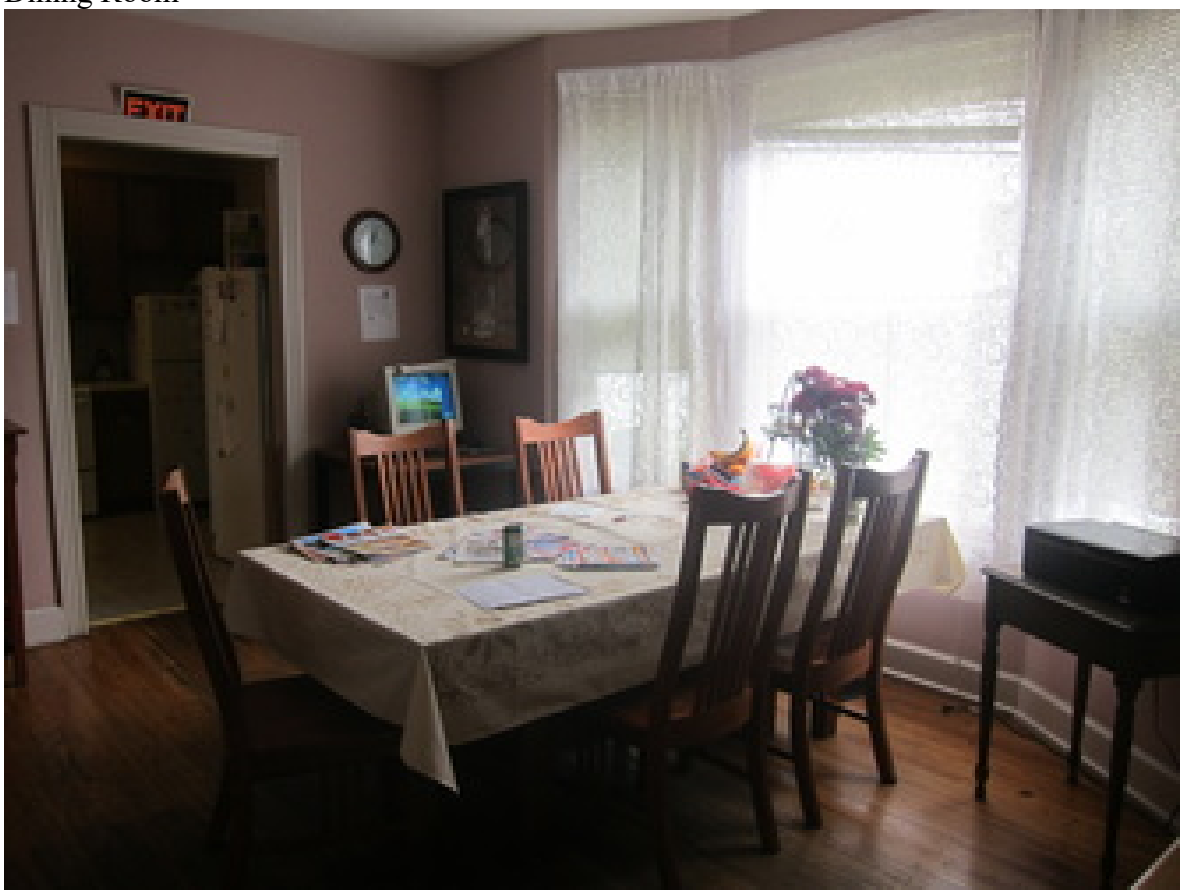
Amethyst House serves as many as 14 residential clients at any given time at the women's house who are recovering from the profound impact of drug and alcohol addiction. The at-risk population which we serve often experiences chronic homelessness and incarceration/institutionalization as a result of their addictions. Amethyst strives to help clients break this cycle with stable housing and aiding them in maintaining sobriety and building financial independence (in accordance with #7 "Meeting Essential Needs" in United Way's SCAN report). Part of being able to provide stable housing is providing a home that is not only safe for our residents but also a well maintained home.

City of Bloomington – Jack Hopkins Social Services Program funding will be included in our 2021 annual report and will be published in January 2022. The Amethyst House has benefitted tremendously from the Jack Hopkins grant. These funds have assisted us in creating a safe living environment that is conducive to recovery. We are so grateful for the committee's time and consideration.

Sagging floor

Kitchen

Dining Room



Exterior Paint

ALL-OPTIONS
pregnancy • parenting • abortion • adoption

12/8/2021

City of Bloomington - HAND
Attn: Cody Toothman
PO Box 100
Bloomington, IN 47402

Re: Jack Hopkins Social Services Agency Report - All-Options

Thank you for your support of the All-Options Hoosier Diaper Program. Below is a report of our spending for the grant issued in 2021. Please let me know if you have any questions or need additional information. We are grateful for your support, and for the good work your grants make possible in our community.

In 2021, the All-Options Hoosier Diaper Program was awarded $3,940 for a pilot project: Mobile diaper distribution program (truck or van rental, staff time and supplies).

The outcome indicators we outlined in our application are below.

- At least 25 new-to-All-Options families will receive diapers in 2021
- Children with special needs or potty training will receive diapers and/or pull-ups
- All families will be asked for feedback, and 95% of those who complete survey will indicate feeling more supported in their parenting experience and more connected to community

In September, October, and November, we partnered with Bloomington Housing Authority to bring the All-Options Diaper Mobile to Crestmont Community Center, at the same day & time the BHA was running its monthly food & non-food pantry. We set up a large truck outside Crestmont Community Center and offered diapers, wipes, and a variety of miscellaneous items for anyone in need. We were thrilled to serve at least 25 new-to-us families, most of whom have gone on to become monthly diaper clients and receiving services & supplies at the Center in addition to the mobile sites. We have provided 20 families with pull-ups and potty training resources. During the 3 months of distribution, we served a total of 65 families with 120 children. We distributed 240 packs of diapers and 120 packs of wipes to these families. Clients were also able to help themselves to a “self-serve” supply table which included condoms, pregnancy tests, baby bottles, hand-knitted scarves, menstrual pads and tampons, and baby clothing. Feedback from clients was overwhelmingly positive, with 98% reporting they felt more supported in their parenting experience and more connected to community.

The population served by the Hoosier Diaper Program is 95% within Monroe County, and approximately 90% within the city of Bloomington.

How does the community benefit from the Hoosier Diaper Program, and specifically the All-Options Diaper Mobile? Every month, families in Bloomington have the option of receiving “bonus” supplies in addition to what they might receive from the Pregnancy Resource Center. Meeting people in this “few questions asked” way helps them feel more supported by their community. This makes a huge difference in their daily lives and improves the health of the child, the family, and our community - keeping children healthy by preventing diaper rash and infections. Diapers are also critical for allowing parents to attend work or school. Additionally, during the Covid-19 pandemic, we want to help families eliminate the need to visit multiple places each week to obtain their basic needs like diapers, wipes, and diaper rash cream. By helping to provide these diapers, our Hoosier Diaper Program is supporting a family’s ability to make ends meet and to parent with dignity.

We remain grateful for your support! Please feel free to reach out with any questions. This document includes a few images of social media posts giving the Hack Hopkins Social Services Funding Committee credit, and we will attach one more document to the email (the form all clients filled out at the Diaper Mobile.)

Warmly,

Jessica Marchbank
Center Manager
All-Options Pregnancy Resource Center

All-Options Pregnancy Resource Center
Published by Leslie Lopez · September 30 ·

Today was our first day of mobile diaper distribution! 🚚 Thanks to the City of Bloomington, IN - Office of the Mayor's Jack Hopkins Social Services grant, our All-Options Hoosier Diaper Program will be joining the Bloomington Housing Authority on the last Thursday of the month outside Crestmont Community Center. We're grateful to be expanding our diaper distribution efforts and hope to reduce the burden of diaper need for more Hoosier families! #EndDiaperNeed #NDNAW21

Want to support our Hoosier Diaper Program? Make a donation today: https://all-options.networkforgood.com/.../36888-hoosier...!

350
People reached

23
Engagements

Boost post

All-Options Pregnancy Resource Center
Published by Leslie Lopez · November 18 at 9:05 AM ·

It's time for our mobile diaper distribution! 🚚 We'll be joining the Bloomington Housing Authority at the Crestmont Community Center today, 11/18 from 3pm-4:30pm. If you're in need of diaper support, please stop by!

P.S. This is open to anyone, including current Hoosier Diaper Program clients who need extra assistance. Our thanks goes to the City of Bloomington Jack Hopkins Social Services Grant, which made this possible!

ALL-OPTIONS
pregnancy resource center

All-Options Hoosier Diaper Program: Feedback Survey

As a client of All-Options Pregnancy Resource Center, your experience using our services is very important to us! Your honest responses to this confidential survey will help us improve our programs and how we support Hoosiers around pregnancy, parenting, abortion, and adoption. Please take our brief client feedback survey below.

To thank you for taking the time to complete this survey, you will be entered into a quarterly drawing for a Target gift card. We appreciate your feedback and your participation!

The All-Options Diaper Mobile was made possible through a generous grant from City of Bloomington Jack Hopkins Social Services Funding Committee.

Please tell us how you would rate your overall experience receiving diapers from All-Options.

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

Please tell us how easy it was to receive these diapers at Crestmont Community Center.

BOYS & GIRLS CLUBS
OF BLOOMINGTON

Boys and Girls Clubs of Bloomington

Jack Hopkins Social Services Funding 2021

Final Report (accompanying our claim)

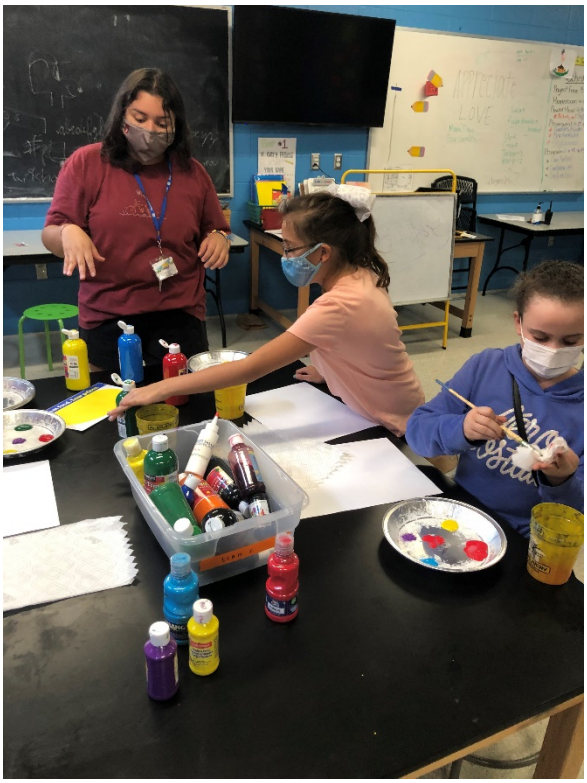
The Boys & Girls Clubs of Bloomington (BGCB) received $24,000 from the Jack Hopkins Social Services Fund Committee to fund our operations and staffing during after-school, break camp, and summer camp programming for children 6-18 years old at the Ferguson Crestmont and Lincoln Street units from June 7, 2021-December 8, 2021. This support enabled us to expand our community reach in the wake of COVID-19 capacity restrictions. For example, we have been able to successfully transition from our COVID-19 pod model back to our regular program structure.

We began our transition during Summer Camp which ran from June 7, 2021-July 31, 2021. Members rotated through academic success, healthy lifestyles, and good character and leadership programming with their homeroom for the majority of the day. During the special program hour in the afternoon, members had the option to choose from progressive, skill-building programs such as Garden Club, Cooking Club, Teach IT, Nature Club, and Wiffle Ball among many others. These programs were primarily run by program staff as we continued to limit the number of in-person community partners and volunteers due to the pandemic. By hiring additional staff, we were able to expand the number of programs offered and the number of registered campers. Our Summer Camp average daily attendance increased from 63 members per day in 2020 to 130 members per day in 2021.

While still in line with CDC social distancing guidelines, our programs this semester operate in much the same way they did prior to COVID-19. Rather than staying within their pods throughout the day, members can now choose from a variety of different programs based on their age group and individual interests. In order to facilitate a wider variety of programs as we worked to rebuild our volunteer and community partner base, we hired additional program staff. As a result, we have experienced rapid growth in enrollment and average daily attendance as compared to the 2020-2021 school year. From September 2020-May 2021, the Club served a total of 312 members and had a limited capacity that was 60% of our pre-pandemic average daily attendance. Since the beginning of the funding period, membership and participation at the Ferguson Crestmont and Lincoln Street Units have grown; we have served a total of 830

members and as many as 329 youth per day. Due to our expansion efforts, we currently have 772 members registered, a 135% increase from the previous school year.

The included photos show members participating in staff-led programs from Summer Camp and after-school programming. The funds contributed by the Jack Hopkins Social Service Grant has supported staffing and operational costs which enable us to serve more families and provide a growing number of youth in the community a safe, positive place to flourish.



Weekly Theme →
What are the five senses?

Big Brothers Big Sisters.

Defending Potential ™

Jack Hopkins Social Service Funds

September 22, 2021

Big Brothers Big Sisters of South Central Indiana was awarded $20,000.00 for Operational Expenses. These expenses were for rent and the wages/salaries of employees.

The population served with the grant is Monroe County.

Big Brothers Big Sisters of South Central Indiana
Income Breakdown of Families through 12-2020

Subsidized lunch- 78%
Household income breakdown:
Less than $10k- 25%
$10k-$20k- 20%
$20k-$30k- 15%
$30k-$40k- 10%
$40k-$50k- 6.5%
$50k-$60k- 14%
Unknown (not reported)- 9.5%

**All of these statistics are self-reported by parents/guardians on the child application.*

The agency added 6 new matches between 06/01/2021 to 9/15/2021, which included staff time for recruitment and interviewing new volunteers, reference, and background checks, accessing and processing of each of the volunteers.

The community benefit of the project is to emphasize prevention, and non-exclusionary intervention strategies. One of those ways is to give the children a positive activity to focus their time and energy, such as a STEM project. The event was held on Aug 13th at Rev. Butler Park the agency purchased several crafts, and other items related to the event. The event was a cultural educational event that included several activities from around the world. Each participant was given a "Passport" and once an activity was completed, they received a stamp intheir passport. Once the passport was filled the participant received a prize, which was a STEMliterary backpack containing other activities, a book for their age group, and other items.

Monroe County: P.O. Box 2534, Bloomington, IN 47402 | 501 N. Walnut St. Bloomington, IN 47404·
Owen County: P.O. Box 571 Spencer, IN 47460
812-334-2828
Visit us at: www.bigsindiana.org ·
Email us at bbbs@bigsindiana.org

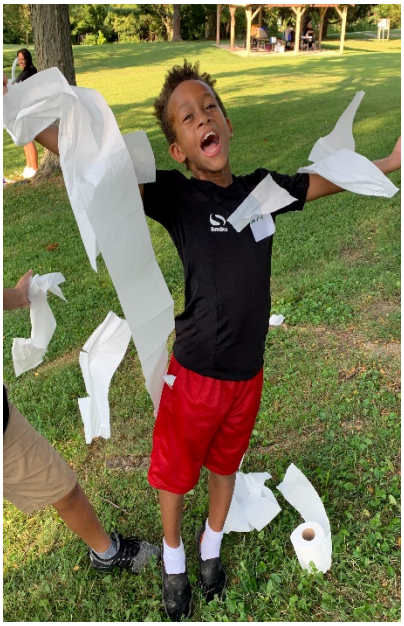
TOGETHER, WE ARE DEFENDERS OF POTENTIAL

0771

LIVE UNITED United Way of Monroe County

Big Brothers Big Sisters.

Defending Potential ™



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TOGETHER, WE ARE DEFENDERS OF POTENTIAL

0772

LIVE UNITED
United Way
United Way of Monroe County

Catholic Charities Bloomington

Jack Hopkins Social Services Committee

Final Report

Teen Support Grant

Award date: June 2021

1. Total Award Amount Received: $17,800.00

2. Project Description: Catholic Charities Bloomington sought one time funding to expand our agency's capacity to serve adolescents and young adults in our city. The unmet need for youth mental health services had been growing before the pandemic and now adding the prolonged nature of the COVID-19 pandemic has robbed many teens of their ability to socialize, a key protective factor in their overall developmental and well-being. According to a recent publication in the Official Journal of the American Academy of Pediatrics, suicidality screenings among adolescents indicated a significant increase in suicide ideation between July 2019 to July 2020 (pediatrics.aappublications.org). This is consistent with our experience the past two years where the calls have been more urgent and higher risk. The local hospitals report that they have many more teen ER visits for suicidality and attempts, with no capacity to admit them. CCB put a special focus on the teens and young adults by hiring a therapist, David Lasuertmer, to increase capacity for assessments as well as more individual and family therapy sessions. David has extensive experience working with teens and adolescents facing suicidality and the many presenting factors that impact this vulnerable population. David has expanded the reach of Catholic Charities Bloomington by seeing multiple clients within the age range of 10-19 which is the world health organization's definition of adolescent. The full range of funding acquired was used to pay for part of David's first 6 months of salary. David built a caseload quickly and these funds along with his insurance and self-pay billing allowed him and our agency to reach the most vulnerable and critical need clients with speed and efficiency.

3. Results and Impact: Catholic Charities Bloomington was able to serve 12 additional patients between July and December 2022. This correlates to an annual increase of 24 or more adolescent and teen clients during the course of a year. The intensity of the client cases leads to a variety of factors that impact these outcomes. Teens and adolescents facing suicidality often take extra time to establish trust with the therapist, spend multiple session reducing the critical need of their mental health symptoms, and then a lengthened treatment plan to ensure symptoms that led to the crisis nature of their case are addressed and supported in treatment. It is important to note that David did see additional clients below the age of 10 and above the age of 19 facing similar suicidality concerns as our agency places a priority on serving anyone facing a crisis above the age outlined in this program.

4. Population Served by the Program: The program served residents of Bloomington and Monroe County as well as surrounding counties.

5. Community Benefits of the Project: The City of Bloomington benefited by supporting Catholic Charities Bloomington guide those most in need of mental health services as well who are in active crisis to reach a point of stabilization and safety creating a healthier community overall.

COMMUNITY KITCHEN
OF MONROE COUNTY, INC.

30 Years • 2.5 Million Meals • A Healthier Community

June 24, 2021

Final Report – Jack Hopkins Social Service Funding – Community Kitchen

Community Kitchen is grateful to have been the recipient of 2021 JHSSF in the amount of $5,400. The funds were granted for and used for the purchase of a new three door cooler, to replace an old one. That old one was passed on to Mother Hubbard's Cupboard where it can continue to be of use, but not the heavy use it was here.

Our projected outcomes measure is in quality of nutrition that we are able to provide our patrons, with a new produce cooler that can allow for more fresh produce purchases. Since the time of award, we have been purchasing fresh vegetables once/week, for the dinner meal. That is a very new thing for us and we are excited about the additional nutrition level in meals as a result. Consistent, dependable refrigeration allows us that opportunity.

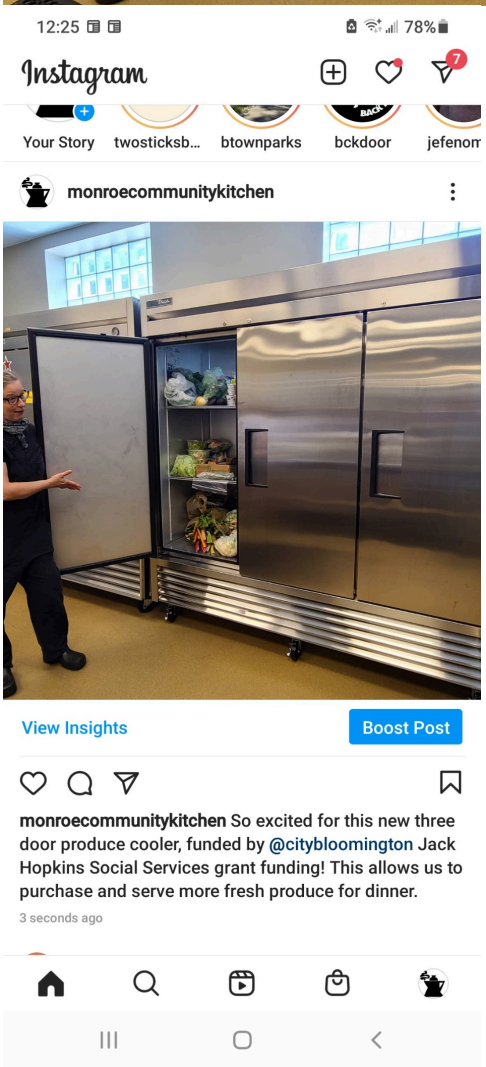
Community Kitchen serves anyone in need in Monroe County. 2020 surveys indicated, that 93% are City of Bloomington residents and 99% were Low or Extremely Low Income.

The community benefit of this funding is in the capacity of providing quality nutrition to those in need. There is a qualitative difference in one's health and life situation when one is able to access quality nutrition (lean proteins, fresh fruit and vegetables, salads, complex carbohydrates) instead of just empty, high calorie, simple carbohydrate foods. The research on the effects of steady access to nutritious food clearly shows many long term positive results for individuals and communities.

Attached is a photo of the purchased equipment, as well as, the Facebook post that announced the purchase and funding.

1515 S. Rogers Street PO Box 3286 Bloomington, IN 47402 (812) 332-0999 monroecommunitykitchen.com

United Way
Member Agency


12:25
78%
Instagram
7
Your Story
twosticksb...
btownparks
bckdoor
jefenom
monroecommunitykitchen
View Insights
Boost Post
monroecommunitykitchen So excited for this new three door produce cooler, funded by @citybloomington Jack Hopkins Social Services grant funding! This allows us to purchase and serve more fresh produce for dinner.
3 seconds ago

HEALING
HANDS, INC.

1917 S Walnut St
Bloomington, IN 47401
812-272-2515

Jack Hopkins Social Services Program
Grant Report for Moving Truck

Amount of Grant: Healing Hands Outreach Center, Inc. received $6,649.42 for a 2000 GMC/Savana 12 foot box truck with a tommy lift gate purchased in November 2021.

Description of Project: Currently, Healing Hands Outreach Center services approximately 200-400 families yearly to support a healthy community by providing by delivering bedding, appliances and furniture for families in need for free without charge.

Community Benefits: This program is particularly important for families that may have members with physical disabilities or limitations and young children.

Additionally, this project allows Healing Hands Outreach Center to address priority essential needs.

"The 2010 Household Survey revealed that 20% of respondents had at least a minor problem with having enough money to buy needed clothing and shoes and nearly one-third (30%) of respondents with income less than $15,000 said that buying clothing and shoes was a major problem."

Providing free furniture and clothing helps remediate the emergent needs for these families and reduces stressors that lead to substance abuse and neglect in households.

We build strength, stability, self-reliance and shelter.

Jack Hopkins Social Services Grant 2021 Report

Project Name: Increasing Habitat Homeownership Opportunities through Self-Managed Landscaping Efficiencies

Amount Awarded: $9,473.00 - $9,139.58 was spent as Habitat was able to acquire the same items at a lower cost.

Project Description: Habitat for Humanity of Monroe County utilized the Jack Hopkins 2021 award to purchase landscaping equipment to offset the cost of required landscaping on Habitat owned properties. A riding mower, chainsaw, chipper and auger were purchased as they became available and have already been used to complete landscaping work that would have required a paid subcontractor.

Project Results: We estimate that $900 annually will be saved for mulch for home sites while still under Habitat ownership and Habitat ReStore landscaping. Approximately $2,000 has been saved this season in mowing costs on Habitat owned properties. We anticipate $2,800 annually - an average of $400 per month April to October – that will be saved. The chipper, which was on backorder, was the last item acquired. Habitat will begin using volunteers to process downed trees and brush in to mulch, saving an additional $3,700 annually.

Population Served: A main tenet of Habitat's model is the wide-ranging engagement of volunteers in our work. By utilizing both skilled and unskilled volunteers, Habitat is able to build affordable housing by keeping our costs low. The additional cost savings of performing mowing and mulching using our volunteer model will allow us to build more affordably, and ultimately to partner with more families.

Community Benefits: The purchase of this equipment will yield long-term benefits to Bloomington residents by creating operational efficiencies that will allow us to redirect funds to client services and fulfill our mission of building decent, affordable homes in partnership with area families. This equipment will help us engage and utilize more volunteers while providing efficiency and cost-savings on current and future landscaping requirements. This one-time investment will allow us to extend our capabilities of serving low-income families and will simultaneously fulfill a need of the city of Bloomington for affordable housing.

In gratitude,

Nathan Ferreira
Director of Land Development & Production // **Habitat for Humanity of Monroe County**
213 E. Kirkwood Avenue. Bloomington, IN 47408 // 812.331.4069
www.monroecountyhabitat.org

2020 Jack Hopkins Social Service Fund Final Report for the Indiana Recovery Alliance

The Indiana Recovery Alliance (IRA) was awarded $4,430.00 to purchase naloxone and assist with the salary for two employees. The Indiana Recovery Alliance used these funds to help fund naloxone purchase and assist in paying our employees. The IRA distributed over 26,000 doses of naloxone during 2020. Hundreds of coats, blankets, and other aid to assist with people experiencing homelessness. Over 400 people were referred to HIV/HCV testing and care. Trainings that were in person, shifted online for much of 2020. The IRA trained and /or referred hundreds of participants and volunteers in a safe socially distanced wayWhile many of our services target the needs of people using IV drugs and sex workers, the IRA is committed to providing all members of our community with the resources they need to make positive change, as they define positive change, and to assist them in mitigating health risks. The IRA is founded in harm reduction philosophy. We do not judge those who participate in our programs, nor do we condemn their behavior. Instead, we work with our participants on their own terms, striving to find practical solutions that are individually appropriate, noncoercive, and effective in protecting their health. We are seeing a sharp increase in the amount of supply even with a mandatory cap due to funding losses. We anticipate this to get worse before it gets better The global pandemic has changed the world we live in. The most impacted people have the least amount of coping options available for them. The isolation and increase in depression have led to more people using alone and/or engaging in riskier behavior. A sharp rise in polysubstance use combined with an increase in anxiety has also been evident. This has increased our participant base and the need for naloxone. We have been significantly distributing more naloxone over the course of the pandemic and foresee no slowing down. We recently celebrated our 100,000th dose of the life-saving medicine naloxone distributed to our community. In 2020 we recorded over 1700 fatal overdose episodes reversed by naloxone from the Indiana Recovery Alliance. The IRA is seeing a strong rise in the demand for testing and treatment for HCV and HIV. All of these factors contribute to a strong rise in the need for our services and participant base. Thanks in part to the funding from this grant, we have been able to provide services throughout this past year without paise. We look forward to continued collaboration with the city of Bloomington to keep our community members healthy, connected, and alive.

JACK HOPKINS SOCIAL SERVICES GRANT 2021-2022
THE PROJECT SCHOOL – LAUNDRY ROOM INSTALLATION PROJECT
REPORT #1

AMOUNT AWARDED

The Project School was awarded $12,210 for this project.

PROJECT DESCRIPTION

We received $12,210 to cover the cost of installing a laundry room in a classroom building of The Project School. This installation took place in TPS2, our second school site on South Washington Street, which now houses our middle school program. The installation included plumbing, electrical work, venting, floor installation and dry wall preparation, as well as the purchase of stackable appliances.

RESULTS OF THE PROJECT TO DATE

The laundry room was installed during the fall semester of 2021 and has been operational since November 2021. At the time of our grant request, COVID numbers in our community were decreasing at a steady pace. COVID numbers continued to fall during the fall semester, and we felt confident that we would be in the position to open our laundry room service to families at the start of the spring semester of 2022. However, the December arrival of Omicron, and the rapid increase in case numbers both in the community and within our school, has limited our ability to open this resource. The protocol for limiting non-student and non-staff access to our spaces has had to be kept in place as we address the significant increase in cases. Therefore, we have not yet fully implemented use of the laundry room services. Our full intention will be for these services to become available by the fall of 2022. In the meantime, the laundry room is currently being used by our school and is used to support students who have immediate laundering needs throughout the school day.

POPULATION SERVED

The laundry room will eventually be available for the up to 40% (projected percentage for the 2022-2023 school year) of our school families who experience poverty, many of whom do not have access to reliable and affordable laundry services. The school will make this resource available to families at no charge.

COMMUNITY BENEFITS

Every child has the right to a quality education, which we believe should include access to sanitation and hygiene services while at school. Children spend a significant portion of their day at school where laundry services can impact student learning, health, and dignity - particularly for girls. The inclusion of laundry services at The Project School represents our ongoing and increasing recognition of the importance of laundry as a key component of a safe, non-violent, inclusive, and effective learning environment.

We believe that providing laundry services will have long-lasting benefit for the community because it will increase attendance at school for a significant number of children in poverty and will provide these students - community residents - with the opportunity to concentrate on academic attainment instead of the discomfort and embarrassment of not having access to clean clothes and linens. Access to free laundry services will decrease barriers to education and successful outcomes and will have a ripple effect in our community.

Bloomington St. Vincent de Paul Society serving Monroe County
1413 E. 17th Street
Bloomington, IN 47408
www.bloomingtonsvdp.org
November 23, 2021

Attached is a statement of expenses incurred by St. Vincent de Paul from the City of Bloomington 2021 Jack Hopkins Social Services Grant.

Supporting document has been submitted separately with this and with the preceding claims for reimbursement. This is a summary invoice for the total grant.

Rent and Rent Deposit Assistance for Clients $30,000.00

The final claim for $3,158.35 is submitted along with this report, which will bring the balance of the grant to zero.

Please remit to:
St. Vincent de Paul electronically
Please contact me with any questions or if additional information is needed.
Steve Keucher, Treasurer
St. Vincent de Paul Society
812-325-3507

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The Bloomington St. Vincent de Paul Society greatly appreciates the action of the Jack Hopkins Social Services Funding Committee in awarding us a $30,000 grant. This report describes how we used those funds.

In our proposal, we anticipated the needs of clients still being negatively impacted by the COVID-19 pandemic. In particular, we wanted to focus on the situations of those clients who needed help with rent payments and rent deposits, especially to avoid evictions and to get clients into apartments. We projected that we could help 100 clients with the $30,000 requested, with an average award of $300 per client.

In fact, we provided assistance to 105 clients with a total 245 family members. The entire $30,000 was used to assist these households with rent or rent deposits.

Use	Households	Total Aid
Rent	96	$27,600
Deposits	9	2,400
Total	105	$30,000

Of the 105 households, 36 were single-person and 69 were family units, including clients, in household sizes ranging from 1 to 6.

Household Size	Number of Households	# of Residents	Total Aid Provided
1	36	36	$10,077
Families:			
2	28	56	$ 8,310
3	19	57	5,670
4	16	64	4,298
5	4	20	1,200
6	2	12	445
Families	69	209	$19,923
Total	105	245	$30,000

The clients helped resided in all four of the residential non-IU Zip Codes of the City of Bloomington.

,

Zip Code	# of Households	# of Residents
47401	17	35
47403	29	67
47404	26	58
47408	6	8
Total	78	168

The age distribution of clients ranged from 19 to 80. The majority of clients (80%) were women, indicative of the large number of mother-led families but also the result of the fact that in several cases it was the female adult who contacted us and therefore is listed as the client. The percentage of women under the age of 30 (46%) is much greater than the percentage of men under 30 (29%).

Age Range	Women	Men	Total
<30	39	6	45
30-44	27	3	30
45-59	13	2	15
60-65	2	5	7
>65	3	5	8
Total	84	21	105

There was also a big difference the in the proportions of women and men who led single-person households. For women, 69% had were not single-person households, while for men 52% had families in the household.

Household Size	Headed by Women	Headed by Men	Total
1	26	10	36
Families:			
2	22	6	28
3	17	2	19
4	13	3	16
5	4	0	4
6	2	0	2
Families	58	11	69
Total	84	21	105

The goal was to help to keep clients in their homes to avoid displacement and potential homelessness by avoiding evictions and to help people obtain an apartment through help with rent deposits. Although it is too soon to evaluate long-term success, we do know that those helped were able to retain their residency in their homes and apartments. This clearly benefits the City of Bloomington by keeping families together in safe residences and out of shelters and the need for additional social services.

We do have two specific stories we would like to include. The grant enabled us to help a woman who had been in Amethyst House while going through a five month program as a recovering addict and was now moving to Oxford House, a local transitional rehabilitation center. She has a 13 yr. old daughter whose father lives in Evansville. She has a job with Express Employment and is working between 30-35 hours as well as taking classes to be a Peer Counselor. In addition to financial assistance to make the move, we were able to provide her with furniture for a bedroom shared with a roommate (eight in house with two per bedroom). We are very proud of her attitude in becoming a truly productive member of our community and also providing a positive role model for her daughter.

Another wonderful way we helped a Bloomington resident, thanks to you, is so evident in this story: John's significant other of many decades, 50 yr. old Jo Anne Smith, have two adult sons who visit them frequently but do not live with them. She has been ill for many years due to severe diabetes, morbid obesity, a colostomy after bariatric surgery, plus surgery for nine-plus hernias. She still has more hernias to be addressed but has gotten a massive infection and been hospitalized with an induced coma to drain this abdominal area. John is paid as Jo Anne's caregiver through Caregiver Homes via a Medicaid waiver with the Adult Foster Care Program. With her being in the hospital, he is paid for a set number of days (30 to 45) and once she goes to rehabilitation (estimated time six months to a yr.) he will cease to be paid. George can neither read nor write so we suggested: talking

to the Navigator or Case Worker at IU Health Hospital; Indiana Legal Services for help in attaining access to Jo Anne's account so John can be helped in paying the bills; and to contact IRAP to help with rent. In doing so, we worked collaboratively with his Township Trustee and his case worker for Caregiver Homes. What a complicated but successful outcome due to your amazing grant.

The St. Vincent de Paul web site has a link to the Jack Hopkins funding provided to us. The URL is https://www.svdpbloomington.org/jack-hopkins-grants

Hoosier Hills Food Bank
COB Jack Hopkins Grant Report – 2021

Hoosier Hills Food Bank appreciates the continued support of the City of Bloomington's Jack Hopkins Social Service Grant Program for our ongoing response to the COVID-19 pandemic through our Covid Food Project.

As we stated in our application, although impacts are beginning to lessen, the pandemic continues to take a high toll on the economy and local families and food insecurity remains a significant problem. We continue providing a high level of food to our partner agencies and have been offering bi-weekly Fresh Friday food distributions directly to clients at the food bank over the summer.

Five Fresh Friday distributions have been held and served an average of 367 families each time, with the most recent serving 445 families. We surveyed these clients in August and they averaged 3.3 individuals per household, bringing the total served to over 3,500 individuals. We also continue providing significant amounts of food to agencies serving City residents including Mother Hubbard's Cupboard, Community Kitchen of Monroe County, Middle Way House, Beacon/Shalom Center/Crawford Homes, Perry and Bloomington Township Food Pantries, IU Health Hospice, Centerstone, Salvation Army of Bloomington and Monroe County United Ministries, among others.

Survey results also showed that 75% of households had been affected by the pandemic in some way, with inability to get groceries for cost or safety reasons, lost jobs or cut hours, and the need to care for someone else being the top three reasons. 89% of clients indicated that they live in Monroe County and 58% said they live in the City of Bloomington.

Thus far in 2020, we have purchased over 700,000 pounds of food and distributed a total of over 3.2 million pounds from all sources with distribution running behind 2020 as expected, but well ahead of the pre-pandemic 2019. Food purchased as part of this project include: Protein (meat), Produce and Dairy boxes, canned vegetables, pasta, baked beans and holiday preparation items such as stuffing mix, gravy, cranberry sauce and turkeys. These items are supplemented with food from donated sources and other purchases.

We have spent approximately $462,000 with about 40% coming from our operating budget and 60% from grants and specific donations. We were able to use the Jack Hopkins grant to help leverage additional support from Monroe County with grants from the Sophia Travis grant program and the Monroe County Commissioners which will match the $35,000 received from the City.

While distribution numbers have definitely declined from the peaks of last year…and we are hopeful that the COVID recovery will continue, we are still serving significantly more people than prior to the pandemic and the situation is still volatile and uncertain. We anticipate high levels of need will continue through 2021. Jack Hopkins support has helped ensure that we have been able to continue our response and provide nutritious food to City residents in need.

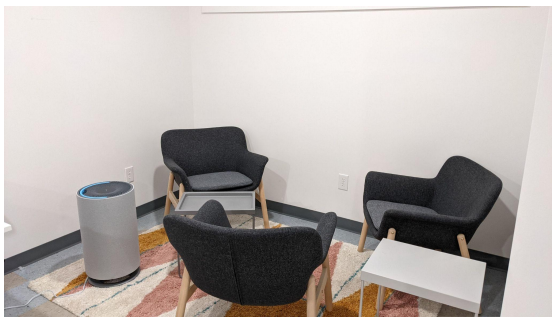
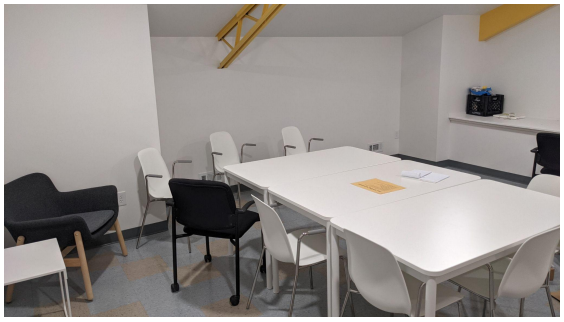
Setting Up for Fresh Friday Distribution August 2021

Fresh Friday August 2021 – Setting Up to serve 445 families with Jack Hopkins supported watermelons and dry goods.

Jack Hopkins Social Services Program
Mother Hubbard's Cupboard: 2021 Grant Interim Report

Amount: Mother Hubbard's Cupboard is grateful for the City of Bloomington's grant through the Jack Hopkins Social Services Program in the amount of **$11,325.03.** This grant funded the purchasing of new furniture for a renovated office space, as well as updates to our pantry and office's existing furniture/infrastructure.

General description: MHC recently renovated our second floor space, which used to be an unfinished attic. The second floor is now a meeting space for our staff. This space provides our staff the opportunity to collaborate with each other and with community partners in a comfortable and open environment. In addition to countless staff check-ins, we've already hosted three Building a Thriving Compassionate Community (BTCC) trainings in this newly furnished space.

Photos of the renovated upstairs space with furniture purchased through this grant

Additionally, the grant funded some updates to our pantry furniture. This includes new shelving, produce tables, sneeze guards and resource display tables. These new furniture items will allow for a safer and more easily accessible pantry, once we resume indoor pantry operations.

Finally, the grant allowed our staff to purchase new furniture for our first floor office space. This furniture included standing desks to improve workplace comfort, and new organizational structures to increase efficiency and decrease clutter.

Results: The results of this project are mostly still being measured. Our primary, quantitative outcome indicators are the number of pounds distributed annually, and the responses to our annual survey. So far this year, we have safely distributed 584,752 pounds of food received from Hoosier Hills Food Bank. Additionally, we have distributed 1438 pounds of food from individual donors, and 2058 pounds of food bought from local farmers through our Farmer's Support Initiative. This was greatly supported by the new pantry infrastructure purchased through the Jack Hopkins Grant. Our annual survey is just now being distributed, and we hope to have results from this survey by the beginning of 2022.

Population: The population served by this project includes both our staff and the community. Specifically, we have served 44,884 individual patrons since receiving this grant. Based on 2019

survey data, 80% of these patrons fall below 30% of the Average Median Household Income for the region, and the remaining 20% fall below 50% of the Average Median Household Income. Additionally, our staff has expanded over the course of 2020-2021, so our need for infrastructure to support our staff has increased significantly.

Benefit: The upstairs co-working space has already been used for countless hours of staff office work essential to keeping the organization running efficiently and effectively, and 3 staff-wide trainings have already been hosted in the space. The sneeze guards and shelving bought for the pantry will allow for COVID-safe operations once we reopen our indoor pantry.

New Leaf, New Life, Inc.
1010 S. Walnut St.
Suite H
Bloomington, IN. 47401

Jack Hopkins Social Services Funding Committee
401 N. Morton Street
Suite 110
Bloomington, IN. 47404

12/8/2021

Dear Jack Hopkins Social Services Funding Committee,

The purpose of this letter is to submit our final report for the Jack Hopkins 2021 grant cycle.

1. **The amount the agency was awarded:** We were awarded $12,000 during the Jack Hopkins 2021 grant cycle.
2. **A general description of the project:** This award was utilized to provide case management services and direct service supplies to support individuals who are currently/recently incarcerated with their reentry back into our community. These funds covered 782 staff work hours, and allowed us to purchase 80 money orders (to purchase birth certificates) and 600 stamps.
3. **Results of the project:** Below are a few statistics from the timespan of June 2021-November 2021, which reflect the outcome indicators of our project:
   - "Provide case management services to at least 675 individuals." Actual: 1,590
   - "Assist at least 20 individuals with obtaining a copy of their birth certificate." Actual: 32
   - "Assist at least 30 individuals with gaining employment." Actual: 34
   - "Assist at least 15 individuals with signing up for SNAP/HIP benefits." Actual: 36
4. **Population served by the project:** The population we serve are currently incarcerated individuals and individuals who have been recently released from incarceration. Of the clients we work with, about 87% are categorized as "at or below 30% AMI," 10% are within "30-50% AMI," and 3% are "50-80% AMI."
5. **Community benefits of the project:** The cost of reincarceration negatively impacts the individual, their family and close associates, and, by aggregation, the economic and social conditions of the local community. For communities with high rates of removal and return of offenders, this further produces immense social and economic disadvantages (Travis et al., 2001). When a community has residential instability, their ability and willingness to act

NEW LEAF
NEW LIFE

collectively suffers greatly. Indeed, when people expend most of their material and emotional resources on figuring out daily survival, they are much less likely to spend time and energy thinking about ways to improve their neighborhood.

By receiving case management support from individuals that have personal experience with the criminal legal system, we're able to assist and empower individuals who were recently released from incarceration with obtaining necessary resources to become productive law-abiding citizens in our community. By helping these individuals avoid reincarceration vis-à-vis gaining employment, housing, and support, we're creating a positive ripple-effect upon the Bloomington community.

6. **Copies of any written material for the project giving the Jack Hopkins SS Funding Committee credit:** This is a screenshot of the "Thankful Thursday" post we published on our Facebook and Instagram on 6/10/2021:

Thank you so much for your continued support of our organization and our mission. You are greatly appreciated! If you need further information, you can reach me by email (grants-manager@newleafnewlife.org) or by phone (317-366-7916).

Jordan McIntire
Executive Director
New Leaf, New Life

Report on the Use of 2021 Jack Hopkins Social Service Funds by New Hope for Families

Project Description and Amount Awarded

In the 2021 granting cycle, The Jack Hopkins Social Services Program Funding Committee invested $35,000 in New Hope for Families for the purchase of shelter and early childhood program appliances. The purpose of the project was twofold:

1) To relocate and expand shelter services for families impacted by homelessness. The appliances purchased will furnish a new shelter with a 70% expanded capacity. We recognize that the need for family shelter is sustained, and a suitable shelter facility will allow New Hope to more efficiently meet that need and help families move through homelessness to stability.

2) To relocate and expand early childhood care and education for families at various income levels with priority enrollment for children impacted by homelessness or housing insecurity. Demand for early childhood services is consistently high in our community, and we know that these services allow parents to work while helping ensuring young children enter kindergarten ready to succeed on their first day. The appliances purchased will equip a center for 48 young children, which represents a 200% increase over current capacity.

Results, Population Served

As a result of this funding, New Hope purchased seven dishwashers, seven refrigerators, seven ranges/ovens, seven dishwashers, seven range hood microwaves, seven washing machines, and seven dryers for family shelter use. These appliance will be used by staff and in shared client spaces. We anticipate serving 175-200 unduplicated individuals in these spaces each year, and that 140-160 of those clients will successful transition from homelessness into stable housing.

We additionally purchased three washers and three dryers for use in our early learning program. This program will have a capacity to serve up to 48 children at a time, and we anticipate serving 60 children annually. Enrollment for children impacted by homelessness, housing insecurity, and poverty will be prioritized in a mixed-income cohort.

Community Benefit

Both the SCAN and the Consolidated Plan encourage assistance to families impacted by homelessness. As the only emergency shelter serving unhoused families with children, New Hope is uniquely equipped to assist families on their path from homelessness to stability. Over the past five years, more than 80% of families sheltered at New Hope have moved through homelessness into stable housing. Expansion of shelter ensures that families in our community do not have to sleep outside, live in a car, or separate from one another in order to receive essential services.

The United Way's SCAN acknowledges a strong and growing need for childcare and early learning opportunities in our community, particularly among low-income families. This need is consistently reinforced by the city survey. New Hope provides nationally accredited full-day care and education to children in a wide range of income levels, prioritizing enrollment for children impacted by homelessness and housing insecurity. By investing in early learning, we help parents get back to work and help children enter school ready to succeed.

Photos

Below are photos of construction progress on the new facilities. We anticipate sheltering families at 1140 S. Morton by March 2022 and enrolling children in our early learning facility by April 2022.

NEWHOPE FOR FAMILIES

Emily Pike <director@nhfsinc.org>

Fwd: Order 731282129

2 messages

James Pike <jamestpike@gmail.com> Thu, Oct 7, 2021 at 2:44 PM
To: Emily Pike <director@nhfsinc.org>

Here is the order details

Sent from my iPhone

Begin forwarded message:

From: every_home_partners@whirlpool.com
Date: October 7, 2021 at 2:40:29 PM EDT
To: jamestpike@gmail.com
Subject: Order 731282129

Order Confirmation

Thank you for shopping at Whirlpool Inside Pass. Please print this page or write this order number down for future reference.

WHIRLPOOL ORDER NUMBER: 731282234			
Order date: 10/07/2021			
Shipping To:			
#VALUE!			
District MONROE			
ry US USA, Jur Count			
(obi)Phone FALSE			
Shipping Via:			
Home Delivery			
Estimated Delivery Date:			
Pending Confirmation via Email			
Payment Information:			

American Express			
Item-Service Description/Color	Item Price	Qty	Total
WRF535SWHZ - Stainless Steel	$1,249.00	1	$1,249.00
WRF535SWHZ - Stainless Steel	$1,249.00	1	$1,249.00
WRF535SWHZ - Stainless Steel	$1,249.00	1	$1,249.00
WRF535SWHZ - Stainless Steel	$1,249.00	1	$1,249.00
WRF535SWHZ - Stainless Steel	$1,249.00	1	$1,249.00
WRF535SWHZ - Stainless Steel	$1,249.00	1	$1,249.00
WRF535SWHZ - Stainless Steel	$1,249.00	1	$1,249.00
HDOP for WRF535SWHZ	$0.00	1	$0.00
HDOP for WRF535SWHZ	$0.00	1	$0.00
HDOP for WRF535SWHZ	$0.00	1	$0.00
HDOP for WRF535SWHZ	$0.00	1	$0.00
HDOP for WRF535SWHZ	$0.00	1	$0.00
HDOP for WRF535SWHZ	$0.00	1	$0.00
HDOP for WRF535SWHZ	$0.00	1	$0.00
WFC315S0JS - Stainless Steel	$553.00	1	$553.00
WFC315S0JS - Stainless Steel	$553.00	1	$553.00
WFC315S0JS - Stainless Steel	$553.00	1	$553.00
WFC315S0JS - Stainless Steel	$553.00	1	$553.00
WFC315S0JS - Stainless Steel	$553.00	1	$553.00
WFC315S0JS - Stainless Steel	$553.00	1	$553.00
WFC315S0JS - Stainless Steel	$553.00	1	$553.00
HDOP for WFC315S0JS	$0.00	1	$0.00
HDOP for WFC315S0JS	$0.00	1	$0.00
HDOP for WFC315S0JS	$0.00	1	$0.00
HDOP for WFC315S0JS	$0.00	1	$0.00
HDOP for WFC315S0JS	$0.00	1	$0.00
HDOP for WFC315S0JS	$0.00	1	$0.00
HDOP for WFC315S0JS	$0.00	1	$0.00
WMH31017HS - Stainless Steel	$236.00	1	$236.00
WMH31017HS - Stainless Steel	$236.00	1	$236.00
WDT730PAHZ - Stainless Steel	$519.65	1	$519.65
WDT730PAHZ - Stainless Steel	$519.65	1	$519.65
WDT730PAHZ - Stainless Steel	$519.65	1	$519.65
WDT730PAHZ - Stainless Steel	$519.65	1	$519.65
WDT730PAHZ - Stainless Steel	$519.65	1	$519.65
WDT730PAHZ - Stainless Steel	$519.65	1	$519.65
WDT730PAHZ - Stainless Steel	$519.65	1	$519.65
WMH32519HZ - Stainless Steel	$288.00	1	$288.00
WMH32519HZ - Stainless Steel	$288.00	1	$288.00
WMH32519HZ - Stainless Steel	$288.00	1	$288.00
WMH32519HZ - Stainless Steel	$288.00	1	$288.00
WMH32519HZ - Stainless Steel	$288.00	1	$288.00
~~WMC10007AB - Black~~	~~$108.00~~	~~1~~	~~$108.00~~
WMC10007AB - Black	$108.00	1	$108.00
MVW6230RHW - White	$645.00	1	$645.00
MVW6230RHW - White	$645.00	1	$645.00
MED6230RHW - White	$645.00	1	$645.00
MED6230RHW - White	$645.00	1	$645.00

(1) Refrigerators $1249 x 7 = $8,743

(2) Ovens/Range $553 x 7 = $3,871

(3) Range Hood ~~[illegible]~~ Microwave $236 x 2 = $472

(4) Dishwasher $519.65 x 7 = $3637.55

(5) Range Hood Microwave 5x $288 = $1,440

(6) Not available; Cancelled → Countertop Microwave 1x $108 = $108

(7) Washers $645 x 2 = $1290

(8) Dryers $645 x 2 = $1290

HDOP for WMH31017HS	$0.00	1	$0.00
HDOP for WMH31017HS	$0.00	1	$0.00
HDOP for WDT730PAHZ	$0.00	1	$0.00
HDOP for WDT730PAHZ	$0.00	1	$0.00
HDOP for WDT730PAHZ	$0.00	1	$0.00
HDOP for WDT730PAHZ	$0.00	1	$0.00
HDOP for WDT730PAHZ	$0.00	1	$0.00
HDOP for WDT730PAHZ	$0.00	1	$0.00
HDOP for WDT730PAHZ	$0.00	1	$0.00
HDOP for WMH32519HZ	$0.00	1	$0.00
HDOP for WMH32519HZ	$0.00	1	$0.00
HDOP for WMH32519HZ	$0.00	1	$0.00
HDOP for WMH32519HZ	$0.00	1	$0.00
HDOP for WMH32519HZ	$0.00	1	$0.00
HDOP for WMC10007AB	$0.00	1	$0.00
HDOP for WMC10007AB	$0.00	1	$0.00
HDOP for MVW6230RHW	$0.00	1	$0.00
HDOP for MVW6230RHW	$0.00	1	$0.00
HDOP for MED6230RHW	$0.00	1	$0.00
HDOP for MED6230RHW	$0.00	1	$0.00
HDDC - One Time Delivery Fee	$0.00	1	$0.00

TOTAL = $20,743.55

Merchandise Total:	$17,299.55
Delivery Fee:	$0.00
Promo Code(If Applicable):	None Applied
Sales Tax:	$1,467.17
Order Total:	$22,426.72

IMPORTANT INSTRUCTIONS ON YOUR DELIVERY OR PICKUP: You will be contacted by the delivery company to confirm your selected delivery or to schedule your pickup appointment once the product is available. Delivery or pickup cannot take place without verbal confirmation.

If you need more information please contact us via telephone at (866)808-9274 with your Whirlpool Order Number. Our customer contact center hours are:

Monday & Tuesday 8:00 AM – 8:00 PM EST

Wednesday - Friday 9:00 AM - 7:00 PM EST

Sincerely,

Destiny L.

Whirlpool Customer Support

RETURN POLICY

As an Inside Pass member, we want your experience to match our great products. If something isn't quite right, please let us know. You can contact us at 1-866-808-9274.

Major Appliances and Gladiator-Branded Products

Major Appliances include refrigerators, freezers, ice makers, dishwashers, trash compactors, disposers, ovens, cooktops, microwaves, ranges, hoods, washing machines, dryers, and any associated accessories (e.g., washer/dryer pedestals, bulk cartridges, etc).

FREE RETURNS FOR ANY REASON WITHIN 15 CALENDAR DAYS

Not happy with your new product? No problem. Return it for any reason within fifteen calendar days from the date of delivery/pick-up free of charge.

RETURNS WITH A FEE UP TO 30 CALENDAR DAYS

If the product is not damaged or defective, but you still are not happy with your purchase, you may return it within 30 calendar days from the date of delivery/pick-up for a restocking fee equal to 15% of the product cost ($50 minimum charge).

ALREADY AT HOME? WHAT'S YOUR SITUATION?

	Within 15 Calendar days of delivery/pick-up	Within 30 calendar days of delivery/pick-up	>30 calendar days from delivery/pick-up
Product is DAMAGED (dents, cracks, scratches)	FREE return	Schedule service	Schedule service
Product is DEFECTIVE (manufacturing defect, faulty operations)	FREE return	Schedule service (free if in warranty)	Schedule service (free if in warranty)
should be referred to KitchenAid countertop appliances at 1-800-541-6390. Not happy for any reason	FREE return	Restocking fee: 15% of the product cost ($50 minimum charges)	Call us at 1-866-808-9274 so we can better understand your situation

KitchenAid® Small Appliances

KitchenAid® Small Appliances include KitchenAid® countertop appliances (e.g., stand mixers, coffee products, food processors, juicers, blenders, slow cookers, countertop ovens, kettles, hand mixers, toasters) and any associated accessories (e.g., stand mixer accessories).

RETURN

Not happy with your new small appliance product? No problem. You may return your small appliance purchase for any reason up to 30 days from date of delivery. To begin the return process, click here and complete the form.

How to Return an Item

Please call 1-866-808-9274 so one of our associates can quickly assist you. They will need your order number or the product's serial number to assist you.

You will be reimbursed for returned items through a credit on the same credit card used to purchase the product. Of course, we are happy to assist you with an exchange for the same item or a different item, reflecting the price difference with an additional credit or charge if the item has a different price.

We will begin processing your return when the product is received into our warehouse. Please keep in mind the timing of when you will receive your credit will vary depending on the type of product returned and the processing time for various banks. If you have not received your credit after 7 days, you may contact us at 1-866-808-9274.

Damages Policy: Products MUST be inspected at the time of delivery for damage. Signature at time of delivery denotes product was received and is damage free. Any damaged product, which is delivered, will be handled by the delivery agent. Product picked up at will call MUST be inspected prior to accepting the product. Any damage visible to will call will be handled by the will call agent. A signed damage waiver form is required for all products picked up at will call. All products picked up from will call become the responsibility of the owner once they leave the will call facility. Inspection for damage is the responsibility of the recipient of products purchased through Whirlpool's Employee Purchase Program. If your product appears damaged AFTER you have had it delivered a service call to have the product repaired will be arranged by calling 1-800-253-1301. Once you sign the waiver, the product has started its one year warranty and will not be accepted as returnable product. Any damaged or defective KitchenAid countertop appliances

Emily Pike <director@nhfsinc.org> Fri, Oct 8, 2021 at 10:06 AM
To: Karen Neal <office@nhfsinc.org>

Begin forwarded message:

From: James Pike <jamestpike@gmail.com>
Date: October 7, 2021 at 14:44:29 EDT
To: Emily Pike <director@nhfsinc.org>
Subject: Fwd: Order 731282129

Here is the order details
[Quoted text hidden]

FMS J.B. HUNT Final Mile SERVICES
Your last mile is our **first priority.**

WHIRLPOOL
553 Benson Road
Benton Harbor, MI 49022

Contact Us: www.whirlpool.com
1-866-698-2538

OMS PO Number: 300420977

Customer Order Number: 300420977
Order Date: 11/4/2021
RequestedShip Date: 11/5/2021
Delivery Method: JB HUNT DELIVERY SERVICES
LDC Name: L712

Ship To:
JAMES PIKE
301 WEST HILLSIDE DRIVE
BLOOMINGTON, IN 47403
8126810288

Multiple Items May Ship Seperately

Ordered By Customer:
JAMES PIKE

ORDER

PO Number: james_t_pike@ whirlp

	Request Type	Item Description	Item Number	Quantity	UPC
1	PRODUCT	36" WIDE FRENCH DOOR INT WATER 10988812	WRF535SWHZ	0	
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1	
	SERVICE	HDDC	HDDC	1	
1	PRODUCT	36" WIDE FRENCH DOOR INT WATER 10988812	WRF535SWHZ	0	
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1	
1	PRODUCT	36" WIDE FRENCH DOOR INT WATER 10988812	WRF535SWHZ	0	
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1	
1	PRODUCT	36" WIDE FRENCH DOOR INT WATER 10988812	WRF535SWHZ	0	
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1	
1	PRODUCT	36" WIDE FRENCH DOOR INT WATER 10988812	WRF535SWHZ	0	
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1	
1	PRODUCT	36" WIDE FRENCH DOOR INT WATER 10988812	WRF535SWHZ	0	
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1	
1	PRODUCT	36" WIDE FRENCH DOOR INT WATER 10988812	WRF535SWHZ	0	
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1	

Customer Signature: _____

Date: _____ Time: _____

Print Name: _____

OMS PO Number: 300420977

Customer Order Number: 300420977
Order Date: 11/4/2021
RequestedShip Date: 11/5/2021
Delivery Method: JB HUNT DELIVERY SERVICES
LDC Name: L712

Ship To:
JAMES PIKE
301 WEST HILLSIDE DRIVE
BLOOMINGTON, IN 47403
8126810288

Multiple Items May Ship Seperately

Ordered By Customer:
JAMES PIKE

ORDER

PO Number: james_t_pike@ whirlp

2	PRODUCT	30" PRYO COIL RANGE C18053C	WFC315S0JS	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
2	PRODUCT	30" PRYO COIL RANGE C18053C	WFC315S0JS	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
2	PRODUCT	30" PRYO COIL RANGE C18053C	WFC315S0JS	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
2	PRODUCT	30" PRYO COIL RANGE C18053C	WFC315S0JS	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
2	PRODUCT	30" PRYO COIL RANGE C18053C	WFC315S0JS	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
2	PRODUCT	30" PRYO COIL RANGE C18053C	WFC315S0JS	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
2	PRODUCT	30" PRYO COIL RANGE C18053C	WFC315S0JS	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
	PRODUCT	WHR MHC 1.7 CUFT 2 SPD 300 CFM WP062817	WMH31017HS	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
	PRODUCT	WHR MHC 1.7 CUFT 2 SPD 300 CFM WP062817	WMH31017HS	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1

Customer Signature: _____

Date: _____ Time: _____

Print Name: _____

OMS PO Number: 300420977

Customer Order Number: 300420977
Order Date: 11/4/2021
RequestedShip Date: 11/5/2021
Delivery Method: JB HUNT DELIVERY SERVICES
LDC Name: L712

Ship To:
JAMES PIKE
301 WEST HILLSIDE DRIVE
BLOOMINGTON, IN 47403
8126810288

Multiple Items May Ship Seperately

Ordered By Customer:
JAMES PIKE

ORDER

PO Number: james_t_pike@ whirlp

4	PRODUCT	DISHWASHER-FID HYBRID TALL TUB FILTER 63323IR	WDT730PAHZ	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
4	PRODUCT	DISHWASHER-FID HYBRID TALL TUB FILTER 63323IR	WDT730PAHZ	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
4	PRODUCT	DISHWASHER-FID HYBRID TALL TUB FILTER 63323IR	WDT730PAHZ	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
4	PRODUCT	DISHWASHER-FID HYBRID TALL TUB FILTER 63323IR	WDT730PAHZ	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
4	PRODUCT	DISHWASHER-FID HYBRID TALL TUB FILTER 63323IR	WDT730PAHZ	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
4	PRODUCT	DISHWASHER-FID HYBRID TALL TUB FILTER 63323IR	WDT730PAHZ	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
4	PRODUCT	DISHWASHER-FID HYBRID TALL TUB FILTER 63323IR	WDT730PAHZ	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
5	PRODUCT	WHR MHC 1.9 CUFT SENSOR 3 SPD PANBMG	WMH32519HZ	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
5	PRODUCT	WHR MHC 1.9 CUFT SENSOR 3 SPD PANBMG	WMH32519HZ	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1

Customer Signature: _____

Date: _____ Time: _____

Print Name: _____

OMS PO Number: 300420977

Customer Order Number: 300420977
Order Date: 11/4/2021
RequestedShip Date: 11/5/2021
Delivery Method: JB HUNT DELIVERY SERVICES
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Ship To:
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BLOOMINGTON, IN 47403
8126810288

Multiple Items May Ship Seperately

Ordered By Customer:
JAMES PIKE

ORDER

PO Number: james_t_pike@ whirlp

5	PRODUCT	WHR MHC 1.9 CUFT SENSOR 3 SPD PANBMG	WMH32519HZ	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
5	PRODUCT	WHR MHC 1.9 CUFT SENSOR 3 SPD PANBMG	WMH32519HZ	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
5	PRODUCT	WHR MHC 1.9 CUFT SENSOR 3 SPD PANBMG	WMH32519HZ	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
7 -	PRODUCT	4.7 CUFT TL WASHER W/AGI, EXTRA POWER 11820	MVW6230RHW	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
7 -	PRODUCT	4.7 CUFT TL WASHER W/AGI, EXTRA POWER 11820	MVW6230RHW	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
8 -	PRODUCT	7.4 CUFT ELEC DRYER W/HAMPER 11720JF	MED6230RHW	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
8 -	PRODUCT	7.4 CUFT ELEC DRYER W/HAMPER 11720JF	MED6230RHW	0
	SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT	HDOP	1
6	PRODUCT	WMC10007AB - 0.7 CU. FT. COUNTERTOP MICROWA	WMC10007AB	0

Customer Signature: _____

Date: _____ Time: _____

Print Name: _____

OMS PO Number: 300420977

Customer Order Number: 300420977
Order Date: 11/4/2021
RequestedShip Date: 11/5/2021
Delivery Method: JB HUNT DELIVERY SERVICES
LDC Name: L712

Ship To:
JAMES PIKE
301 WEST HILLSIDE DRIVE
BLOOMINGTON, IN 47403
8126810288

Multiple Items May Ship Seperately

Ordered By Customer:
JAMES PIKE

ORDER

PO Number: james_t_pike@ whirlp

SERVICE	HOMEDEL/COVERED AREA/OPEN FOR INSPECT HDOP	1

Comments:

I have inspected all product(s) listed on this delivery document and find it in working order without physical damage.I release Whirlpool Corporation and its Agents from damage liability.If for any reason this unit is refused for delivery call 1-800-785-8903or after hours email request to EVERYHOME@Whirlpool.com

Thank you for your order.

Customer Signature: _____

Date: _____ Time: _____

Print Name: _____

0805

NEW HOPE FOR FAMILIES

Emily Pike <director@nhfsinc.org>

Order Confirmation

2 messages

Menards <menards@menard-inc.com> Thu, Dec 9, 2021 at 4:43 PM
Reply-To: menards@menard-inc.com
To: director@newhope4families.org

MENARDS®
Dedicated to Service & Quality®

MY ACCOUNT | HELP CENTER

ORDER CONFIRMATION

Hi Emily Pike,

Your order has been received and is now being processed. Please keep this e-mail for your records, as **this is your official Menards receipt for this purchase**.

Order 33380620 Order Date: **12/09/2021**

Merchandise Subtotal: **$10447.95**

Processing Fee: **$2.80**

Sales Tax: **$0.00**

- Transaction ID: 9997
- Register ID: 73
- Store Number: 3598

Delivery Charges: **$89.00**

Fuel Surcharge: **$2.20**

Total Shipping Charges: **$91.20**

Order Total: **$10541.95**

Payment Method:
Visa - **********5327**
$10,541.95

Schedule Delivery: BLOM40167

1140 S Morton St

Bloomington, IN 47403-4744

Description	QTY	Item Price	Item Total
Whirlpool® 4.5 cu.ft. White Front-Load Steam Washer Model Number: WFW5620HW Return Policy - Major Appliances	6	$854.00	$5124.00
Whirlpool® 7.4 cu.ft. White Electric Dryer Model Number: WED5620HW Return Policy - Major Appliances	6	$854.00	$5124.00

Whirlpool® Stack Kit for Front Load Laundry Model Number: W10869845	5	$39.99	$199.95

For Whirlpool, Maytag, KitchenAid, Amana warranty issues / concerns or claims call 800-253-1301 or online at www.whirlpool.com. Save your receipt for warranty purposes.

Recommended For You

2 x 4 x 20' Construction/Framing Lumber

Shop Now

36" Pro-Rib® Ash Gray Steel Panel

Shop Now

36" x 10' Brown Pro-Rib® Steel Panel

Shop Now

Family Owned Since 1958

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Menards <menards@menard-inc.com> Thu, Dec 9, 2021 at 4:47 PM
Reply-To: menards@menard-inc.com
To: director@newhope4families.org

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Dedicated to Service & Quality®

MY ACCOUNT | HELP CENTER

ORDER CONFIRMATION

Hi Emily Pike,

Your order has been received and is now being processed. Please keep this e-mail for your records, as **this is your official Menards receipt for this purchase**.

Order 33380686 Order Date: **12/09/2021**

Merchandise Subtotal: **$3831.96**

Processing Fee: **$4.20**

Sales Tax: **$0.00**

- Transaction ID: 13
- Register ID: 74
- Store Number: 3598

Delivery Charges: **$89.00**

Fuel Surcharge: **$2.20**

Total Shipping Charges: **$91.20**

Order Total: **$3927.36**

Payment Method:
Visa - **********5327 $3,927.36

Schedule Delivery: BLOM40171

1140 S Morton St

Bloomington, IN 47403-4744

Description	QTY	Item Price	Item Total
Maytag® 5.3 cu.ft. White Top-Load Washer Model Number: MVW7232HW Return Policy - Major Appliances	2	$849.00	$1698.00
Maytag® 7.4 cu.ft. White Electric Steam Dryer Model Number: MED7230HW Return Policy - Major Appliances	2	$849.00	$1698.00
Criterion® 1.6 cu.ft. Stainless Steel			

Countertop Microwave Model Number: CCM16M1S	4	$108.99	$435.96

For Whirlpool, Maytag, KitchenAid, Amana warranty issues / concerns or claims call 800-253-1301 or online at www.whirlpool.com. Save your receipt for warranty purposes.

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Shop Now

36" Pro-Rib® Ash Gray Steel Panel

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South Central Community Action Program
SCCAP
Empowering people to reach their potential

December 8, 2021

South Central Community Action Program requested $2,944.22 to provide the Bloomington community with free, accessible content that is specific to this area, in order to help them make affordable and healthy choices when shopping, cooking, and utilizing food pantries. Weekly nutritional, cooking, and shopping videos are available to the public via Growing Opportunities Facebook page, YouTube channel, and Pantry 279's YouTube channel. We are addressing the need for fresh local produce by donating 75% of the produce we grow to local food banks. We have also put together Mini-Urban Garden kits – Kits for individuals to grow fresh produce at home.

Growing Opportunities has delivered pantry boxes and fresh local produce to 965 homebound families, 3,428 individuals, through new partnerships with Monroe County United Ministries and Pantry 279. Due to the number of deliveries the crates purchased allow us to keep all our deliveries organized while using multiple vehicles. The crates are also used to deliver fresh local produce to the pantries and individuals. To date we have delivered 1,287 pounds of lettuce to individuals, Pantry 279, and The People's Pantry. Flyers are passed out with all of our pantry boxes.

Our Mini-Urban Garden Kits have been a huge success for us at outreach events. We have worked closely with multiple agencies and outreach events to provide individuals with their Mini-Urban gardens. We have planted 132 of the 200 kits. We have found that this is a great way to draw people in and open talks about nutrition and wellness. The garden kits are a great segue into offering flyers about our nutrition videos.

The purchase of the video equipment has allowed us to increase knowledge of nutrition, cooking, and health specific dietary needs. When our videos are up we are receiving between 200 – 400 views depending on the video. We have run into technological issues with uploading the videos, which led to the purchase of PowerDirector, video editing software. We have no issues when we live stream our

Monroe County
1500 W. 15th St.
Bloomington, IN 47404
Ph: 812-339-3447
Fax: 812-334-8366

Brown County
P.O. Box 730
746 Memorial Dr.
Nashville, IN 47448
Ph: 812-988-6636
Fax: 812-988-8586

Morgan County
159 W. Morgan St.
Martinsville, IN 46151
Ph: 765-342-1518
Fax: 765-342-3460

Owen County
205 E. Morgan St. Suite D
Spencer, IN 47460
Ph: 812-829-2279
Fax: 812-829-2505

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videos, however afterwards the videos are getting flagged and removed. When we try to manually upload our videos the GoPro system is splitting the videos into random segments. The PowerDirector software allows us to stich our videos back together as well as edit the videos.

Due to change in prices on items we were left with excess money that was used to purchase items in line with the grant. The Kroger gift cards will be given away to individuals who watch our videos and need assistant with purchasing pantry staples. In order to see an increase in the health and wellness of our families we have to help people re-think how we look at food. Our local food banks seldom receive spices, oils, or flour. While living in crisis it is much easier to use prepackaged food not just for the ease and quickness, but due to a lack of pantry staples and spices.

Thank you for your support, we look forward to the future of this project.

South Central Community Action Program

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