

# **City of Bloomington Common Council**

## **2020 Jack Hopkins – Recover Forward Applications**

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**Inclusive of Review Meeting Agenda, Memo from Staff  
and Applications**



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Post Office Box 100  
Bloomington, Indiana 47402

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**To: Members of the 2020 Jack Hopkins Social Services Funding Committee**  
**From: Council Office**  
**Re: Applications for Jack Hopkins – Recover Forward Funds**  
**Date: October 2, 2020**

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Thank you for agreeing to participate in this condensed 2020 Jack Hopkins – Recover Forward grant cycle. The structure of the Committee was recently changed, with the approval of Council, from 5 councilmembers and 2 community members to 4 councilmembers and 3 community members. We welcome Lauren McCalister, the newest member of the Jack Hopkins Social Service Funding Committee.

In August, the Bloomington Common Council approved Mayor Hamilton’s Recover Forward initiative, which included \$200,000 in additional funds for Jack Hopkins grants in 2020. The Jack Hopkins Committee met on September 3, 2020 to discuss the timeline and application process for this special round of funding. The Committee chose to accept 2 types of grant applications: 1) an [Express Application](#), designed to capture only updated information from those who already have a 2020 application on file; and 2) a [Full Application](#), required of agencies who did not submit a Spring 2020 application. The Committee also decided to prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare.

Included herein, please find all applications for Jack Hopkins – Recover Forward funding. Please recall that the Committee will meet on **Friday, October 9, 2020 at 5:00 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 identify any questions the Committee wishes the agencies to answer. These questions will be emailed to agencies with a reply due no later than October 16th. Committee members should also be prepared to disclose any conflicts of interest. See below.

For this special round of funding, 36 agencies submitted timely applications; you will find 26 *Express Applications* from previous 2020 applicants, and 10 *Full Applications* from new agencies. For reference, each *Express Application* includes a link to that agency’s Spring 2020 application. The complete Spring 2020 Jack Hopkins application packet can be viewed at [THIS LINK](#).

The request for applications was issued on September 9<sup>th</sup> and applications were initially due by September 28<sup>th</sup>. However, after consultation with the Committee Chair, the deadline was extended to October 2<sup>nd</sup>. In lieu of a technical assistance meeting for this special round of funding, agencies were invited to view the 2020 Technical Assistance presentation available online. Agencies were also encouraged to email the Council’s office with any questions. Approximately 5 agency representatives submitted questions about the application process this year.

As is typical, the requests for funding exceeds the money the Hopkins Committee has available to allocate. Collectively, the requests total **\$591,599.77** For this special round of Recover Forward funding, the Committee has approximately **\$200,000** to distribute, a difference of approximately \$391,599.77.

**Conflict of Interests**

In interest of the October 9<sup>th</sup> 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 Committee member has a pecuniary interest in, or derives a profit from, one of any of the current applications, then s/he 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 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.

**REMAINING JACK HOPKINS – RECOVER FORWARD FUNDING SCHEDULE**

*Highlighted fields = Committee meetings*

**October**

02 (Friday)	Applications Due and Packet sent to Committee
<b>09 (Friday)</b>	<b>Application Review Meeting <a href="#">via Zoom</a></b>
12 (Monday)	Committee members submit questions to Council Office
16 (Friday)	Agencies submit answers to Committee questions
20 (Tuesday, by Noon)	Committee members submit recommended allocations and comments
<b>22 (Thursday, 6:00pm)</b>	<b>Pre-allocation Meeting <a href="#">via Zoom</a></b>
<b>26 (Monday, 6:00pm)</b>	<b>Allocation Hearing <a href="#">via Zoom</a></b>

**November**

Early November	Agencies sign funding agreements
18 (Wednesday, 6:30pm)	Council Action on Committee recommendations

**December**

01 (Tuesday, 9:30am)	HAND Technical Assistance – Location TBA
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## AGENDA

### COMMON COUNCIL 2020 JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE *RECOVER FORWARD*

**FIRST REVIEW OF APPLICATIONS**  
Friday, 09 October 2020 at 5:00 PM

**Via Zoom:**

<https://bloomington.zoom.us/j/93142505491?pwd=aFdnRHlJN3pXR0tBOUhhazBYSzlhQT09>

- I. **WELCOME**
  - Change in Committee Structure
  - Welcome to Lauren McCalister
- II. **DISCLOSURES OF CONFLICTS OF INTEREST**
- III. **REVIEW OF APPLICATIONS**
  - Overview of the 2 types of applications
  - Determine from which agencies the Committee wishes to hear further
  - Of those agencies, develop any questions the Committee wishes the agency to address
  - For agencies eliminated from consideration, develop an explanation of why
- IV. **OTHER BUSINESS**
- V. **NEXT STEPS**

**Highlighted fields** = Committee meetings

#### **OCTOBER**

12 (Monday)	Committee submits questions to Council Office
16 (Friday)	Agencies submit answers to Committee questions
20 (Tuesday, by Noon)	Committee members submit recommended allocations and comments.
21 (Wednesday)	Council staff turns around compiled recommended allocations and comments to the Committee and participating staff.

**22 (Thursday, 6:00p) Pre-allocation Meeting**

**26 (Monday, 6:00pm) Allocation Hearing**

#### **NOVEMBER**

Early November	Agencies sign funding agreements
18 (Wednesday)	Council action on recommendations

#### **DECEMBER**

01 (Tuesday, 9:30am)	HAND Technical Assistance meeting
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- VI. **ADJOURNMENT**

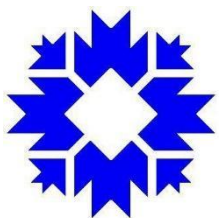
# Applications - Table of Contents

Agency	Project Description	Request	Page #
All Options	Essential supplies for local families	\$ 4,450.00	7
American Red Cross	Home Fire Relief	\$ 15,000.00	14
Amethyst House	Residential Bridge Funding	\$ 25,000.00	21
Artisan Alley	Virtual learning Program	\$ 7,150.00	28
Big Brothers Big Sisters	Lessening the Affect of Adverse Childhood Experiences	\$ 38,000.00	34
Boys & Girls Club	Youth Pod School Age Childcare	\$ 24,000.00	41
Catholic Charities	Safe Work Space Project	\$ 2,014.23	48
Centerstone	Kinser Flats Permanent Supportive Housing	\$ 18,900.00	55
City Churches of All Nations	Used Moving Truck	\$ 15,000.00	63
Courage to Change Sober Living	Case/House Managers Salaries	\$ 4,438.56	69
El Shadday and I	New Wheelchair Van	\$ 65,171.00	76
Foundation of Monroe County Schools	Disinfecting through COVID-19	\$ 7,200.00	89
Habitat for Humanity	Lumber for construction	\$ 21,185.00	96
HealthNet Inc.	COVID-Risk Mitigation for Safe Patient Care	\$ 5,518.98	104
Life Designs	PPE for Disability Services	\$ 15,000.00	110
Meals on Wheels	Medically tailored meals	\$ 10,000.00	117
Middle Way House	Middle Way House on-going PPE costs	\$ 10,000.00	124
Monroe County United Ministries	Building up Monroe County residents	\$ 23,500.00	129
Mothers Hubbard's Cupboard	Winter preparation and staff support	\$ 25,000.00	136
New Hope for Families	Strong Healthy Families	\$ 30,000.00	144
New Leaf New Life	Re-Entry Support & Direct Service Items	\$ 9,540.00	152
Planned Parenthood	Contraception and Preventative Care	\$ 10,000.00	159
Safe Families for Children	Reach 10 additional families	\$ 10,000.00	167
Shalom Center	Shalom Covid Response	\$ 24,500.00	178
St. Vincent dePaul	Bloomington Utility Assistance Program	\$ 15,000.00	186
Wheeler Mission	Shelter and case management	\$ 15,600.00	194
Bloomington Pets Alive	Wellness Clinic and Spay/Neuter Program Bridge	\$ 17,500.00	202
Flourish Inc.	Reducing Barriers to Lactation Support During COVID	\$ 7,308.00	221
Harmony School	Harmony School Scholarship Support	\$ 20,000.00	237
Hotels for Homeless	Keeping Women and Children Out of the Cold	\$ 18,600.00	251
Indiana Recovery Alliance	Support Funds	\$ 20,000.00	273
Monroe County Humane Society	Emergency Housing for Pets	\$ 2,000.00	287
My Sister's Closet	Client Services in the Midst of Covid-19	\$ 25,000.00	298
Project School	Online Learning & Social-Emotional Supports	\$ 16,324.00	311
Refugee Support Network	Supporting Bloomington Refugees	\$ 5,000.00	330
WFHB Community Radio, Inc.	Youth Radio Project	\$ 8,700.00	343
<b>Total Requests</b>		<b>\$ 591,599.77</b>	

# Applications - Indexed by Request Amount

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<b>Total Requests</b>		<b>\$ 591,599.77</b>	

[Link to 2020 Application](#)



**CITY OF BLOOMINGTON, COMMON COUNCIL**  
**JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE**  
**2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** All-Options Pregnancy Resource Center, a program of All-Options

**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 and Title of agency Contact Person:** Jessica Marchbank, Center Manager

**Phone:** 812-322-7005

**E-Mail:** jess@all-options.org

**Name of Grant Writer:** Jessica Marchbank, Center Manager

**Phone:** 812-322-7005

**E-Mail:** jess@all-options.org

**PROJECT INFORMATION**

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**Project Name: Essential supplies for local families**

**Total cost of project: \$4,450**

**Requested amount of JHSSF funding: \$4,450**

**Total number of City residents anticipated to be served by this project: 225 families / 900 individuals**

**Total number of clients anticipated to be served by this project: 250 families / 1000 individuals**

**PROJECT SYNOPSIS** (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

All-Options requests \$4,450 to purchase reusable cloth face masks (for both adults and children), hand sanitizer, menstrual products, pregnancy tests, soap & shampoo, condoms, and reusable bags for distribution to our diaper program clients.

With the support of Jack Hopkins and other local funders, we are already providing diapers, wipes, and pull-ups to hundreds of local families; we offer curbside pick-up at the Center every Tuesday and Wednesday and provide one month's worth of supplies. We have seen both ongoing clients as well as many new families who are experiencing job loss, economic uncertainty, and health challenges related to the pandemic.

Over the past few months, we have seen a dramatic increase in the number of families requesting the aforementioned personal hygiene and protective items along with their diaper packages. These are all essential items for hygiene, personal safety, and health of the family. We have been providing these items whenever possible, but we have no specific funding to be able to purchase enough to meet the obvious needs of the community. With an additional grant from Jack Hopkins, we can meet this need more consistently.

**Address where project will be housed: 1014 S Walnut, Bloomington IN 47401**

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

Yes  No  N/A



# All Options Pregnancy Resource Center

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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.

N/A

*Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

While not strictly a collaborative project, we are working closely with organizers of Monroe County Area Mutual Aid, and regularly communicate and collaborate with Middle Way House, Mother Hubbard's Cupboard, and other local agencies. At this time, we believe that coordination and cooperation among social services agencies, especially those serving the area's most vulnerable populations, are more important than ever.

## **PROJECT COSTS**

# All Options Pregnancy Resource Center

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**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot Project                       Bridge Funding                       Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** (*Please indicate source, amount, and whether confirmed or pending*):

For 2020, the following funds are expected or anticipated for the Hoosier Diaper Program. However, with the coronavirus outbreak and its impact on not only public health but also the economy, we do not yet know how individual donations, grants, or in-kind donations will be affected this year.

- Sophia Travis (\$4,060)
- Jack Hopkins Social Services Program (\$4,000)
- United Way Rapid COVID-19 Emergency Relief Fund (\$2,500)
- Community Foundation of Bloomington & Monroe County (\$1,000)
- Individual Donations (approx \$4,000/year but may be less this year)
- In-kind donations (average \$2,000/year but may be less this year)
- Smithville Charitable Foundation (\$2,500 / pending for 2020)

**FUNDING PRIORITIES -- RANKED**

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

Yes             No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	<b>100 Cloth Face Masks for Adults &amp; 100 for Children</b> purchased from local business Underground Printing	<b>\$1500</b>
Priority #2	<b>Menstrual Products</b> Purchased in bulk through medical supply company	<b>\$1000</b>
Priority #3	<b>Pregnancy Tests</b> Purchased in bulk at a deep discount	<b>\$500</b>
Priority #4	<b>Soap/Shampoo</b> Purchased in bulk through medical supply company	<b>\$300</b>
Priority #5	<b>Condoms</b> Purchased in bulk at a deep discount	<b>\$300</b>
Priority #6	<b>Reusable Bags</b> for giving supplies - trash bags are not durable	<b>\$500</b>
Priority #7	<b>Hand Sanitizer</b> Purchased in bulk for distribution to families (12 cases)	<b>\$350</b>
TOTAL REQUESTED	<b>NOTE: with less funding, we may purchase fewer of each rather than prioritize one item over another</b>	<b>\$4,450</b>

# All Options Pregnancy Resource Center

## **JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES**

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### **NEED** (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

All-Options has been working to address diaper need in the Bloomington community for more than 5 years now. During that time, we have also provided a variety of material support for parents and families, peer counseling, and referrals to other agencies.

All-Options is committed to providing compassionate and judgment-free support, and helping our community's young families meet their most basic health and safety needs is core to our mission. Over the past 6 months, it has become clear that the vulnerable population we serve is in need of additional material support and essential health supplies as they navigate the ongoing pandemic. Since April 1st, 60% of families receiving diapers and wipes at the Center have also requested one or more additional items (menstrual pads, tampons, pregnancy tests, condoms, diaper cream, masks, hand sanitizer, soap/shampoo.) We have done our best to meet this growing need by actively pursuing wish-list donations of these items. We will also be pursuing partnership with the Alliance for Period supplies and seeking additional grants and matching contributions for these specific items.

We request these funds as a one-time investment; Covid-19 has had a dramatic impact on the amount of in-kind donations we typically receive throughout the year. Additionally, the price of pregnancy tests at our medical supplier recently increased by 375% (from under \$1 to \$4.60 per test.) Clients have reported trying to purchase pregnancy tests or condoms at local stores and finding empty shelves. Several clients asking for basic hygiene supplies like soap, shampoo, and menstrual products have been unable to find employment without access to these items. In addition, many clients have commented on how much they value the care and attention to safety in our curbside pick-up system, and have asked about access to hand sanitizer and cloth face masks that fit children. We want to respond to these client needs and provide these critical supplies along with the diapers and wipes they are already receiving.

### **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

# All Options Pregnancy Resource Center

*to the improved service or facility.*

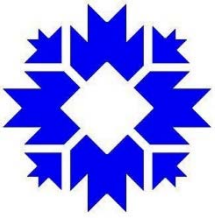
If we receive the funds we have requested, we would be able to purchase these essential supplies and provide them to clients who request them with their diaper packages. Cloth face masks and hand sanitizer are now critically important, and will likely be for the foreseeable future. With COVID-19, the need to support vulnerable populations with basic health and hygiene items is more crucial than ever, and providing these supplies in a one-stop fashion can greatly reduce the need for clients to visit multiple stores or agencies and spend extended time on public transportation searching for items. With the funds requested, we could meet anticipated needs for the next year, while also working to secure additional funding and donations for the future.

## **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.

# All Options Pregnancy Resource Center

<b>All-Options Hoosier Diaper Program</b>					
Essential Supplies for Local Families					
Proposed Project Budget					
	<b>Vendor</b>	<b>Qty/Units</b>	<b>Price Per Unit</b>	<b>Total Cost</b>	
Cloth Face Masks					
Adult	Underground Printing	100	\$8.73	\$873.00	
Child	Underground Printing	100	\$6.73	\$673.00	
Menstrual Products					
Pads	Medline	6	\$40.00	\$240.00	50 bags of 12 per case
Tampons	Medline	254	\$3.00	\$762.00	20/box
Pregnancy Tests	Dollar Tree or HPSrX	499	\$1.00	\$499.00	
Soap/Shampoo	Medline	14	\$20.00	\$280.00	each case contains 12
Condoms	Total Access Group	5	\$60.00	\$300.00	each unit contains 1,000
Reusable Bags	Ikea	250	\$1.90	\$475.00	
Hand Sanitizer	Total Access Group	12	\$29.00	\$348.00	
				<b>\$4,450.00</b>	



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** American Red Cross of Southeastern Indiana

**Address:** 441 South College Avenue, Bloomington, IN 47403

**Phone:** 812-332-7292

**E-Mail:** [Valerie.magana@redcross.org](mailto:Valerie.magana@redcross.org)

**Website:** <https://www.redcross.org/local/indiana/about-us/locations/southern-indiana.html>

**President of Board of Directors:** Jeff Rufener

**Name of Executive Director:** Donna Colón

**Phone:** (317) 691.4046

**E-Mail:** donna.colon@redcross.org

**Name and Title of agency Contact Person:** Valerie Magana

**Phone:** 260-433-4689

**E-Mail:** Valerie.magana@redcross.org

**Name of Grant Writer:** Vanessa Davis

**Phone:** 317-684-1441

**E-Mail:** Vanessa.davis2@redcross.org

**PROJECT INFORMATION**

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**Project Name:** Home Fire Relief

**Total cost of project:** \$50,251

**Requested amount of JHSSF funding:** \$15,000

**Total number of City residents anticipated to be served by this project in 2020:** 50

**Total number of clients anticipated to be served by this project in 2020:** 60

**PROJECT SYNOPSIS** (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$15,000 in operational support of Home Fire Relief for financial assistance to clients and staff costs. Home Fire Relief helps families gain the financial and referral resources they need to get back on their feet. We help families find temporary and long-term housing, work with insurance companies to access benefits, provide assistance for basic needs such as transportation and food, and provide referrals to short- and long-term recovery needs, like clothing and furniture, home repairs, mental health needs and more.

Each family experiences a different set of obstacles that impacts their ability to recover from disaster, most commonly:

- **Displacement:** A home fire or natural disaster causes enough damage that a home is no longer habitable.
- **Financial Stability:** Many families do not have emergency savings to replace items lost during a fire or disaster. New research shows 61% of US families do not have enough savings to pay a \$1,000 emergency bill.
- **Mental/Physical Health:** Losing a home and all possessions causes tremendous stress. In addition, a physical injury sustained while fleeing a disaster can have mental and financial impacts that impede the recovery process.
- **Social Support Network:** Some disaster victims do not have a family or friend network that can offer support and assistance during their time of need, forcing families to face recovery alone.

The Red Cross aims to alleviate these burdens by helping families navigate the challenges of replacing their belongings, repairing homes or finding new housing, and overcoming the emotional stress of a home fire.

**Address where project will be housed:**

441 South College Avenue, Bloomington, IN 47403

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

Yes  No  N/A

American Red Cross

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.



**PROJECT COSTS**

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**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot Project  Bridge Funding  Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):*

United Way of Monroe County- \$6,394, committed

F. Wilson and Marjorie Thrasher Trust- \$4,000 pending

Oliver Winery- \$500, committed

Van Buren Township Trustee- \$1,000, committed

Individual donors- \$18,829, committed

**FUNDING PRIORITIES -- RANKED**

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

Yes  No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	Home fire financial assistance	\$ 27,327
Priority #2	Compensation	\$ 20,738
Priority #3	Smoke alarms	\$ 2,130
Priority #4	Program Materials	\$ 56
Priority #5		
Priority #6		
Priority #7		
<b>TOTAL REQUESTED</b>		<b>\$15,000</b>

## **JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES**

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### **NEED** (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

Home Fire Relief directly addresses emergency housing needs identified in the Service Community Assessment of Needs, because many families who experience a home fire have nowhere else to go. They lack the financial and social supports to find immediate and long-term shelter, as well as other basic needs. While Red Cross programs and services are free and available to all Monroe County residents regardless of race, gender, age, religion, nationality, sexual orientation or income level, our clients tend to be working families living at or below poverty. Typically, the families are renters, with little or no insurance, who are forced to relocate following the fire. Families often have trouble finding appropriate and affordable housing in a matter of two or three days.

Red Cross services help families bridge the gap between their current resources and the resources they need to recover from a home fire. These services are not available through any other agency in Monroe County and are critical to keeping Monroe County families from experiencing disaster-caused homelessness and financial insolvency following an unexpected disaster.

### **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

## American Red Cross

- **Outcome 1:** Provide relief and recovery services to 60 individuals following a home fire or other disaster, so they can return to normal more quickly
- **Outcome 2:** 90% of clients state emergency basic needs were met through Red Cross services
- **Outcome 3:** 75% of clients state Red Cross services were helpful in recovery
- **Outcome 4:** Prevent disaster-caused homelessness in 100% of home fire cases in Monroe County

We administer an anonymous client satisfaction survey at the close of each disaster case, as well as capture all client information and services rendered through our CAS 2.0 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.

Home Fire Relief is a year-round program. Thanks to close-working relationships with local fire departments and emergency management agencies, the Red Cross is often notified as soon as a home fire is reported. Upon notification, the Red Cross dispatches trained volunteers to address a family's immediate and basic needs and to offer ongoing recovery casework and assistance. These services—provided at no cost to clients—bridge the gap between their current resources and those required for full recovery. Offered in close coordination with public and private partners, Red Cross recovery services most commonly include:

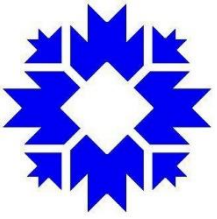
1. Direct financial assistance - Families are provided funds for temporary lodging if the family home is unlivable and the family has no other place to stay. In addition, all families receive basic needs assistance to purchase items, such as food, clothing, transportation and other basic needs lost in a home fire and supplemental assistance is available, if needed.
2. Casework - Once immediate needs have been met, a volunteer caseworker will work with the family to assess additional needs, such as clothing or furniture replacement, utilities connections, prescription medical or medical equipment replacement, and a variety of other needs.
3. Recovery planning - Red Cross caseworkers help families develop a longer-term recovery plan and identify specific recovery needs, such as making insurance claims, searching for a new home, quoting costs for home repairs, or health and mental health services. The caseworker will work with the family to meet those needs until the family states they have all their emergency needs met.

American Red Cross

**American Red Cross  
Monroe County  
Home Fire Campaign Budget**

	Proposed FY-21	
	HFC	Jack Hopkins Fund
<b>REVENUE</b>		
Federated Revenue / Monetary Contributions	\$ 30,723	
Support from other ARC units*	\$ 19,527	\$ 15,000
<b>TOTAL REVENUE</b>	<b>\$ 50,250</b>	<b>\$ 15,000</b>
<b>EXPENSES</b>		
Compensation	\$ 20,738	\$ 5,000
Financial Assistance	\$ 27,327	\$ 10,000
Smoke Alarms	\$ 2,130	
Printing and Promotionals	\$ 56	
<b>TOTAL EXPENSES</b>	<b>\$ 50,250</b>	<b>\$ 15,000</b>
<b>SURPLUS (DEFICIT)</b>	<b>0</b>	<b>-</b>

\*Support from other ARC units was initially expected. However, COVID-19 will change the availability of funds. The Jack Hopkins Fund would help us make up for the loss of support from those ARC units.



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** Amethyst House, Inc.

**Address:** PO Box 11 Bloomington IN 47402

**Phone:** (812) 336-3570

**E-Mail:** glovell@amethysthouse.org

**Website:** www.amethysthouse.org

**President of Board of Directors:** John Wikehart

**Name of Executive Director:** Mark DeLong

**Phone:** (812) 336-3570 ext.206

**E-Mail:** mdelong@amethysthouse.org

**Name and Title of Person to Present Proposal to the Committee:** Mark DeLong, Executive Director

**Phone:** 812-336-3570 ext 206

**E-Mail:** mdelong@amethysthouse.org

**Name of Grant Writer:** Mark DeLong

**Phone:** 812-336-3570 ext 206

**E-Mail:** mdelong@amethysthouse.org

**PROJECT INFORMATION**

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**Project Name: Residential Bridge Funding**

**Total cost of project: \$30,000**

**Requested amount of JHSSF funding: \$25,000**

**Total number of City residents anticipated to be served by this project: 26**

**Total number of clients anticipated to be served by this project: 30**

**PROJECT SYNOPSIS** (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$25,000 to assist us with operational costs to address loss of revenue. This would be to assist in covering costs of salaries and benefits for our residential case managers and technicians at our programs for two months.

Our two residential locations in Bloomington have seen a reduction in third party payments (Indiana Recovery Works and HIP Medicaid) in 2020 of \$159,000 compared to Jan--Aug 2019. We have also seen a reduction in residential fees self- pay of \$40,000 over the same time period. Finally we have seen a reduction in SABG grant funding from our women's house of approximately \$25,000. For these 4 funding streams we have seen a decrease in revenue of approximately \$224,000 in 2020 compared to 2019. These reductions are due to several COVID-19 related issues that include reduction in censuses at both residential locations for social distancing and flexibility to deal with isolating new residents, difficulty providing program outreach due to COVID-19 restrictions, and our waiving/reducing program fees due to many residents being unable to work.

In the past 2 months we have been able to increase our residential censuses by 20% however we will continue to operate at approximately 30% under full capacity due to COVID-19 through the end of this year. We also are our being creative in our outreach efforts by providing virtual and phone interviews (vs. traditional in-person interviews) to potential program applicants as a way to address COVID-19 related barriers.

**Address where project will be housed:**

322 W. 2<sup>nd</sup> St., Blgtn, 47403 & 215 N. Rogers St., Blgtn, 47404

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

Yes  No  N/A

# Amethyst House

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

## PROJECT COSTS

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**Is this request for operational funds?**  Yes  No

# Amethyst House

If “yes,” indicate the nature of the operational request:

Pilot Project                       Bridge Funding                       Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):* We will continue to utilize SABG grants, HIP Medicaid, Recovery Works funding, and self-pay.

**FUNDING PRIORITIES -- RANKED**

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

Yes                       No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	<b>Operational Funds-Residential Bridge Funding</b>	<b>\$25,000</b>
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
TOTAL REQUESTED		



# Amethyst House

## JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES

### NEED (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

Amethyst House substance use disorder residential programs provide direct relief to residents for food, shelter/housing, safety, and childcare. Our women's program prioritizes women with children, and pregnant women, Both residential programs prioritize low income applicants and IV drug users.

Amethyst House addresses a significant need in the community to assist persons with substance use disorders receive the treatment and support they need & access the local recovery community as they work to achieve long-term sobriety.

Drug addiction and overdose deaths continue to be a serious health issue in Monroe County and throughout the country. In 2019 there were approximately 71,000 overdose deaths in the US which was a new record high, eclipsing the previous record high from 2017. As COVID-19 has taken much of the headlines this year it is important to recognize that drug use continues to be a predominant health issue in our community and that COVID related increased depression, anxiety, uncertainty, and social disconnecting can make it more difficult to get into recovery and to address substance use issues. Amethyst House strives to address this need and to reduce barriers to low-cost quality treatment.

### OUTCOME INDICATORS (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

We will provide substance use disorder residential treatment services to 50-60 persons in the next 6 months. Our residential program duration is 3-4 months. We currently are providing services to 22 residents at our two residential locations. Due to COVID-19 uncertainty we do not know how quickly or to what degree we can increase our censuses to pre-COVID levels however we plan to remain at this level through the end of this year.

We serve and prioritize pregnant women, women with children, and IV drug users. Programming will include food, housing, treatment, case management and access to other community resources.

# Amethyst 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.

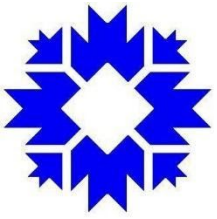
For the past 40 years, Amethyst House has provided services for thousands of individuals, many of whom have successfully reintegrated into the community. The benefits of recovery are two-fold; in pulling an individual out of the criminal justice system or homelessness, the community is required to allocate fewer resources to remedy those issues. Additionally, a person in recovery is able to make a meaningful contribution to his or her community, the long-term benefits of which are immeasurable. Our goal is to encourage our clients to be the best version of themselves, to find ways in which they can give back. Our success in doing so depends on the quality of services we provide.

Amethyst House will get through the pandemic and will continue to provide services to the Bloomington community. One reason that this is a certainty is that we are in an amazing community and have found many additional grant opportunities (such as this grant) and support from local fundraising. We have been struggling financially this year however we remain solvent and look forward to another 40 years serving Bloomington. We also appreciate all of the grant opportunities and funding that Jack Hopkins grants have provided us over the years.

# Amethyst House

## Amethyst House Project Budget 2020

<b>Priority</b>	<b>Residential Gap Funding</b>	<b>Total</b>	<b>Jack Hopkins</b>	<b>Leverage</b>
1)	Salaries – Women’s House	\$ 12,000.00	\$ 10,500.00	\$ 1,500.00
	Salaries – Men’s House	\$ 12,000.00	\$ 10,500.00	\$ 1,500.00
	Taxes - both	\$ 3,000.00	\$ 2,000.00	\$ 1,000.00
	Benefits - both	\$ 3,000.00	\$ 2,000.00	\$ 1,000.00
	<b>Total:</b>	<b>\$ 30,000.00</b>	<b>\$ 25,000.00</b>	<b>\$5,000.00</b>



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

**Lead Agency Name:** Artisan Alley

**Address:** 222 W. 2nd Street

**Phone:** 812-370-0278

**E-Mail:** [services@artisanalley.com](mailto:services@artisanalley.com)

**Website:** [artisanalley.com](http://artisanalley.com)

**President of Board of Directors:** Mark Parmentor

**Name of Executive Director:** Adam Nahas

**Phone:** 812-360-5164

**E-Mail:** [info@artisanalley.com](mailto:info@artisanalley.com)

**Name and Title of agency Contact Person:** James Tanford, Grant Writer

**Phone:** 812-369-0134

**E-Mail:** [services@artisanalley.com](mailto:services@artisanalley.com)

**Name of Grant Writer:** James Tanford

**Phone:** 812-369-0134

**E-Mail:** [services@artisanalley.com](mailto:services@artisanalley.com)

**PROJECT INFORMATION**

**Project Name:** Virtual Learning Program

**Total cost of project:** \$7,150

**Requested amount of JHSSF funding:** \$7,150

**Total number of City residents anticipated to be served by this project:** 150+

**Total number of clients anticipated to be served by this project:** 200+

**PROJECT SYNOPSIS** (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$7,150 to launch our Virtual Learning Program, which includes online classes and a take-home Art-in-a-Box project.

Businesses need to adapt to a digital world in the wake of COVID, and Artisan Alley is making its leap to virtual education with this program. The first part of this pilot project is called Art-in-a-Box—10 of our professional member artists will design step-by-step art projects using basic materials, and Artisan Alley staff will turn that into a package that people can take home with them. The second portion is a series of digital classes, designed by the Art-in-a-Box instructors and distributed through Artisan Alley’s website.

Virtual classes like these have numerous benefits: for low-income youth, it acts both as a way to provide structure when after-school programs aren’t accessible and a way to provide high-quality arts education; it’s safe and COVID-free; and it allows Artisan Alley to bring its mission and its classes to all community members.

We are requesting the funds for the following needs:

- 1) To pay the artists for their time.
- 2) To cover necessary material costs.
- 3) To cover essential marketing costs.

**Address where project will be housed:** 222 W. 2nd Street

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

Yes  No  N/A

# Artisan Alley

**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.

N/A

*Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

# Artisan Alley

## PROJECT COSTS

**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot Project                       Bridge Funding                       Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):*

## FUNDING PRIORITIES -- RANKED

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

Yes  No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	<b>Art-in-a-Box Artist Pay:</b> 10 Teachers -> 5 Hours per Class -> 3 Classes Each -> \$15/Hour	<b>\$2,250</b>
Priority #2	<b>Digital Class Artist Pay:</b> 10 Teachers -> 5 Hours per Class -> 3 Classes Each -> \$15/Hour	<b>\$2,250</b>
Priority #3	<b>Art-in-a-Box Materials:</b> 30 Classes -> 5 Copies of Each -> \$5 per Box	<b>\$750</b>
Priority #4	<b>Digital Class Editing:</b> 1 Editor -> 30 Classes -> 2 Hours Each -> \$15/Hour	<b>\$900</b>
Priority #5	<b>Marketing</b>	<b>\$1,000</b>
Priority #6		
Priority #7		
TOTAL REQUESTED		<b>\$7,150</b>

## **JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES**

### **NEED** (500 words or less)

*Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.*

Artisan Alley prioritizes safety when bringing art services to the Bloomington community. This two-part project does exactly that: by making professional-grade art programs available to community members virtually, we ensure that everyone can receive the benefits of artistic exploration in safe ways.

Additionally, this project was designed specifically with low-income individuals in mind. For parents who don't have access to child care and struggle to keep their kids occupied while they are working, these classes give structure. Virtual programs have inherently low overhead, and prices can be kept to a minimum. This allows Artisan Alley to reach people from all backgrounds and fulfill its mission of making art accessible.

A one-time investment is necessary for the program to launch because much of the initial cost is paying artists a livable wage for their time. Once this project is up and running, we will only need to cover the cost of more materials to repackage the Art-in-a-Box classes. If we want to expand either arm of this program, we may need more grant funds to pay the artists for more classes, but the project will be able to sustain itself through small ticket prices.

The long-term benefit of the program is the creation of a self-sustaining and high-variety art program available to everyone, regardless of income or background, at low-costs.

### **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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



# Artisan Alley

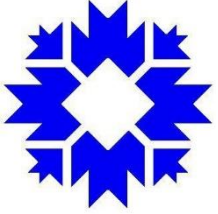
*to the improved service or facility.*

The main outcome indicator to measure the success of the project will simply be the number of purchases and downloads. This will tell us how many people are utilizing our program.

After that, we will look for feedback. This project is not just about delivering arts to the public—it is about delivering art to the public in ways that the public *want*. We will use the feedback to modify the programs and make them as efficient and effective as possible.

## **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.



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

---

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

**Address:** 501 N. Walnut Street, P.O. Box 2534, Bloomington, IN 47402

**Phone:** 812.334.2828

**E-Mail:** [bbbs@bigsindiana.org](mailto:bbbs@bigsindiana.org)

**Website:** [www.BigsIndiana.org](http://www.BigsIndiana.org)

**President of Board of Directors:** Kelly Abel

**Name of Executive Director:** Danell Witmer

**Phone:** 812.929.2748

**E-Mail:** [dwitmer@bigsindiana.org](mailto:dwitmer@bigsindiana.org)

**Name and Title of Person to Present Proposal to the Committee:** Danell Witmer, Executive Director

**Phone:** 812.929.2748

**E-Mail:** [dwitmer@bigsindiana.org](mailto:dwitmer@bigsindiana.org)

**Name of Grant Writer:** Danell Witmer **Phone:** 812.929.2748

**E-Mail:** [dwitmer@bigsindiana.org](mailto:dwitmer@bigsindiana.org)

# Big Brothers Big Sisters of South Central Indiana

## **PROJECT INFORMATION**

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**Project Name: Lessening the Affect of ACEs (Adverse Childhood Experiences)**

**Total cost of project: \$384,930**

**Requested amount of JHSSF funding: \$38,000**

**Total number of City residents anticipated to be served by this project: 550**

**Total number of clients anticipated to be served by this project: 160**

### **PROJECT SYNOPSIS** (250 words or less)

***Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."***

Research shows, due to Covid-19, children are experiencing mental distress from the disruptions associated with the closure of schools, activities, and maintaining social and physical distancing. Schools provide many resources, especially for children with special mental health needs. Moreover, research indicates that social/physical distancing has short- and long-term effects on children. Many children are suffering from anxiety, worry, and depression. Some children have been exposed to child abuse and isolation in home containment. The Big Brothers Big Sisters program helps bridge those gaps, providing a safe place (Big) for children to confide in, offer healthy solutions, and provide mental/emotional stability and well-being. Often, Bigs serve as the front-line advocates for children who may be exposed to unsafe home conditions and provide wrap-around support to families. With uncertain times ahead, this program is critical to circumvent additional Adverse Child Experiences (ACEs) for their future development.

We are requesting \$38,000, which is approximately 10% of our overall project cost, to allow our agency to serve the critical needs of children in our program who have been adversely affected by the trauma and uncertainty that Covid-19 has unleashed in our community.

**Address where project will be housed:** Our services are outside the walls of a location and take place virtually, or outside locations in the community. Our volunteers serve the children in our program by developing relationships both in-person and virtually, so there is no set address for our project. Each "match" will determine their location in meetings on a weekly basis

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

Yes  No  N/A

# Big Brothers Big Sisters of South Central Indiana

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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.*

**Is this a collaborative project?  Yes  No.** If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

# Big Brothers Big Sisters of South Central Indiana

## PROJECT COSTS

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**Is this request for operational funds?**  Yes  No

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

Pilot Project

Bridge Funding

Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** (*Please indicate source, amount, and whether confirmed or pending*): Other funds come from our fundraising efforts from events, grants, and various campaigns.

## FUNDING PRIORITIES -- RANKED

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

Yes

No

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

	Item	Cost
Priority #1	<b>Lessening the Affect of ACEs (Adverse Childhood Experiences)</b>	<b>\$38,000.00</b>
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
TOTAL REQUESTED		

# Big Brothers Big Sisters of South Central Indiana

## **JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES**

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### **NEED** (500 words or less)

*Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.*

For over 47 years, Big Brothers Big Sisters of South Central Indiana (BBBSSCI) has been serving at-risk, low-income youth through one-to-one mentorship programs designed to ignite and empower. We make meaningful, monitored matches between caring, positive adult role models (“Bigs”) and youth (“Littles”), ages 6 through 18. We strive for matches that are not only safe and well suited to each child’s needs, but also harmonious and built to last.

BBBSSCI provides ongoing support and supervision to the Big, Little, and the Little’s family. We offer training and guidance to help Bigs ensure that their Littles have the best possible outcomes. Together, they clear a path to success by breaking down societal barriers, closing opportunity gaps, and overcoming adversities like poverty and identity-based discrimination.

Mentoring is one component of our program that involves other elements, such as tutoring or life skills training and coaching. The supportive, healthy relationships formed between mentors and mentees are both immediate and long-term and contribute to a host of benefits for mentees, including:

- Increased high school graduation rates
- Lower high school dropout rates
- Healthier relationships and lifestyle choices
- Higher college enrollment rates and higher educational aspirations
- Enhanced self-esteem and self-confidence
- Improved behavior, both at home and at school
- Stronger relationships with parents, teachers, and peers
- Decreased likelihood of initiating drug and alcohol use

In 2019, we served 264 Littles through mentoring relationships and agency activities. Since January 2020, we have served 213 Littles, which includes wait listed youth and active matches. We provide resources and free activities for our matched Littles, as well as kids and their families on the waiting list.

The families we serve fall into the most vulnerable population: 98% are considered low to moderate income; 80% receive free or reduced lunch; 79% live with a single parent, in foster care, or with a grandparent/other relative; 13% have an incarcerated parent; and 91% are at-risk for negative outcomes. Because of this, our Littles face much 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. Our client demographics are as follows: 67% white; 13% multi-race; 11% Black; 3% Hispanic, 6% other/not reported, and 52% of the youth we serve have a mental, physical or social behavioral disorder.

Since the onset of Covid-19, we have been working directly with our Bigs, Littles, and families to make sure they are staying connected and helping them with necessary resources. Our Bigs have been helping families navigate the challenges of e-learning and the technology that is necessary to communicate during these times. Our staff continues to provide resources for these matches, including mental health awareness,

# Big Brothers Big Sisters of South Central Indiana

reduction of stress, positive and constructive activities for the matches to participate in, and continued support of the entire family. Without outside resources, many of our Littles could fall between the cracks.

## **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

Big Brothers Big Sisters can accurately measure the growth and outcomes of children in our programs because we provide annual surveys to our Littles. Matches are monitored monthly and coaching is provided to insure the best possible outcomes.

96% of Littles are confident they can say no to drugs, violence, and skipping school

84% of Littles have better grades, academic goals and confidence

95% of Littles feel they belong

92% of Littles report confidence in completing their schoolwork

94% of Littles feel they have a special adult in their life

83% of Littles plan to graduate high school and college

100% of Littles in our program have either graduated or received their GED

# Big Brothers Big Sisters of South Central Indiana

## **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 prides itself on the strong relationships that develop into long-term impacts on a child's life. We can see these results because the program molds how we serve children based on research and studies from inside the Big Brothers Big Sisters program, as well as the research and studies that directly look at how trauma, along with substance abuse can impact youth both in the short and long term. BBBSSCI is not a quick fix program, but rather a program that develops long mentoring relationships that are impactful in all aspects of a child's life and introduces them to a life that is not dependent on risky behaviors. Our matches are incredibly strong in their bond and the impact being made with an average match length of over 28.6 months, which is more than five percent higher than the national average among all Big Brothers Big Sisters affiliate programs.

Research shows that alcohol, tobacco, and other drug use disproportionately affects people that live near or below the poverty line. While 86% of children that we serve in our community receive free or reduced lunch at their schools, we are seeing results at near 99% reduction of risky behaviors in children after they are matched within the Big Brothers Big Sisters program. These are all a true testament to the long-term impact and reduction of risky behaviors that comes directly from our program.

While we understand the immediate need of childcare, PPE, shelter, and food, we can't neglect the long-lasting impact Big Brothers Big Sisters has on the most important asset in our community, our youth. Changing the path of just one child can make a huge impact not only on the child, but future generations and the community as a whole. Unfortunately, the overall response of our community has been to solely support immediate needs and services caused by Covid-19 and not the long-term affects this pandemic will have on the future of our community's wellbeing. Because of Covid-19, our agency has experienced a substantial shortfall of support due to the cancellation of events, and the decline in our economy. This is a one-time request for additional funding to help support our overall mission to help cover the deep economic impact Covid-19 has had on our agency.

Our Littles are facing adversity at a higher rate than the average young person in America in the following areas:

44% vs. 30% of our littles are in poverty with an annual household income of less than \$20,000

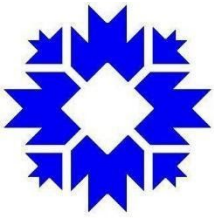
41% vs. 22% of our littles experience bullying

26% vs. 08% of our families have substance abuse issues

Our evidence-based program builds social and emotional support, confidence and resilience that help to ensure young people are college and career ready and have a healthy physical and mental wellbeing which result in long-term generational stability. Every dollar invested in Big Brothers Big Sisters returns \$18 back into the community. Former Littles earn \$315,000 more over their lifetime which means \$32,154 of additional tax revenue and \$49,819 increased disposable income.

Investing in Big Brothers Big Sisters is a long-term solution to generational poverty, decrease in substance abuse and mental health stability.





**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

**Lead Agency Name:** Boys & Girls Clubs of Bloomington (“BGCB” or “the Club”)

**Address:** 803 N. Monroe St., P.O. Box 1716, Bloomington, IN 47402-1716

**Phone:** 812-332-5311

**E-Mail:** [labshier@bgdbloomington.org](mailto:labshier@bgdbloomington.org)

**Website:** [www.bgcbloomington.org](http://www.bgcbloomington.org)

**President of Board of Directors:** Scott Johnson

**Name of Executive Director:** Jeff Baldwin

**Phone:** 812-332-5311, ext. 212

**E-Mail:** [jbaldwin@bgcbloomington.org](mailto:jbaldwin@bgcbloomington.org)

**Name and Title of Person to Present Proposal to the Committee:** Jeff Baldwin, Executive Director

**Phone:** 812 332-5311

**E-Mail:** [jbaldwin@bgcbloomington.org](mailto:jbaldwin@bgcbloomington.org)

**Name of Grant Writer:** Leslie Abshier

**Phone:** 812 332-5311, ext. 213

**E-Mail:** [labshier@bgcbloomington.org](mailto:labshier@bgcbloomington.org)

# Boys & Girls Club of Bloomington

## PROJECT INFORMATION

**Project Name:** Youth Pod School Age Childcare

**Total cost of project:** This project will cost roughly \$550,000 in the 4th quarter of 2020

**Requested amount of JHSSF funding:** \$24,000

**Total number of City residents anticipated to be served by this project:** 410 youth directly, plus their families

**Total number of clients anticipated to be served by this project:** 467 youth (plus their families - about 90% of our kids and families are city residents)

## PROJECT SYNOPSIS (250 words or less)

***Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."***

We are requesting \$24,000 in funding to continue our after school childcare programming with the ability to pivot to providing full day, on-site e-learning support should the Monroe County Community School Corporation have to switch to online-only education due to an increase in the prevalence of COVID-19 infection. This funding also supports our Ellettsville site currently providing both full day and afterschool programming in support of the Richland - Bean Blossom Community School Corporation schedule. This program site, although located in Ellettsville, serves mainly city of Bloomington residents who attend at this location.

**Address where project will be housed:** Our central service locations are at the Ferguson Crestmont Club located at 1111 W. 12th St., Bloomington, IN 47404, our Lincoln Street Club located at 311 S. Lincoln Street, Bloomington, IN 47401, and our Ellettsville Club at 8045 W. St. Road 46, Ellettsville, IN, 47429.

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

Yes  No  N/A

# Boys & Girls Club of Bloomington

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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.

No forms of approval are required, however BGCB is working closely with the City of Bloomington, the Monroe County Health Department, and the Governor's Office for the State of Indiana to continue to follow all appropriate health guidelines.

*Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

# Boys & Girls Club of Bloomington

## PROJECT COSTS

Is this request for operational funds?  Yes  No

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

Pilot Project

Bridge Funding

Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending)*: Community Foundation \$30,000 confirmed, but pending distribution until 2021. There are no other funds expected at this time, but we have applied to other sources for support including the United Way, the Lilly Endowment, Smithville, and Perry Township.

## FUNDING PRIORITIES -- RANKED

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

Yes  No

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

	Item	Cost
Priority #1	<b>Staffing</b>	<b>\$10,000</b>
Priority #2	<b>Continued Operations</b>	<b>\$10,000</b>
Priority #3	<b>PPE and Supplies</b>	<b>\$2,000</b>
Priority #4	<b>Food</b>	<b>\$2,000</b>
Priority #5		
Priority #6		
Priority #7		
TOTAL REQUESTED		<b>\$24,000</b>

# Boys & Girls Club of Bloomington

## **JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES**

### **NEED** (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

60% of low-income individuals and families report that finding affordable after school childcare was either a minor or major problem (SCAN 2012). In 2019, 42% of all Club members lived in households reporting less than \$40,000 in income; at our Ferguson Crestmont site, located in the Bloomington Housing Authority, 73% of members fall into that category. The current Covid-19 pandemic has fallen disproportionately hard on lower income individuals, including many Club families who fall into this category. Many have either lost jobs or work in services where they cannot work remotely. As noted in the HAND 2015-19 Consolidated Plan, the on-site Club provides summer and after school programming in the BHA, addressing the need to increase resident involvement in the area. This childcare programming is crucial for this population at this moment, and with MCCSC beginning the year fully online, they needed flexible, affordable options. The BGCB began the academic year in a "youth pod" format, with the potential for up to 15 children per pod, and a capacity to serve 300 - 467 school-age youth daily across all three of our units. After two weeks of providing for full day e-learning support to school age youth, the Ferguson Crestmont and Lincoln Street Clubs pivoted back to providing after school care (offered in the pod model) when MCCSC began in-person learning for elementary school students. Our Ellettsville Club Unit, (approximately 90% of Ellettsville members are city residents) began and continues to offer full day and after school services to support the hybrid learning model currently being used by the RBBCSC. All three Club sites currently or are in the process of opening off-site pods to expand services as the need increases.

Implementing these changes for safe, in-person programming has added tremendous cost to our traditional Club operations and programming. The costs to run this programming for the remainder of the year and into the Spring semester of 2021 are about 1/3 higher than pre-COVID costs for our after-school programs. Two key factors are involved: 1) the CDC gathering size and social distancing guidelines cause our ratio of members to staff to decrease (requiring more staff); and, 2) a larger percentage of our staff are now paid rather than interns (unpaid) and volunteers (mostly IU students), who traditionally had made up about 75% of our workforce. We continue our commitment to serve as many youth as possible, but current conditions allow us to limit the numbers in our buildings, which has increased our costs due to staffing needs (mentioned above) and our commitment to keep our fees at \$20/year for members. Because of these realities, we are seeking bridge funding until we can return to our regular programming and staffing models, which will most likely not happen until Fall 2021.

### **OUTCOME INDICATORS** (100 words or less)

# Boys & Girls Club of Bloomington

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

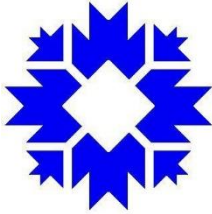
As of this application, we have 306 registered members who are participating in our pod style after-school and full day e-learning support. Full day e-learning programs help students with their e-learning activities in a safe and supportive environment with reliable internet access and help available when needed. We expect to serve up to 467 individual youth (and their families as well). The short-term outcome is to serve at our capacity: 467. The long-term outcome is to mitigate the learning loss from not being in school full-time and to provide support for social and emotional learning.

**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.

# Boys & Girls Club of Bloomington

The BGCB has been working diligently since the Covid-19 pandemic began to serve the youth of our community and their families. Our April application for Jack Hopkins funding discussed our desire to find a way to deliver in-person programming and sought bridge funding to return to in-person services. Those Jack Hopkins funds, coupled with funds from United Way, the Community Foundation of Bloomington and Monroe County, generous community partners and our donors have enabled us to continue operations, successfully managing to deliver safe, responsive and affordable child care to families who need us most. It is because of the community's effort and commitment to the Club, and especially to serving the families who live in the Bloomington Housing Authority, that we were able to deliver virtual and then in-person programming and are able to continue with operations. Responding to the pandemic and the needs of our Club families, April, May, and June saw the Club organize and distribute food and supplies to 97 individual families over the course of 16 weeks. In-person summer programming began the first week of June and offered our "pod" format, following guidance from local city, county, and state health professionals. With the beginning of the school year, all three clubs offered programming that fit the needs of the local student population. The Ellettsville Unit serves the Richland-Bean Blossom Community School Corporation's hybrid learning model by offering full day and after school programming. The Lincoln Street and Ferguson Crestmont Units began by serving the Monroe County Community School Corporation's schedule by offering full-day e-learning support when schools opened fully online and subsequently moving to an afterschool model with schools back to offering in person instruction. Responding to the needs of the changing public health situation requires both flexibility in programming and staffing, as well as the necessary operational funding support to be able to respond to these needs while adhering to strict safety protocols to keep our members, staff and community safe. We will continue to deliver this programming to the families who need these services, and will make all accommodations necessary to meet the demands of a changing public health environment as we continue to navigate this pandemic. However, to do this we must count on the support of our community partners and local government. Thank you for supporting our mission and the community we serve.



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

**Lead Agency Name:** Catholic Charities Bloomington

**Address:** 803 N. Monroe Street. Bloomington, IN 47404

**Phone:** 812.332.1262

**E-Mail:** [occase@cbin.org](mailto:occase@cbin.org), [mheidenreich@cbin.org](mailto:mheidenreich@cbin.org), [swaters@cbin.org](mailto:swaters@cbin.org)

**Website:** [cbin.org](http://cbin.org)

**President of Board of Directors:** Robin Gress

**Name of Executive Director:** David Bethuram

**Phone:** 317.236.1530

**E-Mail:** [dbethuram@archindy.org](mailto:dbethuram@archindy.org)

**Name and Title of agency Contact Person:** O'Connell Case, Clinical Director

**Phone:** 804.695.4577

**E-Mail:** [occase@cbin.org](mailto:occase@cbin.org)

**Name of Grant Writer:** Eszi Waters

**Phone:** 812.332.1262

**E-Mail:** [swaters@cbin.org](mailto:swaters@cbin.org)



# Catholic Charities

## PROJECT INFORMATION

**Project Name: Safe Work Space Project**

**Total cost of project: \$2093.23**

**Requested amount of JHSSF funding: \$2014.23**

**Total number of City residents anticipated to be served by this project: 400**

**Total number of clients anticipated to be served by this project: 520**

## PROJECT SYNOPSIS (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

In this Safe Work Space project proposal, CCB is requesting \$2014.23 to cover the cost of purchasing 24 HEPA (high efficiency particulate air) filters, necessary items under the umbrella of personal protective equipment, the cost of renting a cleaning solution wall unit dispenser and the cost of the cleaning solution for the unit. Through conversations with the Health Department and after research, we have determined that to open our office to in-person therapy sessions again, it is necessary for a level of added safety to invest in the cleaning unit, solution, and air filters. In order to outfit all of the rooms in the building, including all of the individual offices, the kitchen, bathrooms, front office, and waiting room, we will need 17 large filters and 7 small filters. Each large filter will cost \$95.67, and each small filter will cost \$37.92. The cost of renting the dispenser is \$8 per month, and we are asking for funding for this for a period of 12 months, at \$96. Finally, we will need 2 bottles of cleaning solution every month, at \$2 per bottle, for 12 months, totaling \$48.

**Address where project will be housed:** 803 N. Monroe Street, Bloomington, IN 47404

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

Yes  No  N/A

# Catholic Charities

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

# Catholic Charities

## PROJECT COSTS

Is this request for operational funds?  Yes  No

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

Pilot Project

Bridge Funding

Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** (Please indicate source, amount, and whether confirmed or pending):

## FUNDING PRIORITIES -- RANKED

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

Yes  No

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

	Item	Cost
Priority #1	<b>17 Large HEPA air filters</b>	<b>\$1597.99</b>
Priority #2	<b>7 Small HEPA air filters</b>	<b>\$272.24</b>
Priority #3	<b>Wall unit dispenser rental fee, \$8 x 12 months</b>	<b>\$96</b>
Priority #4	<b>Disinfection Solution, \$2/bottle, 2 bottles/month, over 12 months</b>	<b>\$48</b>
Priority #5		
Priority #6		
Priority #7		
TOTAL REQUESTED		<b>\$2014.23</b>

# Catholic Charities

## JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES

### **NEED** (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

Our mission, providing mental health counseling to low income and underserved populations, necessitates that our therapists and staff are in constant close contact with several clients throughout the day. Our HIPAA guidelines dictate that sessions must be private to protect both clients and clinicians, which means doors to each small office must be closed the majority of the time when therapy is in session. In order to maintain confidentiality and continue providing in-person services, we must purchase filters that sanitize the air in each office on an hourly basis. For us, coming back into the office building itself will be the only way to resume in person therapy services. CCB does not currently own a space where we can offer private sessions, as we rent and share space with Boys and Girls Club, which currently is operating normally with clients. The outdoor space is not private and is in an active residential area.

On their website, the Center for Disease Control recommends office buildings take measures to properly ventilate the space through the use of “portable high-efficiency portable air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher-risk areas).” <https://www.cdc.gov/coronavirus/2019-ncov/community/office-buildings.html> Heeding this advice, we will be making this investment ahead of asking any of our staff to come back in-person fulltime.

We have purchased or received donations of other personal protective equipment such as disposable masks, bulk hand sanitizer, sanitizing solution, spray bottles, gloves, and other cleaning supplies. The air filters are a large financial investment for our office, but we believe that given the proximity our staff has with the public, additional ways of protecting everyone are necessary.

The wall unit and the cleaning solution will allow us to have continual access to necessary sanitization chemicals between therapy sessions and for common areas. We will be implementing a much more in depth cleaning schedule, and the cleaning solution and dispenser are some of the last supplies we need for the office reopening.

We believe that our request falls within the personal protective equipment category of the Jack Hopkins priority funding goals. These items will affect all of our clients, as each of the items requested works together to create the most sanitized environment we can provide given what is currently known about COVID-19. As we move into the fall and winter months, we know that there is already an increased chance for the spread of contagious diseases, even if COVID-19 were not a factor. As we look towards our future, this time gives us an opportunity to rethink how we sanitize and maintain our shared spaces so that we can decrease the risk of spreading illnesses to the already vulnerable population we serve. Hopefully, the measures we put in place now of purchasing air filters, cleaning solutions, and other cleaning supplies will translate into a healthier environment for therapy. In the short term, the items requested for this project will be employed immediately as we work to prepare the office to open to clients.

# Catholic Charities

## **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

A broad outcome is that CCB will resume in-person therapy, which will in some cases increase the efficacy of client treatment plans. For example, EMDR therapy, our most-used and effective tool in treating trauma, benefits from in-person application. While virtual Telehealth certainly works, there is still some amount of intimacy between client and therapist that is lost. This project will allow us to offer in-person sessions to clients for the first time since mid-March.

Our 19 staff and volunteers will report that they feel safer and more protected while serving clients due to these measures.

We provide approximately 700 therapy sessions a month. We expect that at least 25% of the clients offered in-person sessions will agree.

# Catholic Charities

## Jack Hopkins Social Services 2020 Recover Forward Catholic Charities Bloomington-Safe Work Project

### I. Hepa Filters

17 Large Filters	\$ 1,597.99
7 Small Filter	\$ 272.24

**Subtotal: \$ 1,870.23**

### II. Disinfecting supplies

Wall unit dispenser rental fee	\$96.00
\$8 per month x 12 months	

Disinfection Solution	\$48.00
\$2 per bottle x 2 bottles per month x 12 months	

**Subtotal: \$144.00**

### III. Leveraged Funds

Infrared Forehead Thermometer	\$ 50.00
12 Spray bottles	\$ 14.00
36 Mircorfiber Cloths	\$ 15.00

**Subtotal: \$ 79.00**

**Total Project: \$ 2,093.23**

**TOTAL REQUESTED: \$ 2,014.23**



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** Centerstone of Indiana, Inc.

**Address:** 645 South Rogers Street, Bloomington, IN 47403

**Phone:** 812-339-1691

**E-Mail:** Rene.Llewellyn@centerstone.org

**Website:** <https://www.centerstone.org/>

**President of Board of Directors:** Douglas J. Leonard, Chair

**Name of Executive Director:** Suzanne Koesel

**Phone:** 812-337-2350

**E-Mail:** Suzanne.Koesel@centerstone.org

**Name and Title of Person to Present Proposal to the Committee:**

James Fries, Assistant Director, Supportive Housing Services

Stephanie LaFontaine, Housing Initiatives Strategist

**Phone:** 812-337-2267 (James Fries); 812-360-2260 (Stephanie LaFontaine)

**E-Mail:** James.Fries@centerstone.org; Stephanie.LaFontaine@centerstone.org

**Name of Grant Writer:** Rene Llewellyn, Grant Coordinator, Supportive Housing Services

**Phone:** 812-337-2361

**E-Mail:** Rene.Llewellyn@centerstone.org

**PROJECT INFORMATION**

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**Project Name:** Kinser Flats Permanent Supportive Housing: Welcome Home

**Total cost of project:** \$18,900

**Requested amount of JHSSF funding:** \$18,900

**Total number of City residents anticipated to be served by this project:** 80+ (2020-21)

**Total number of clients anticipated to be served by this project:** 80+ (2020-21)

**PROJECT SYNOPSIS** (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

Centerstone is requesting \$18,900.00 to support 1) the purchase and installation of bed bug prevention heat treatment equipment in our new Kinser Flats residential location; 2) the purchase of basic household goods (including linens, towels, kitchenware, cleaning supplies) to supply each unit before residents move in; and 3) PPE (face masks, hand sanitizer) for distribution to residents in the facility.

**Address where project will be housed:** 1610 North Kinser Pike, Bloomington IN, 47404

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

Yes  No  N/A



# Centerstone

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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.***

Centerstone is not seeking funds for capital improvements.

**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.*

All permits, variances, and other forms of approval have been obtained.

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

While our Welcome Home project does not directly involve other agencies, many state and local organizations are collaborating with Centerstone on the overall Kinser Flats Permanent Supportive Housing program.

**PROJECT COSTS**

**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot Project  Bridge Funding  Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):*

No applications are currently pending. Centerstone intends to pursue funding opportunities provided by state and local government agencies, philanthropic foundations, and private corporations as needed to complete this project.

**FUNDING PRIORITIES -- RANKED**

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

Yes  No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	<b>Elite 33 ThermalFlowTech 300sq.ft. Bed Bug Heat Treatment Package w/ extra cords (2 x \$2050.00)</b>	<b>\$4,100</b>
Priority #2	<b>Rolling metal shelves for Bed Bug Treatment Room (5 x \$90)</b>	<b>\$ 450</b>
Priority #3	<b>Linens for 50 units (12 two-bdrm, 38 one-bdrm) – includes sheets, pillows, blankets, towels</b>	<b>\$3,700</b>
Priority #4	<b>Cleaning supplies for 50 units – includes broom &amp; dustpan, toilet brush, Pine Sol</b>	<b>\$1,900</b>
Priority #5	<b>Kitchenware for 50 units – includes dishes, silverware, and cookware</b>	<b>\$4,500</b>
Priority #6	<b>Disposable face masks (50/case, \$10 x 100 cases)</b>	<b>\$1,000</b>
Priority #7	<b>10 Touchless hand sanitizer dispensers w/ drip tray + 100 gel cartridges</b>	<b>\$3,250</b>
<b>TOTAL REQUESTED</b>		<b>\$18,900</b>

**JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES**

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**NEED** (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

The City of Bloomington faces significant, increasing levels homelessness and substance abuse in our community, based on consumption and consequence data for substances including alcohol, marijuana, cocaine and heroin, methamphetamine, and prescription drugs in Monroe County. **Yet, our region currently has zero units of Permanent Supportive Housing (PSH) targeting homeless persons with Substance Use Disorders (SUD).** The Executive Summary of the City of Bloomington 2015-2019 Consolidated Plan Amended lists three community goals with the first being development of “Decent housing includes **helping homeless persons to obtain appropriate housing...** and increasing the availability of housing that is affordable... Decent housing also includes **increasing the supply of supportive housing for persons with special needs...**”( p.1).

Many risks of the current COVID-19 pandemic to persons with SUD arise from housing instability and reduced access to recovery support services. The Annals of Internal Medicine (2020) confirm that social support is crucial for persons trying to recover from SUD, whereas social isolation is a risk factor for relapse. Individuals with SUD are already marginalized and underserved largely because of stigma. Much of this stigma is based on the erroneous but persistent belief that addiction is the result of weak character and poor choices, whereas science has clearly shown it to be a disorder arising from alterations in brain chemistry. Homelessness – now threatening to impact a significant portion of the population due to the ravages of COVID-19 on employment and the economy – adds another layer of stigma and isolation to vulnerable members of our community.

**The Kinser Flats program will offer direct relief to clients by providing permanent housing and supportive recovery services in Bloomington.** This 50-unit facility will utilize the Housing First model to include harm reduction and eviction prevention practices. Our goal is to improve access to permanent affordable housing for previously homeless individuals and families impacted by SUD, reducing the pressure on emergency room staff, emergency shelters and the county jail by providing safe housing while forging trust, building relationships, and offering each participant a robust and dynamic supportive service plan that will allow them to build their housing and income stability.

Specifically, our Welcome Home project will a) ensure that all of our residents move into their new apartments with bed bug-free clothing, towels, and bed linens; b) give them the tools needed to prepare their own meals in their kitchens; and c) provide them with PPE for safe and healthy navigation of social services, educational and employment opportunities within the community.

# Centerstone

## **OUTCOME INDICATORS** (100 words or less)

**Please describe the outcome indicators you intend to use to measure the success of your project.**

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

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

Kinser Flats is scheduled to open November 20, 2020. We will be working with the Region 10 Coordinated Entry Continuum of Care Committee to identify individuals and families experiencing chronic homelessness and substance use disorders in our community, providing leases, moving tenants into their apartments, and establishing care plans. Our short-term goals for this Recover Forward funding period are:

- 1) Kinser Flats will be at a minimum of 70% occupancy by January 31, 2020
- 2) 100% of Kinser Flats households will receive bed bug heat-treatment services on their move-in date
- 3) 75% of Kinser Flats households will be engaged in on-site, recovery-oriented services for substance use disorders including recovery coaching and intensive outpatient SUD treatment
- 4) 100% of Kinser Flats households will have access to nutrition education/cooking instruction provided by Centerstone and our community service partners

# Centerstone

## **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.

**Challenges:** Kinser Flats contingency funds that were originally intended to fund soft costs and furnishings for the facility were depleted by increased construction costs related to unforeseen limestone bedrock removal at the start of the project. Furthermore, construction was delayed due to the onset of the COVID-19 pandemic and its impact on building supplies and staffing. These combined financial pressures have resulted in the need to pursue additional sources of funding for items unrelated to construction but necessary to the safety and normal functions of housekeeping for our future residents.

**Timeline:** Our opening date for initial move-ins to Kinser Flats is **November 20, 2020**. **All of the items for which we have requested funding must be purchased prior to this date.** In particular, the bed bug heat treatment units must be purchased, shipped, installed, and tested prior to November 20<sup>th</sup>.

Due to the Jack Hopkins Recover Forward funds being distributed on a reimbursement basis, this means that – if awarded – **Centerstone will seek retroactive reimbursement for these expenses, per confirmation from Susan Sandberg, Jack Hopkins Committee Chair, and Stephen Lucas, Council Attorney** (as communicated to us by Becky Boustani, representative of the Office of the Common Council), after the start date of the funding period on November 18, 2020.

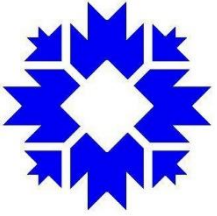
# Centerstone

## Kinser Flats Permanent Supportive Housing - Welcome Home Budget

<u>Expenses</u>		<u>Pricing Sources</u>
<b>Elite 33 ThermalFlowTech 300sq.ft. Bed Bug Heat Treatment Package w/ extra cords (2 x \$2050.00)</b>	<b>\$4,100</b>	<b>ThermalFlowTech</b>
<b>Metal shelves for Bed Bug Treatment Room (5 x \$90)</b>	<b>\$450</b>	<b>WebRestaurantStore</b>
<b>Linens for 50 units (12 two-bdrm, 38 one-bdrm) - includes sheets, pillows, blankets, towels</b>	<b>\$3,700</b>	<b>AHScompany (hotel supplies)</b>
<b>Cleaning supplies for 50 units - includes broom &amp; dustpan (\$599.50), toilet brush (\$399.50), Pine Sol (\$861)</b>	<b>\$1,900</b>	<b>AHScompany + Uline</b>
<b>Kitchenware for 50 units - includes dishes (\$1,000), silverware (\$1,000), and cookware (\$2,500)</b>	<b>\$4,500</b>	<b>Amazon</b>
<b>Disposable face masks (50/case, \$10 x 100 cases)</b>	<b>\$1,000</b>	<b>BagsInBulk</b>
<b>10 Touchless hand sanitizer dispensers w/ drip tray (\$95@) + 100 gel cartridges (\$92per case of 4)</b>	<b>\$3,250</b>	<b>Uline</b>
<b>TOTAL:</b>	<b>\$18,900</b>	

# City Church of All Nations

[Link to 2020 Application](#)



**CITY OF BLOOMINGTON, COMMON COUNCIL**  
**JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE**  
**2020 EXPRESS GRANT APPLICATION**

## **AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** City Church for All Nations for Healing Hands Outreach Center, Inc.

**Address:** 1200 N Russell Road Bloomington, IN 47408

**Phone:** 812-336-5958

**E-Mail:** [info@citychurchbloomington.org](mailto:info@citychurchbloomington.org)

**Website:** <https://citychurchbloomington.org>

**President of Board of Directors:** Renee Norris, CFO

**Name of Executive Director:** David Norris

**Phone:** 812-336-5958

**E-Mail:** [pastor.david@citychurchbloomington.org](mailto:pastor.david@citychurchbloomington.org)

**Name and Title of agency Contact Person:** Julie Carter, CCFAN/HHOC Outreach Director

**Phone:** 812-272-1821

**E-Mail:** [jcarter106@yahoo.com](mailto:jcarter106@yahoo.com)

**Name of Grant Writer:** Julie Carter

**Phone:** 812-272-1821

**E-Mail:** [jcarter106@yahoo.com](mailto:jcarter106@yahoo.com)

# City Church of All Nations

## PROJECT INFORMATION

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**Project Name:** CFAN/HHOC- City Church for All Nations/Healing Hands Outreach Center, Inc.

**Total cost of project:** \$15,000

**Requested amount of JHSSF funding:** \$15,000

**Total number of City residents anticipated to be served by this project:** 500-600

**Total number of clients anticipated to be served by this project:** 500-600

### PROJECT SYNOPSIS (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

CCFAN/HHOC Outreach is seeking \$15,000 from JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE to purchase a used moving truck needed to pick up donations and to transport donated items to city residents.

Currently CCFAN/HHOC Outreach depends on a local moving business that donates the truck(s), staff and time. Acquiring a moving truck allows us to provide services that are more efficient and mitigate risk for the local business.

CCFAN Outreach would expand pick-up and drop-off services to operate daily allowing greater need to be met. Items that are delivered include but are not limited to couches, beds, dressers, appliances, desks, chairs, household items etc.

The immediate benefits of this project include:

- 1) Servicing greater need for elderly and/or disabled residents
- 2) Servicing individuals and families from low-income communities

Offering increased quality of life for Bloomington families who may experience lack of resources due to homelessness, loss of wages, low-income households etc.

**Address where project will be housed:** 260 North Gates Drive Bloomington, IN 47404

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

Yes  No  N/A



# City Church of All Nations

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

# City Church of All Nations

N/A

## PROJECT COSTS

**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot Project                       Bridge Funding                       Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):*

## FUNDING PRIORITIES -- RANKED

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

Yes             No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	<b>12-15 ft moving truck, used</b>	<b>\$15,000</b>
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
<b>TOTAL REQUESTED</b>		<b>\$15,000</b>

# City Church of All Nations

## **JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES**

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### **NEED** (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

CCFAN/HHOC Outreach 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, CCFAN/HHOC Outreach services approximately 500-600 families annually. Acquiring a moving truck allows the team to support a healthy community by providing 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 affects 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. This program also decreases poverty- clients have opportunities to receive items in great need to them and families without cost or increase in debts they cannot afford.

Additionally, this project allows CCFAN/HHOC Outreach 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 furniture and clothing helps remediate the emergent needs for these families and reduces stressors that lead to substance abuse and neglect in households.

### **OUTCOME INDICATORS** (100 words or less)

**Please describe the outcome indicators you intend to use to measure the success of your project.**

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-

# City Church of All Nations

*term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term indicators used to measure the change your program has created during the period of your funding agreement. Where possible, this information should be expressed in quantitative terms.*

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

This funding request is for a moving truck that will last for years of service. To empirically assess success for this investment, CCFAN/HHOC Outreach will log the number of families, number of deliveries, and number of items delivered every six months. It is expected that the numbers will increase by 10-15% in the first year since access to moving trucks and furniture will be easier.

## **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.

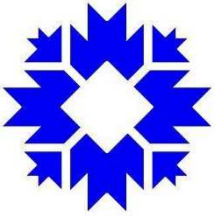
Dear Counsel and Committee Members,

Since the last time we applied for this Grant, we have successfully served our community without closing due to the pandemic of COVID 19, assisted in collaborating with *The Meal Train*, an effort that was created to feed individuals in need of food during crisis when schools closed and meals were limited. This effort fed 6,000 individuals and families in April. Our Outreach van was used every day that the program was running to assist in pick-up of food from local restaurants, donors and to drop off at distribution locations. We have served an increase of 30-40% more requests and clients in need of donations/essential living items from families being displaced due to house fires, homelessness, drug addiction, and families who have lost jobs due to Covid 19. Needs ranging from parents being unable to purchase school supplies, clothing for children, disabled/physically impaired individuals that were not able to receive assistance due to Covid 19 restrictions/limitations. Moreover, our only Outreach van we depend on to administrate this program was vandalized this week and is currently out of commission. This grant would mean so much to us and our community that depends on this program. We appreciate your time and consideration.

Respectfully, Julie Carter  
CCFN/HHOC Outreach Director

# Courage to Change Sober Living

[Link to 2020 Application](#)



**CITY OF BLOOMINGTON, COMMON COUNCIL**  
**JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE**  
**2020 EXPRESS GRANT APPLICATION**

## **AGENCY CONTACT INFORMATION**

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**Lead Agency Name: Courage to Change Sober Living**

**Address:** P.O. Box 3001 Bloomington, Indiana 47402

**Phone:** 812-391-5440

**E-Mail:** c2csoberliving@gmail.com

**Website:** couragetochangehouse.org

**President of Board of Directors:** Marilyn Burrus

**Name of Executive Director:** N/A

**Phone:**

**E-Mail:**

**Name and Title of Person to Present Proposal to the Committee:** 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

# Courage to Change Sober Living

## PROJECT INFORMATION

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**Project Name: Case/House Managers Salaries**

**Total cost of project: \$4438.56**

**Requested amount of JHSSF funding:**

**Total number of City residents anticipated to be served by this project: 25 at one time and an average of 102 people through-out the year depending on how long each client stays. They stay a minimum of three months but can stay up to a year.**

**Total number of clients anticipated to be served by this project: Average of 102 per year but that varies depending on what housing resources are available when our clients have finished our program.**

### PROJECT SYNOPSIS (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$4438.56 to pay to our house managers for extra hours needed due to the COVID pandemic. We have a house/case manager for our two men's houses and a house/case manager for our two women's houses. The regular duties of our house managers include case management; one-on-one meetings with residents; interviewing prospective residents; helping move residents in and out of our houses; conducting house meetings; conducting recovery meetings; helping with resumes and referring them to other social service agencies; providing employment leads; administering drug tests; handling house issues; reviewing their recovery plans and making sure they stay on track; acts as a liaison between our residents and the neighborhood where our houses are located in order for the community to understand what Courage to Change is and how sober living houses fit into the neighborhood; is a sounding board for our residents; obtains food from the food bank to supplement the food our residents buy. Due to COVID our house managers have had to double their efforts with respect to their regular duties as well as making sure our residents understand COVID protocol, have masks and cleaning supplies, help with mental health resources, help navigate new ways to access help from other social service agencies, step up employment search help and generally make themselves available for varying hours throughout the day and evening to keep our residents safe and as unstressed as possible.

**Address where project will be housed:**

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

Yes  No  N/A We rent the houses our residents reside in.

# Courage to Change Sober Living

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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.*

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

## **PROJECT COSTS**

## Courage to Change Sober Living

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**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot Project                       Bridge Funding                       Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):* United Way has given us funds to pay for 5 extra hours per week for each of our house managers through December of 2020. We also receive Recovery Works monies for staff salaries but at the moment those aren’t covering the extra hours but might be available at some point next year.

**FUNDING PRIORITIES -- RANKED**

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

Yes             No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	<b>Staff Extra Hours 7 hours per week per house manager.</b>	<b>\$4438.56</b>
Priority #2	<b>Staff Extra Hours 5 hour per week per house manager.</b>	<b>\$3170.40</b>
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
TOTAL REQUESTED		



## Courage to Change Sober Living

### **JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES**

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#### **NEED** (500 words or less)

*Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.*

Courage to Change Sober Living provides safe, low barrier, supportive sober residences to those facing substance misuse. Our house/case managers are a vital part of the work we do and are a major reason we have expanded from one house to four houses. As stated in the project synopsis our house managers play many roles in the lives of our residents and COVID has amplified these roles and the need for house managers to work more hours to fulfill the needs of our residents. During COVID our house managers have doubled their efforts of providing direct relief to our residents in the following ways: food for those residents that have seen their hours cut or lost their jobs altogether and are looking for other employment; hygiene/personal protective equipment including hand sanitizer, masks, disinfecting supplies; helping our residents apply for help paying rent due to loss of income; holding virtual recovery meetings so our residents can stay on track while staying safe and in some cases quarantined and they have doubled the number of meetings they usually hold; more house meetings because our residents are considered essential employees and are facing a lot of stress which can sometimes lead to relapse; working with our residents on their recovery plans one-on-one instead of in groups; referring our residents to other social service agencies that can help them with services we don't provide. This had been much more difficult since many agencies have less hours or are all online and our residents need help accessing this help either online or by phone. Agencies where they usually would go to access computers or other help such as the library have not been available so our house managers have had to pivot and fill this gap. The pandemic has highlighted the gaps in employment and housing opportunities for the formerly incarcerated and those in recovery in our community. In a normal year it is difficult for our residents to find employment or move into their own housing and this year the imbalance of supply and demand has come to the forefront and has added to the stress of our residents. To help our residents deal with these issues our house managers have stepped up helping with applications for rental assistance, resumes, employment applications—all things they have always done but have doubled their effort during this time. Given the uncertainty of COVID we assume these extra hours will be needed for at least part of 2021.

# Courage to Change Sober Living

## **OUTCOME INDICATORS** (100 words or less)

**Please describe the outcome indicators you intend to use to measure the success of your project.**

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

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

Since our staff have been working extra hours due to United Way funding we have been measuring the results and noting the increases in the following areas. We will continue measuring these for this funding request as well.

Requests for the following: one-on-one meetings with our staff; virtual and socially distanced recovery meetings; resume and job searches; navigating assistance from other social service agencies; COVID protocol, masks, cleaning supplies; recovery plan help (normally done in jail or prison but many did not get the chance to complete; help with rent and court fee assistance; mental health resources.

## Courage to Change Sober Living

### **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 would like to add that recently we were certified by the National Association of Recovery Residences. It was a long and involved process but we are very proud we meet the standards set out by this organization. Part of being in NARR means we are eligible for Recovery Works monies from the state. Not all of our residents qualify for these monies but since many of our residents come directly from jail and prison we do have a fair amount of residents receiving this funding. The total amount we receive varies from month to month depending on how many of our residents receive this funding. This funding helps us to pay a small portion of our house managers salaries but not the full amount and definitely not extra hours. The extra hours our house managers have been funded to work by United Way— (through December 2020) have been very beneficial to our residents and would continue to be beneficial since COVID doesn't seem to be going away anytime soon. Our residents are essential employees so not only have faced working through COVID but many have had their hours cut or have lost their jobs altogether. The extra hours our house managers are working have been vital in keeping our residents safely housed, employed, continuing on their road to recovery and integrating back into our community. As stated above COVID has magnified gaps in housing, employment, mental health services and resources that are available to those formerly incarcerated or in recovery. Hopefully this magnification will serve as momentum to make some changes to services provided to these underserved groups.

### Project Budget – Courage to Change Sober Living

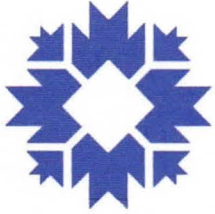
#### Courage to Change Sober Living Budget for Managers Salaries Funding Request

All monies will be used to pay our two house managers \$13.21 an hour for an extra 7 hours per week.

Bruce Terry Men's House Manager \$369.88 per month

Stacy Flynn Women's House Manager \$369.88 per month

Total Amount Requested \$4438.56



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

---

**Lead Agency Name:** El Shadday and I, Inc.

**Address:** 520 S Walnut P.O. Box 1043

**Phone:** 812-908-2134

**E-Mail:** El.shadday812@gmail.com

**Website:**

**President of Board of Directors:** Michael A. Carter

**Name and Title of Person to Present Proposal to the Committee:** Michael A. Carter

**Phone:** 812-360-5108

**E-Mail:** pastormike@mychurchlife.org

**Name of Grant Writer:** Carol S. Carter

**Phone:** 812-320-0138

**E-Mail:** cdenises54@gmail.com

**PROJECT INFORMATION**

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**Project Name: New Wheelchair Van Proposal**

**Total cost of project: \$65,171**

**Requested amount of JHSSF funding: \$65,171**

**Total number of City residents anticipated to be served by this project: 134(3000 trips)**

**Total number of clients anticipated to be served by this project: 300 (6000 trips)**

**PROJECT SYNOPSIS** (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

El Shadday and I, Inc. are requesting a one-time investment of \$65,171 to purchase a new wheelchair accessible van, which will include safety equipment for compliance with Medicaid, and a year auto insurance. Transportation is needed due to clients who have various disabilities and inability to transport themselves.

In attending a few of the Bloomington Transportation and Mobility meetings, it was noted that the city bus transportation does not extend beyond the city limits. Our most vulnerable populations are in need of transportation. It's not only the vulnerable portion of our populations that can be affected. We could also be talking about someone who's normally healthy enough to get around but may be temporarily waylaid by an acute injury or surgery. Post -surgical patients aren't allowed to drive until cleared by their healthcare provider, even if the surgery didn't involve limbs or hands.

In addition, some of our more fragile population face transportation challenges to get to their essential medical appointments. Some must rely on family and friends or local community organizations to transport them. If these options become limited, **Non-Emergency Medical Transportation (NEMT)** can fill in the gap.

**Address where project will be housed:**

334 Miami St. W Ellettsville, IN 47429

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

Yes  No  N/A

## El Shadday and I

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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.

N/A

*Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

Is this a collaborative project?  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

**PROJECT COSTS**

---

**Is this request for operational funds?**  Yes  No

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

Pilot Project  Bridge Funding  Collaborative Project

None of the Preceding - General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):*

**FUNDING PRIORITIES -- RANKED**

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

Yes  No

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

	Item	Cost
Priority #1	<b>Wheel chair accessible van</b>	<b>\$48,115</b>
Priority #2	<b>Lettering on van/paint wrap</b>	<b>\$4,500</b>
Priority #3	<b>Year auto insurance premium</b>	<b>\$7,742</b>
Priority #4	<b>Vehicle Registration</b>	<b>\$614</b>
Priority #5	<b>Oil change for a year</b>	<b>\$200</b>
Priority #6	<b>Gas for a year</b>	<b>\$4,000</b>
Priority #7		
<b>TOTAL REQUESTED</b>		<b>\$65,171</b>

**JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES**

---

**NEED** (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City’s broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

Our project addresses the Human Services Organization needs priority by providing a service to ensure that the Healthy and non-Healthy Community needs of adults and seniors are met through our non-emergency transportation. It will transport those in need to and from various appointments such as doctors, dialysis, and other non-emergency appointments which will help ensure the health of our clients. Our project, which is a vitally important resource in our community, meets the essential needs of non-emergency medical transportation, by making transportation available to our most vulnerable residents. In addition, El Shadday and I, Inc. would be able to reach out to the surrounding counties which also show a great need for non-emergency transportation that is currently not being met.

Our clients have the necessity of transportation which does not fall under the need for food, shelter/housing, personal safety/hygiene products/personal protective equipment, or childcare, while at the same time, our clients do have personal safety when they are in our care, as we take care of them from the time we arrive to pick them up, take them to their appointments, and come back to pick them up for their trip back to their place of residence. They depend greatly on El Shadday and I, Inc. to provide their transportation.

**OUTCOME INDICATORS** (100 words or less)

**Please describe the outcome indicators you intend to use to measure the success of your project.**

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

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## El Shadday and I

*cite to the number of residents with new or improved access to a service or facility. If funds were used to meet a quality standard or to improve quality of a service or facility, an agency might report the number of people who have access to the improved service or facility.*

Currently we are providing service for our clients using a 2008 Wheelchair accessible vehicle which is working to provide for our clients, however, our vehicle is in subpar condition and needs to be upgraded. There is a shortage of non-emergency transportation providers in the Monroe County area. Due to the condition of our 2008 Wheelchair accessible van we have been in various situations where out of town trips for wheelchair clients cannot be provided. A vehicle upgrade would allow out of town trips to be provided on a regular basis.

### **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.

## El Shadday and I

Recently our 2008 Wheelchair accessible vehicle was in repair for almost two months, and some of our clients, especially those using a wheelchair, and able to transfer, used our car. Those who were not transferable, their trips were refused. We were able to service our clients, however, any new clients who needed wheelchair transportation were declined. Our company did the best we could to meet our clients' needs during this inconvenience. There have been times when we have had to decline five or more out of town wheelchair trips per day.

Presently, our Wheelchair accessible vehicle is back on the road and we continue to meet the needs of our clients, especially during the uncertainty and effects of COVID-19. There continues to be the need for repair which becomes a challenge at that "particular moment", but our clients' needs continue to be met.

# El Shadday and I

Anchor Group Management, Inc  
 953 AMERICAN LANE, 3<sup>RD</sup> FLOOR  
 SCHAUMBURG, IL 60173  
 800.897.2551 | www.agmiinsurance.com



## Indiana Commercial General Liability

AGENCY:	ADVISORNET PROPERTY & CASUALTY, LLC 20009	QUOTE#:	MG6243Q2020
ATTENTION:		QUOTE DATE:	07/27/2020
APPLICANT:	EL SHADDAY AND I INC ELLETTSVILLE, IN 47429	POLICY EFF:	08/24/2020
RENEWAL OF:	GL57390P2019	QUOTE EXP:	08/24/2020

### COVERAGE/LIMITS/PREMIUM

COVERAGE:	CLASS:	EXPOSURE:	LIMITS:	PREMIUM:
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	46622	1,250	2,000,000	\$48.00
EACH OCCURRENCE	46622	1,250	1,000,000	(included)
GENERAL AGGREGATE	46622	1,250	2,000,000	(included)
PERSONAL ADVERTISING INJURY	46622	1,250	1,000,000	(included)
DAMAGE TO PREMISES RENTED TO YOU	46622	1,250	100,000	(included)
MEDICAL EXPENSE	46622	1,250	5,000	(included)
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	61224	1,260	2,000,000	\$90.00
EACH OCCURRENCE	61224	1,260	1,000,000	(included)
GENERAL AGGREGATE	61224	1,260	2,000,000	(included)
PERSONAL ADVERTISING INJURY	61224	1,260	1,000,000	(included)
DAMAGE TO PREMISES RENTED TO YOU	61224	1,260	100,000	(included)
MEDICAL EXPENSE	61224	1,260	5,000	(included)
TERRORISM COVERAGE				(included)
ABUSE AND MOLESTATION COVERAGE			1,000,000/1,000,000	(included)
POLICY MINIMUM				\$862.00

STATE REQUIRED FEES AND OR TAXES:	\$0.00
TOTAL PREMIUM:	\$1,000.00

### UNDERWRITING NOTES

THIS QUOTE EXPIRES AT 12:01 AM (8/24/20).

WITHOUT EXCEPTION, BINDING AND ISSUING ARE STRICTLY CONTINGENT UPON ALL OF THE FOLLOWING:

- **\*\*FULL PAYMENT IN ORDER TO BIND COVERAGE.\*\*** FILINGS AND/OR DMV REPORTING WILL NOT OCCUR WITHOUT PAYMENT.
- 20% DOWN FOR PREMIUM FINANCED. COPY OF FINANCE AGREEMENT REQUIRED
- NO MONO-LINE COVERAGE. ACCOMPANYING AUTO MUST BE BOUND WITH THE SAME EFFECTIVE DATE AS THE GL REQUEST TO BIND COVERAGE MUST BE RECEIVED PRIOR TO EXPIRATION DATE OF CURRENT POLICY

# El Shadday and I

Anchor Group Management, Inc  
 953 AMERICAN LANE, 3<sup>RD</sup> FLOOR  
 SCHAUMBURG, IL 60173  
 800.897.2551 | [www.agmiinsurance.com](http://www.agmiinsurance.com)



## INSURANCE QUOTE

### Indiana Commercial Automobile Insurance

AGENCY:	ADVISORNET PROPERTY & CASUALTY, LLC - 20009	QUOTE#:	MA6242Q2020
ATTENTION:		QUOTE DATE:	07/27/2020
APPLICANT:	<b>EL SHADDAY AND I INC 334 MIAMI ST , ELLETTSVILLE, IN 47429</b>	POLICY EFF:	08/24/2020
RENEWAL OF:	CA57391P2019	QUOTE EXP:	<b>08/24/2020</b>

## COVERAGE/LIMITS/PREMIUM

COVERAGE:	SYMBOL(S)	LIMITS:	PREMIUM:
LIABILITY	2,8,9	\$1,500,000 Limit	\$4,963
NON OWNED AUTO LIABILITY			\$250
HIRED AND BORROWED LIABILITY - IN		\$1,500,000 Limit	\$910
UMBI - IN	7	\$25,000/\$50,000 Limit	\$18
UIM - IN	7	\$50,000 Limit	\$2
OTC - IN	7	\$1,000 Ded	\$232
COLLISION - IN	7	\$1,000 Ded	\$367

ADDITIONAL INSURED(S):	
STATE REQUIRED FEES AND OR TAXES:	\$0
TOTAL PREMIUM:	<b>\$6,742.00</b>
BASED ON RATING TERRITORY::	

## NUMBER OF UNITS

NUMBER OF UNITS	2
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## UNDERWRITING NOTES

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# El Shadday and I

NATIONAL INTERSTATE INSURANCE COMPANY – NAIC 32620 Rated “A+” (Superior) by A.M. Best  
Insurance Quote - Indiana - Commercial Automobile Insurance  
QUOTE LETTER



## VEHICLE SCHEDULE

PHYSICAL DAMAGE:									
	CLASS CODE:	ST:	YEAR:	MAKE:	VALUE TYPE:	VALUE:	PREMIUM:	ALL OTHER COVERAGE:	TOTAL:
1	4398	IN	2012	CHEV	Stated Amount	\$12,000	\$599	\$2,373	\$2,972
2	4398	IN	2008	FORD				\$2,610	\$2,610

El Shadday and I



**SOLD TO:**  
El Shadday and I

**SHIP TO:**  
El Shadday and I

STOCK#	SHIPPED VIA	TERMS	PO#	ORDER#	COMMENTS
	N/A	CHECK			Toyota Sienna Vehicle Wrap

QTY. ORDERED	QTY. SHIPPED	QTY. B.O.	DESCRIPTION OF ITEM	ITEM PRICE	ITEM PRICE (MULTIPLIED BY QTY.)
1	1	0	Full wrap	4500	4500

SHOP ONLINE @  
**VANHORN1.COM**

<b>VANHORN TINT &amp; ACCESSORIES</b> 4503 OUTBACK COURT BLOOMINGTON, IN 47404 (812) 876-2230 (812) 325-3040 EMAIL: VANHORN1@SMITHVILLE.NET	<b>SUB-TOTAL</b>	=	4500
	<b>DISCOUNT</b>	=	0
	<b>TAXES</b>	=	0
	<b>SHIPPING</b>	=	0
	<b>INSTALLATION</b>	=	0
	<b>C.O.D.</b>	=	0
	<b>GRAND TOTAL</b>	=	4500

# El Shadday and I



**MAIN OFFICE:**  
 SUPERIOR VAN & MOBILITY LLC  
 1506 LAKESHORE COURT  
 LOUISVILLE, KY 40223  
 (502)-447-8267

<< QUOTE >>

QUOTE DATE	9/30/2020
QUOTE NO	24378

**PURCHASE LOCATION:**  
 INDIANAPOLIS  
 5410 S. MADISON AVE  
 INDIANAPOLIS, IN 46227  
 (317)-781-6900

**B I L L**  
 3MABR  
 CHERYL MABRY  
 334 MIAMI ST  
 ELLETTSVILLE, IN 47429

**S H I P**  
 CHERYL MABRY  
 334 MIAMI ST  
 ELLETTSVILLE, IN 47429

Phone: (812)-345-5522

Phone: (812)-345-5522

Fax:

<b>TOTAL DUE</b>	<b>48,115.00</b>
------------------	------------------

SLS1	SLS2	DUE DATE	DISC DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO
SLO		9/30/2020	9/30/2020	00242271	9/30/2020		

TERMS DESCRIPTION	CUSTOMER PO NO	SHIP VIA
DUE NOW		

ITEM ID	TX CL	UNITS	ORDERED	SHIPPED	UNIT PRICE	EXTENSION
NMV- COMM NEW MOBILITY VEHICLE COMMERCIAL 2020 TOYOTA SIENNA L VIN: TBD MILEAGE: ~200 COLOR: TBD	5	EA	1.0000	0.0000	31,965.0000	31,965.00
NEW BRAUN TOYOTA RE BRAUN TOYOTA REAR ENTRY- MANUAL TOYOTA ADA SHORT FLOOR - VA 1 WHEELCHAIR POSITION, 56" MANUAL DOOR, VERTICAL STOW FLODOUT RAMP, ADA RAMP LIGHTING, RUBBER FLOORING, QRT MAX SLIDE-N-CLICK TIE-DOWNS, TRANSMISSION INTERLOCK, BACKUP ALARM, EMERGENCY HATCH RELEASE	0	EA	1.0000	0.0000	14,775.0000	14,775.00
PF PROCESSING FEE - IN, KY, TN, NE	0	EA	1.0000	0.0000	175.0000	175.00
SALES TAX SALES TAX NOT-FOR-PROFIT TAX EXEMPTION REQUIRES IRS FEDERAL DETERMINATION LETTER. OTHERWISE, INDIANA SALES TAX (7.0%) REQUIRED	0	EACH	1.0000	0.0000	0.0000	0.00
501849KN OPTIONAL ELECTRONIC FRONT RETRACTABLE TIE-DOWNS	0	EACH	1.0000	0.0000	1,200.0000	1,200.00
LL TOYOTA MOBILITY REBATE CHASSIS IS ELIGIBLE FOR \$1000 TOYOTA MOBILITY REBATE AFTER REGISTRATION OF VEHICLE.	0	EA	1.0000	0.0000	0.0000	0.00

# El Shadday and I



**MAIN OFFICE:**  
 SUPERIOR VAN & MOBILITY LLC  
 1506 LAKESHORE COURT  
 LOUISVILLE, KY 40223  
 (502)-447-8267

**<< QUOTE >>**

QUOTE DATE	9/30/2020
QUOTE NO	24378

**PURCHASE LOCATION:**  
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 INDIANAPOLIS, IN 46227  
 (317)-781-6900

**B** 3MABR  
**I** CHERYL MABRY  
**L** 334 MIAMI ST  
**L** ELLETTSVILLE, IN 47429  
**T**  
**O**

**S** CHERYL MABRY  
**H** 334 MIAMI ST  
**I** ELLETTSVILLE, IN 47429  
**P**  
**T**  
**O**

Phone: (812)-345-5522

Phone: (812)-345-5522 Fax:

<b>TOTAL DUE</b>	<b>48,115.00</b>
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SLS1	SLS2	DUE DATE	DISC DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO
SLO		9/30/2020	9/30/2020	00242271	9/30/2020		

TERMS DESCRIPTION	CUSTOMER PO NO	SHIP VIA
DUE NOW		

ITEM ID	TX CL	UNITS	ORDERED	SHIPPED	UNIT PRICE	EXTENSION
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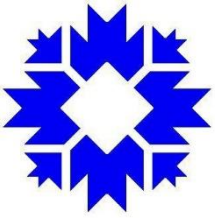
Quotes are good for 30 days.

30-0184223

TAXABLE	NONTAXABLE	FREIGHT	SALES TAX	MISC	TOTAL
0.00	48,115.00	0.00	0.00	0.00	48,115.00
<b>TOTAL DUE</b>					<b>48,115.00</b>

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**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

**Lead Agency Name:** Foundation of Monroe County Community Schools

**Address:** 315 North Drive, Bloomington IN 47401

**Phone:** 812-330-7700 ext 50065

**E-Mail:** fmccs@mccsc.edu

**Website:** www.mccsfoundation.org

**President of Board of Directors:** Lucy Fischman

**Name of Executive Director:** Cyrilla Helm

**Phone:** 812-330-7700 ext 50065

**E-Mail:** mhelm@mccsc.edu

**Name and Title of agency Contact Person:** Cyrilla Helm

**Phone:** 812-330-7700 ext 50065

**E-Mail:** mhelm@mccsc.edu

**Name of Grant Writer:** Cyrilla Helm

**Phone:** 812-330-7700 ext 50065

**E-Mail:** mhelm@mccsc.edu

**PROJECT INFORMATION**

**Project Name: Disinfecting Through COVID-19**

**Total cost of project: \$12,210**

**Requested amount of JHSSF funding: \$7,200**

**Total number of City residents anticipated to be served by this project: 4,500**

**Total number of clients anticipated to be served by this project: 8,670**

**PROJECT SYNOPSIS** (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting a one-time investment of \$7,200 to purchase eight disinfectant electrostatic sprayers to use in cleaning the MCCSC bus fleet during the pandemic.

The COVID-19 pandemic has dramatically changed safety needs throughout the Monroe County Community School Corporation (MCCSC). MCCSC operates a fleet of 150 buses that are used to safely transport our students to and from school. During the pandemic, we are required to reduce the number of children on a bus at one time and to disinfect the full interior of each bus between routes. To meet these safety measures, we are now running almost all bus routes twice to ensure the protection of our children.

We currently have 133 bus routes for middle and high school students and 178 bus routes for elementary students.

In order to effectively disinfect the surfaces inside the bus between routes, we desperately need to purchase additional equipment. The cordless electrostatic sprayers are designed to save time and labor, spray less cleaning solution, and cover more surfaces. With the electrostatic sprayer a full-size school bus can be cleaned in approximately 8 to 10 minutes before it returns to the route to pick up the second grouping of students.

This program will help us better protect our students and provide our drivers with a more efficient and effect way of cleaning the interior of the bus.

**Address where project will be housed: MCCSC**

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

Yes  No  N/A

# Foundation of Monroe County Schools

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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

**Is this a collaborative project?  Yes  No.** If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

The Foundation is the 501(c) 3 of the Monroe County Community School Corporation. We are an independent nonprofit supporting MCCSC students and teachers. The Foundation is requesting this grant to assist the corporation with safety needs and protections for our students. Our goal is to ensure our schools are operating as safely as possible for in-person and online instruction.

# Foundation of Monroe County Schools

## PROJECT COSTS

Is this request for operational funds?  Yes  No

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

Pilot Project

Bridge Funding

Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** (Please indicate source, amount, and whether confirmed or pending):

## FUNDING PRIORITIES -- RANKED

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

Yes  No

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

	Item	Cost
Priority #1	<b>Victory Electrostatic Sprayers (8). With less we will purchase fewer.</b>	<b>\$6,500.00</b>
Priority #2	<b>Carrying Strap (8). Is helpful but not critical.</b>	<b>710.00</b>
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
TOTAL REQUESTED		

## **JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES**

### **NEED** (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

COVID-19 has truly demonstrated how our community relies on our public schools to provide a safe learning environment for our PreK-12 students. Our learning community, buildings, transportation, food services, and faculty provide a safe “childcare” that parents need and rely on. Our schools are public places not just for learning but for access to healthy meals, social interaction, and physical exercise. An imbalance in these essential services impacts all students, especially low-income, minority, and students with special learning needs.

Our project request is for additional disinfectant sprayers to help our bus drivers clean more than 150 buses each day. Each bus is cleaned an average of 6 to 10 times a day depending on the driving routes. MCCSC is currently transporting 8,670 students to school and home every day. We also provide extra-curricular transportation for sports and activities.

Due to COVID-19 restrictions, we can only transport between 22 to 36 students on a bus; siblings can sit together in one seat, otherwise it is one child per seat. A 66-passenger bus has 22 seats, a 78-passenger bus has 26 seats, and an 84-passenger bus has 28 seats. The reduced seating means that most drivers are running double routes in order to meet the needs of our students and families. After the bus unloads at a school it must be disinfected before the driver can repeat the route.

The disinfectant sprayers are proven to more effectively clean all surface areas inside the bus in a shorter amount of time than traditional hand cleaning. We do have some sprayers but not enough to efficiently clean our fleet and return the buses to the route. Additional sprayers will better protect our students while on the bus and reduce the time that children are waiting both at home and at school for transportation.

Keeping our schools open for in-person instruction and providing safe transportation is critical to helping our community recover more quickly from the COVID-19 pandemic. “Although scientific debate is ongoing with regard to the effectiveness of school closures on virus transmission, the fact that schools are closed for a long period of time could have determinantal social and health consequences for children living in poverty and exacerbate existing inequalities.” [The Lancet Public Health April 2020](#). Our schools ensure that students are receiving healthy nutrition and have a safe place during the school day. MCCSC is currently serving breakfast and lunch free to all students through the end of the school year. We want to keep our children learning in a safe environment and while supporting our families that need reliable childcare.

### **OUTCOME INDICATORS** (100 words or less)

# Foundation of Monroe County Schools

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

Outcomes to measure the success of the program will be measured by:

1. Improving the process and time to disinfect 150 school buses after every route. Under current social distancing guidelines each bus may need to be disinfected 6 to 10 times every day. That equates to 900 to 1,500 cleanings for the bus fleet in a given day.
2. Serving 8,760 students by providing safe transportation to and from school each day.
3. Providing tools that enable bus drivers to work and safely disinfect the bus after each route. We want to ensure the health and safety of our drivers as well as our students.

Every day that MCCSC is able to provide in-person instruction for our students and families is a great benefit to our community and its recovery from the panedemic. For these children, their day begins and ends on a school bus. Ensuring the cleanliness of the bus helps reduce the spread of germs, not just for COVID-19, but for other public health needs as we approach cold and flu season.

The electrostatic sprayers are a one-time investment to help reduce the spread of germs in our school community. The safety of our students and employees is a critical concern.

## **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.

# Foundation of Monroe County Schools

Organization Name: **Foundation of Monroe County Community Schools**

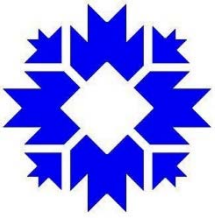
Project Title: **Electrostatic Sprayer Disenfect Bus Fleet**

Jack Hopkins Grant

Revenue			Project Budget	Request
1 Grants - List all sources of anticipated funding			\$12,210	\$7,200
Organization Name	Status - pending or requested	Status - Committed		
Jack Hopkins SS Grant	7,200.00	-		
MCCSC		7,000.00		
Electrostatic Sprayer (8)			\$ 6,500.00	
Carry Strap (8)			\$ 710.00	
Cleaning Solution estimate for these sprayers through end of year			\$ 5,000.00	
Miscellaneous (list)				
<b>TOTAL</b>			<b>\$12,210</b>	<b>\$7,200</b>
In-Kind (from total below)			\$0	\$0
<b>TOTAL REVENUE</b>			<b>\$12,210</b>	<b>\$7,200</b>

Jack Hopkins Grant

Expenses			Project Budget	Request
Staff Salaries and Wages				
Benefits				
Fuel / Utilities				
Equipment			\$7,210	\$15,000
Supplies and Materials			\$5,000	
Telecommunications				
<b>SUBTOTAL</b>			<b>\$12,210</b>	<b>\$15,000</b>
General Operating (indirect)				
<b>TOTAL</b>			<b>\$12,210</b>	<b>\$15,000</b>
In-Kind				
In-Kind Item (list) Furniture				
In-Kind Item (list) Computers				
In-Kind Item (list)				
<b>TOTAL IN-KIND</b>			<b>\$0</b>	<b>\$0</b>
<b>TOTAL EXPENSES</b>			<b>\$12,210</b>	<b>\$15,000</b>
<b>REVENUE OVER EXPENSES</b>			<b>\$0</b>	<b>-\$7,800</b>



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**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](mailto:habitat@monroecountyhabitat.org)

**Website:** [monroecountyhabitat.org](http://monroecountyhabitat.org)

**President of Board of Directors:** Meredith Rogers

**Name of Executive Director:** Wendi Goodlett, President & CEO

**Phone:** (812) 331-4069

**E-Mail:** [goodlett@monroecountyhabitat.org](mailto:goodlett@monroecountyhabitat.org)

**Name and Title of agency Contact Person:** Nathan Ferreira, Director of Land Development and Production

**Phone:** (812) 331-4069

**E-Mail:** [ferreira@monroecountyhabitat.org](mailto:ferreira@monroecountyhabitat.org)

**Name of Grant Writer:** Colleen McKenna, Development Director

**Phone:** (812) 331-4069

**E-Mail:** [mckenna@monroecountyhabitat.org](mailto:mckenna@monroecountyhabitat.org)



# Habitat for Humanity

## PROJECT INFORMATION

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**Project Name:** Habitat for Humanity of Monroe County, 406 N Spring St, lumber for construction

**Total cost of project:** \$21,185.00

**Requested amount of JHSSF funding:** \$21,185.00

**Total number of City residents anticipated to be served by this project:** 5

**Total number of clients anticipated to be served by this project:** Direct support for 1 household consisting of 2 adults and 3 children. Also benefiting will be the 18 families currently in our program - including 30 adults and 39 children - who will advance towards building their own affordable Habitat homes.

## PROJECT SYNOPSIS (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$21,185 in bridge funding for materials needed to build an affordable Habitat home in 2020. This support will help Habitat close the gap in decreased revenue and increased costs, and allow us to regain ground lost through reduced revenue from mortgages and business sponsorships.

- Many Habitat homeowners have been hard hit by challenges from the COVID-19 crisis, and we have granted mortgage loan forbearance to nine families unable to pay their mortgages since April. This has reduced our revenue by nearly \$1,800 per month, which is 3% of Habitat's monthly mortgage revenue. Combined with a current mortgage delinquency of 7%, Habitat's total monthly shortfall is roughly \$5,200.
- Along with individual donations, a portion of our home construction costs come through sponsorships from area businesses and organizations. Many of our local sponsors have faced economic challenges due to the pandemic, and we have been unable to secure financial partnerships while area businesses are struggling.
- According to the National Association of Home Builders, lumber prices increased 14.9% in August, marking the largest four-month gain since such data was first recorded in 1949. This sharp increase has put additional pressure on Habitat to secure funding to cover increased material costs.

By securing funding this fall through the Recover Forward program, we can continue to advance construction plans and meet our goal of completing another family home by early 2021.

**Address where project will be housed:** 406 N Spring St, Bloomington, IN 47404

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

Yes  No  N/A

# Habitat for Humanity

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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.*

Building permits and right of way work has been approved for our project.

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

# Habitat for Humanity

N/A

## PROJECT COSTS

**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot Project                       Bridge Funding                       Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):*

## FUNDING PRIORITIES -- RANKED

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

Yes             No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	Floor System	\$4,942
Priority #2	Wall Framing	\$5,741
Priority #3	Roof System and Trusses	\$7,302
Priority #4	Porch and Decking	\$3,200
Priority #5		
Priority #6		
Priority #7		
<b>TOTAL REQUESTED</b>		<b>\$21,185</b>

# Habitat for Humanity

## JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES

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### NEED (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

There is a recognized need for local affordable housing that has only been intensified by the current pandemic. Cost burden is the greatest housing problem in our community and according to 2019 reports, Bloomington is the most expensive place to live in the state of Indiana. One in five (22%) of Monroe County residents live in poverty and an individual earning minimum wage would have to work 93 hours per week to afford a two-bedroom apartment. The number of households that have a housing cost burden of greater than 50% is nearly 8,500 according to the 2015-2019 *Bloomington Consolidated Plan*. In addition to being cost-burdened, hundreds of individuals also suffer from overcrowding, unsafe or unsanitary plumbing or kitchen facilities, and poor insulation or other structural deficiencies.

The SCAN and the 2015-2019 Consolidated Plan outline a significant need in our community to improve the cost of housing. HFHMC provides low-income families the opportunity to purchase a decent, affordable home with a mortgage payment that is no more than 30% of their gross monthly income.

Many of our organizational goals directly align with strategies outlined in the 2015-2019 Consolidated Plan, and bridge funding will allow us to help the city reach its goals and recovering forward. The funds will allow us to increase the number of affordable housing units (Strategy 1). Through home ownership, Habitat families gain stability and an overall improvement in their quality of life (Strategy 5). All of our partner families are low-income and earn between 25-80% of Monroe County median income, which corresponds to the desired population segment for these funds. Habitat for Humanity is the only organization offering a pathway to affordable **homeownership** in Monroe County.

Construction of even one additional home will minimize the impact on families currently in our program and put us on a solid path to rebuild capacity in 2021. The opportunity to fund another home by the end of 2020 will also permit us to more quickly reopen our application window and accept new families into our program.

Stable housing is more critical than ever as the capacity to mitigate the pandemic continues to be impaired by inadequate housing. The risk to low-income individuals and families is even greater if nonprofits like Habitat for Humanity of Monroe County do not have the resources to play a role in helping communities recover. Funding our project will help us continue building affordable housing to serve families in Bloomington, creating stable housing far into the future.

# Habitat for Humanity

## **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

The specific outcome of this funding will be the construction of a Habitat home for a household with an AMI between 25-80%. Further impacted will be over 50 individuals interested in future Habitat partnerships. Due to our slowed construction schedule, we have had to temporarily suspend applications in order to ensure families can become homeowners in a definable and reasonable time-frame. The opportunity to fund our next Habitat home in Monroe County will benefit additional vulnerable individuals by advancing the journey of **all** of our partnering families, creating space for future homeowners to enter our 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.

## Habitat for Humanity

Safe and affordable housing is a critical part of the community's ability to recover from the pandemic. Before the onset of the COVID-19 pandemic, our 2020 goals included affordable housing for 12 families. With the shutdowns and restrictions caused by the crisis, our April to December 2020 construction capacity has since decreased from seven to three homes. Loss of volunteers and reduction of income have both played a role in our lowered capacity—essentially every source of support that allows us to operate and build homes has been significantly and adversely impacted.

The risk to low-income individuals and families is significant if nonprofits like Habitat for Humanity of Monroe County do not have the resources to play a role in helping communities recover. Habitat has always been community-focused, and we will continue to offer our hand to the hardworking families in Bloomington who need it most. With funding from the Jack Hopkins Social Services Recover Forward initiative, we can continue to support current homeowners hardest hit by income loss, and limit disruptions to future homeowners by safely resuming planned construction activities. Your support will ensure we have the resources to play a role in helping low-income individuals and families in our community recover from the COVID-19 pandemic.

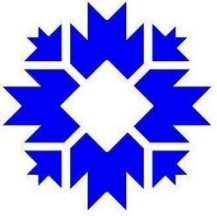


We build strength, stability, self-reliance *and* shelter.

## JACK HOPKINS SOCIAL SERVICES FUNDING 2020 RECOVER FORWARD GRANT PROJECT BUDGET

### Habitat for Humanity of Monroe County, 406 N Spring St, lumber for construction

406 N Spring St, Bloomington IN: Lumber budget for a 4BR home	
Floor System	\$4,942
Wall Framing	\$5,741
Roof System and Trusses	\$7,302
Porch and decking	\$3,200
<b>Total Lumber/Wood costs</b>	<b>\$21,185</b>



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

---

**Lead Agency Name:** HealthNet, Inc.

**Address:** 3403 E. Raymond Street, Indianapolis, IN 46203

**Phone:** 317-957-2018

**E-Mail:** [kay.johnson@indyhealthnet.org](mailto:kay.johnson@indyhealthnet.org)

**Website:** [www.indyhealthnet.org](http://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](mailto:rick.diaz@indyhealthnet.org)

**Name and Title of Person to Present Proposal to the Committee:** Nancy Richman

**Phone:** 812-322-1335

**E-Mail:** [nancy.richman@indyhealthnet.org](mailto:nancy.richman@indyhealthnet.org)

**Name of Grant Writer:** Nancy Richman

**Phone:** 812-322-1335

**E-Mail:** [nancy.richman@indyhealthnet.org](mailto:nancy.richman@indyhealthnet.org)



# HealthNet Inc.

## PROJECT INFORMATION

---

**Project Name:** COVID-Risk Mitigation for Safe Patient Care

**Total cost of project:** \$5,518.98

**Requested amount of JHSSF funding:** \$5,518.98

**Total number of City residents anticipated to be served by this project:** 1000

**Total number of clients anticipated to be served by this project:** 1200

## PROJECT SYNOPSIS *(250 words or less)*

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

HealthNet respectfully requests \$5,518.98 to purchase 3 air purifiers for patient exam rooms at the Bloomington Health Center. This is a one-time investment to increase the safety of the clinic by taking additional steps to minimize COVID exposure risk for patients and staff.

Currently, the Bloomington Health Center tries to separate patients with symptoms that are potentially COVID-related from those with non-COVID conditions by designating three specific "sick" rooms. However, studies indicate that the coronavirus can linger in the air for 30 minutes or longer and move around 15 feet. Once this and other viruses are airborne, they can settle almost anywhere in the environment. Magazines, office brochures, clipboards, doorknobs and even pens may host viruses and bacteria as well. As a result, we have taken every precaution, such as removing magazines, not using clipboards, providing single use pens. However, counters, chairs, even clothing can transport virus. This funding is an opportunity for us to address another avenue of the transmission of these microorganisms by reducing the amount of particulate moving through the air, which will help keep our patients and staff safer.

As a federally qualified health center, HealthNet Bloomington is the only local healthcare option open to individuals of all ages, with and without insurance. We have also begun offering COVID testing. As a result, the center has become a critical source of health care for medically underserved and medically vulnerable individuals. We are doing everything we can to offer the safest care possible.

Thank you for this opportunity.

# HealthNet Inc.

**Address where project will be housed:** 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?**

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 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.**

Not Applicable

**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.*

Not Applicable

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

# HealthNet Inc.

## PROJECT COSTS

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Is this request for operational funds?  Yes  No

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

Pilot Project

Bridge Funding

Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):*

No additional funds are expected for this project. However, we are able to **leverage** an in-kind donation from the manufacturer, Purafil, which will donate one replacement filter for each unit purchased – valued at \$694.44.

## FUNDING PRIORITIES -- RANKED

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

Yes

No

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

	Item	Cost
Priority #1	3 Purashield-500 Air Purifiers, #1169540, @ \$1,608.18 / unit	\$4,824.54
Priority #2	3 Replacement Air Purifier Cartridges, #1169529, @\$231.48/unit	\$ 694.44
Priority #3	<b>We will purchase the number of Air Purifiers that funding allows.</b>	
TOTAL REQUESTED		<b>\$5,518.98</b>

# HealthNet Inc.

## JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES

**NEED** (500 words or less) Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

Even with the Affordable Care Act and Healthy IN Plan 2.0, a surprising 13.5% of residents of Monroe County are still uninsured, in addition to 7.8% of children. \* In the past six months, the pandemic crisis has caused hundreds of Bloomington residents to lose their jobs. For many months, non-citizens were both unemployed and uninsured. Similarly, people that previously had insurance through their jobs lost their health insurance. Some of these people have returned to work but are very much still in dire financial straits.

Ironically, at a time when medical care is most profoundly needed, lack of income and lack of insurance have combined to make it very difficult for people to seek health care. Fortunately, HealthNet continues the VIM legacy and is the only source of low-fee medical care for uninsured City residents. At the same time, the VIM board, upon dissolving, made a significant financial gift to the HealthNet Foundation to fund the "VIM Patient Financial Assistance Fund" so that anyone coming to the Bloomington Health Center, unable to pay medical bills from services either on or off site, could apply to this fund for financial help.

As noted above, the Bloomington Health Center has designated three "sick" patient exam rooms. However, because patients seen in these rooms show symptoms that are potentially COVID-related, to ensure adequate sterilization before the next patient, we must wipe down and deep clean the room and then leave it unused for one hour. This is a very inefficient use of exam rooms.

This request does not, per se, provide relief directly to households affected by the pandemic. However, a one-time investment in 3 air purifiers is an investment that will have a positive, long-term spillover effect in reducing the risk of exposure to COVID or other airborne viruses, reducing susceptibility to disease in people with already weakened immune systems, which, in turn, will help reduce school absences and lost time from work (for those still employed). This request will help the Bloomington Health Center to use our "sick" exam rooms more efficiently with increased confidence that both patients and staff will be safe. Moreover, since research shows that COVID-19 has hit lower income households hardest, the Bloomington Health Center is even more important as the only medical resource with a sliding scale and financial assistance options available.

In the past, the Common Council has used Jack Hopkins funds for programs that provide food, housing, **healthcare**, or other services to city residents who are of low or moderate income, under 18-years of age, elderly, affected with a disability, or otherwise disadvantaged. Both Volunteers in Medicine and, in 2020, HealthNet, have benefited from these funding opportunities in the past – for which we are very grateful. Now, this one-time request will have a large impact on reducing the risk of exposure to COVID and other viruses for our most vulnerable residents.

\*(2020 SCAN, County Health Rankings; Small Area Health Insurance Estimates, based on 2017 data)

# HealthNet Inc.

## **OUTCOME INDICATORS** (100 words or less)

**Please describe the outcome indicators you intend to use to measure the success of your project.**

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

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

1. Number of individuals seen at the HealthNet Bloomington clinic with new access to air-purified exam rooms.

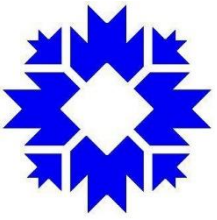
[If it is possible to count the number of individuals that were seen in one of the “sick” clinic rooms, we will try to do so. However, this data point might not be able to be isolated through the electronic medical record.]

## **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 this opportunity to address a unique need posed by the coronavirus.

[Link to 2020 Application](#)



**CITY OF BLOOMINGTON, COMMON COUNCIL**  
**JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE**  
**2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** LIFE*Designs*, Inc.

**Address:** 200 E. Winslow Rd., Bloomington, IN 47401

**Phone:** (812) 332-9615

**E-Mail:** info@lifedesignsinc.org

**Website:** lifedesignsinc.org

**President of Board of Directors:** Terry Patterson

**Name of Executive Director:** Russell Bonanno

**Phone:** (812) 332-9615

**E-Mail:** rbonanno@lifedesignsinc.org

**Name and Title of Person to Present Proposal to the Committee:** Stephanie Shelton

**Phone:** (812) 332-9615

**E-Mail:** sshelton@lifedesignsinc.org

**Name of Grant Writer:** Stephanie Shelton

**Phone:** (812) 332-9615

**E-Mail:** sshelton@lifedesignsinc.org

**PROJECT INFORMATION**

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**Project Name:** PPE for Disabilities Services

**Total cost of project:** \$15,000

**Requested amount of JHSSF funding:** \$15,000

**Total number of City residents anticipated to be served by this project:** 79 clients & 66 employees who live in Bloomington City will benefit from the PPE

**Total number of clients anticipated to be served by this project:** 146 total clients & 210 total employees will benefit from the PPE

**PROJECT SYNOPSIS** (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$15,000 for PPE to safely provide care and support for Bloomington residents with intellectual and developmental disabilities. Long term disability supports and services are essential to ensuring people with disabilities remain healthy during the COVID-19 pandemic. LIFE*Designs* provides staff to work directly with people with disabilities to support them in their daily lives. Our staff ensure our clients are taking their medications, assist with food preparation, and daily hygiene and other health needs. Without our staff, many of our clients would not be able to maintain their own health. In order for us to continue providing these important services effectively, we must protect our staff and our clients from passing germs, especially preventative measures for COVID. We are also following CDC guidelines and state regulations which have been put in place to protect the staff providing care and the clients receiving disability services. We've had to purchase a lot of Personal Protective Equipment (PPE) this year. We are needing to purchase more PPE yet this year. The primary items we're requesting are: KN-95 masks, isolation gowns, procedure masks, gloves, and disinfectant. These items are essential to our business operations, and will ensure that people with disabilities remain safe in their homes while receiving staff supports.

**Address where project will be housed:**

200 E. Winslow Rd., Bloomington, IN 47401

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

Yes  No  N/A

## Life Designs

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

n/a

## PROJECT COSTS

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## Life Designs

**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot Project  Bridge Funding  Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):*

There are no other funds confirmed or pending for this project.

### **FUNDING PRIORITIES -- RANKED**

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

Yes  No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	<b>KN95 Masks</b>	<b>\$3000.00</b>
Priority #2	<b>Gloves &amp; Disinfectant</b>	<b>\$5000.00</b>
Priority #3	<b>Isolation Gowns</b>	<b>\$7000.00</b>
Priority #4		
Priority #5		
Priority #6		
Priority #7		
<b>TOTAL REQUESTED</b>		<b>\$15,000.00</b>

**JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES**

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**NEED** (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

Our project will actually help the city meet two of the prioritized needs 1) food, and 3) personal safety/hygiene products, personal protective equipment. By purchasing PPE for LIFE Designs, you'll ensure that there are staff able to keep people with disabilities in their homes, healthy, and ensure they have food. We have around 180 employees working directly with about 149 clients in their homes. A few of these clients are independent enough to prepare their own food, and generally survive without much support. The vast majority however are not able to plan and prepare meals independently. As pretty much every business has been doing, we've been monitoring our staff and clients for symptoms of COVID. Some symptoms are also common symptoms of other types of common ailments. We monitor all clients for COVID, but use extra caution if they have any symptoms of COVID or if they've had a potential exposure. In order to provide care to a client with potential or actual exposure, we require staff working with them to be in a gown and KN-95 mask the entire shift. Many of our clients can't afford to live alone and have roommates. Many clients also receive 24/7 staff supports. There can be several staff in a home throughout the day. As a result, when we're monitoring a client for potential or actual exposure to COVID, they may have several staff (each using their own gown and KN-95 mask) providing care for them in one day. We typically monitor for potential or actual exposure for 10-14 days in each instance. We're also using many more gloves and disinfectant cleaning supplies than we had budgeted for this year.

Over the past several months, we've been tracking how much PPE and cleaning supplies our staff have needed to safely provide care to our clients. In our most critical month, we had 20 staff and 7 clients affected in one way or another by COVID-19. During that month we used approximately 350 isolation gowns and 110 KN-95 masks. Right now, we're getting ready to head into another flu season in addition to the ongoing concerns of COVID-19. We're estimating that over the next 6 months, we'll need approximately 2100 gowns, 660 KN-95 masks, and 600 boxes of gloves. Additionally, we'll need a significant amount of disinfectant to clean surfaces more regularly.

# Life Designs

## **OUTCOME INDICATORS** (100 words or less)

**Please describe the outcome indicators you intend to use to measure the success of your project.**

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

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

- All employees (approximately 210) will have the PPE as required by state and CDC guidelines and requirements to decrease the spread of a highly contagious virus (COVID-19).
- 149 clients will have staff who can continue providing their services and supports, including: all clients being able to stay in their home and staff to prepare food for all clients.

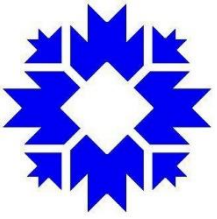
## **OTHER COMMENTS** (500 words or less)

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've tried to estimate the cost of around 6 months' worth of supplies in our budget. We normally order our PPE supplies from McKesson Medical, however due to the increased demand for these supplies, at times we've had to order supplies from other vendors such as Amazon, or retail stores like SAMS or Dollar General. We're able to order in bulk and typically get the best pricing on items from McKesson. Prices fluctuate greatly through the other retail vendors. In our budget we priced the items at a mid-range price of what we've seen recently. Gloves in particular have been very difficult to find recently, and some that we have found have been priced much higher than we're used to seeing. Depending on availability and funds awarded, the quantity of the items ordered may change, but the items which we are ordering will not change. If awarded fewer funds than requested, we'll purchase a lower quantity of PPE items.

LIFE Designs - JHSSF - Recover Forward Budget

PPE For Disability Services	
Expense Description	Total Cost
<i>Request to JHSSF</i>	
KN-95 Masks	\$ 3,000.00
Gloves & Disinfectant	\$ 5,000.00
Isolation Gowns	\$ 7,000.00
<b>Total</b>	<b>\$ 15,000.00</b>



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** Bloomington Meals on Wheels, Inc.

**Address:** PO Box 1149, Bloomington, IN 47402

**Phone:** 812-353-2248

**E-Mail:** [cmchaley@iuhealth.org](mailto:cmchaley@iuhealth.org)

**Website:** [www.bloomingtonmealsonwheels.org](http://www.bloomingtonmealsonwheels.org)

**President of Board of Directors:** Susan Rannochio

**Name of Executive Director:** Carrie McHaley

**Phone:** 812-353-2248

**E-Mail:** [cmchaley@iuhealth.org](mailto:cmchaley@iuhealth.org)

**Name and Title of agency Contact Person:** Carrie McHaley, Executive Director

**Phone:** 812-353-2248

**E-Mail:** [cmchaley@iuhealth.org](mailto:cmchaley@iuhealth.org)

**Name of Grant Writer:** N/A

**Phone:**

**E-Mail:**

# Bloomington Meals on Wheels

## PROJECT INFORMATION

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**Project Name: Medically-Tailored Meals**

**Total cost of project: \$60,000**

**Requested amount of JHSSF funding: \$10,000**

**Total number of City residents anticipated to be served by this project: 32**

**Total number of clients anticipated to be served by this project: 32**

## **PROJECT SYNOPSIS** (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

Bloomington Meals on Wheels is requesting \$10,000 to provided 2,857 medically-tailored meals to Bloomington residents who are homebound and unable to prepare meals for themselves due to chronic illness, injury, severe disability or advanced age and have an income below the federal poverty level. Two meals are delivered to each individual by volunteers, Monday-Friday. Individuals receive a hot meal to eat for lunch and a cold meal for dinner. Each meal is custom-tailored to the recipient's nutritional needs, with a diet order from their physician. Meals are prepared at IU Health Bloomington Hospital and Meadowood Retirement Community.

\$10,000 will provide 2 months of meals for 32 clients with incomes below the federal poverty level and cannot afford to pay for meals.

Meals on Wheels of America reported in 2020 that the average cost to provide a home-delivered meal in Indiana was \$11.82. Bloomington Meals on Wheels does it for \$3.50.

**Address where project will be housed:** 601 W. 2<sup>nd</sup> Street, Bloomington, IN 47403

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

Yes  No  N/A

## Bloomington Meals on Wheels

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

N/A

# Bloomington Meals on Wheels

## PROJECT COSTS

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Is this request for operational funds?  Yes  No

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

Pilot Project

Bridge Funding

Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** (*Please indicate source, amount, and whether confirmed or pending*):

Indiana Neighborhood Assistance Program - \$10,000 committed, additional \$10,000 anticipated.

Smithville Charitable Foundation - \$10,000 pending

Kroger - \$5,000 anticipated

Individual contributions - \$15,000 anticipated

## FUNDING PRIORITIES -- RANKED

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

Yes  No Each meal costs \$3.50 to provide. Partial funding will reduce the number of meals provided to correspond with the funding received.

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

	Item	Cost
Priority #1	2,857 meals medically-tailored meals	<b>\$3.50 each meal</b>
Priority #2		
Priority #3		
Priority #4		
TOTAL REQUESTED		<b>\$10,000</b>

## JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES

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**NEED** (*500 words or less*)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.



# Bloomington Meals on Wheels

Per the 2012 SCAN 2010 Household Survey, over 50% of respondents with a household income of \$15,001 or less report that having enough money for food was a major or minor problem.

Since the beginning of Covid-19 in Bloomington in March, Bloomington Meals on Wheels has seen a significant change in the numbers of clients living in poverty who are unable to afford to pay for meals, from 50% of all clients in 2019 to 65% of all clients in 2020. This trend is expected to continue through 2021.

These clients are unable to access other meal services for low-income individuals due to their unique health challenges. According to a 2019 study by the Robert Wood Johnson Foundation, participants in home-delivered medically-tailored meals programs experienced fewer hospital admissions, nursing home admissions and lower overall medical costs than similar patients not receiving home-delivered medically-tailored meals.

According to the City of Bloomington, Housing and Neighborhood Development Department's 2015-2019 Consolidated Plan, the Non-Homeless Special Needs Assessment, 7.9% of Bloomington's population is 65 or older and another 6.7% under 65 years old are disabled. Bloomington Meals on Wheels exclusively serves these two populations. The HAND Consolidated Plan Objectives include financial assistance to organizations that serve those specified populations.

## **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

*Examples: an agency providing a service might cite to the number of persons with new or improved access to a service. If funds were used to meet a quality standard, the agency might report the number of people who no longer have access to a substandard service.*

32 Bloomington residents will have access to 2 medically-tailored meals per day Monday-Friday delivered by a friendly volunteer for two-months.

2,857 meals delivered over two months.

# Bloomington Meals on Wheels

## **OTHER COMMENTS** *(500 words or less)*

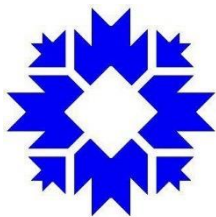
Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

In 2020, Bloomington Meals on Wheels has been able to meet these increased needs through a one-time grant from Meals on Wheels of America and additional local grants. The Meals on Wheels of America grant is not renewable in 2021, and another long-time funding source has notified that in 2021 they will not be funding any organizations that received funds in 2020. These two reductions result in a deficit of \$48,000 for 2021. Without replacement funding, we will have to reduce services to this vulnerable population in 2021.

## Budget - Meals on Wheels

<b>Medically-Tailored Meals for Low Income Bloomington Residents</b>	
2021	
Expenses	
Meal Preparation	\$48,384
Program Supplies (coolers, PPE, sanitizers, route books)	3552
Program Administration (Volunteer training/scheduling, client management, reporting)	8,064
Total expenses	\$60,000
Income	
Committed	
2020 Indiana Neighborhood Assistance Program	\$10,000
Pending	
Smithville Charitable Foundation	\$10,000
<b>JHSSF Recover Forward</b>	<b>\$10,000</b>
Anticipated	
Kroger	\$ 5,000
2021 Indiana Neighborhood Assistance Program	\$ 10,000
Individual donations	\$ 15,000
Total Income	\$60,000

[Link to 2020 Application](#)



**CITY OF BLOOMINGTON, COMMON COUNCIL**  
**JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE**  
**2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** Middle Way House, Inc.

**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 and Title of agency Contact Person:** Samuel Ujdak, Grants Manager

**Phone:** 812-333-7404

**E-Mail:** grantsmanager@middlewayhouse.org

**Name of Grant Writer:** Sam Ujdak

**Phone:** 812-333-7404, 574-855-7288

**E-Mail:** grantsmanager@middlewayhouse.org

**PROJECT INFORMATION**

---

**Project Name:** Middle Way House on-going PPE costs

**Total cost of project: \$20,000**

**Requested amount of JHSSF funding: \$10,000**

**Total number of City residents anticipated to be served by this project: 1000**

**Total number of clients anticipated to be served by this project: 1400**

**PROJECT SYNOPSIS** (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

Middle Way House is requested \$10,000 to be applied toward the on-going cost of purchasing PPE materiel throughout the course of 2021. The rapid and persistent spread of COVID-19 has forced substantial changes in the manner in which MWH's shelter, transitional housing, and direct service facilities are sanitized, maintained, and how staff in these areas approach even the most basic interpersonal interaction with clients. These changes, of course, come with associated costs. Jack Hopkins funds will be utilized in the effort to assuage those costs and to make certain MWH's staff have everything they need to continue to provide direct service to hundreds of Bloomington residents every year. Purchase items will include cleaning solution, paper products, face shields, eye protection, masks, hand sanitizer, etc.

**Address where project will be housed:**

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

Yes  No  N/A

# Middle Way House, Inc

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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.*

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

## **PROJECT COSTS**

**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot Project  Bridge Funding  Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):*

**FUNDING PRIORITIES -- RANKED**

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

Yes  No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	<b>On-going technology upgrades to maintain distanced service</b>	<b>2,000</b>
Priority #2	<b>Paper sanitary and cleaning products</b>	<b>2,000</b>
Priority #3	<b>hand sanitizer &amp; cleaning solution</b>	<b>2,000</b>
Priority #4	<b>re-usable/washable face masks and single use masks</b>	<b>2,000</b>
Priority #5	<b>hardware to replace used sanitation/healthcare equipment as needed</b>	<b>2,000</b>
Priority #6		
Priority #7		
<b>TOTAL REQUESTED</b>		

## **JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES**

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### **NEED** (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

For nearly fifty years, Middle Way House has been providing services to people in crisis. Today, Middle Way House provides empowering services such as emergency shelter; a 24-hour help and crisis line; on-scene advocacy; support services; and transitional and permanent housing solutions to support survivors of domestic violence, sexual assault, and human trafficking. Middle Way House also touches the lives of community members through its education and prevention programs. The agency serves six counties throughout south-central Indiana.

In addition to the physical shelter, Middle Way House provides residents with meals throughout the day, toiletries, clothing, etc. as well as books, other media, and toys for children when available. The organization's childcare program typically cares for around 40 individual children each month, providing a healthy education environment and nutritious meals and snacks.

In just two of MWH's programs, shelter and transitional housing programs, at least 375 adults and children receive short and long term secure housing, meals, clothing, and more every year.

### **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

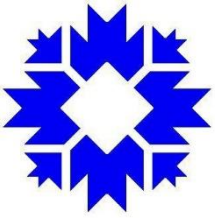
*The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did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

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

Middle Way House will provide number of clients provided safer access to direct service provision from the start of the grant period.



[Link to 2020 Application](#)



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** Monroe County United Ministries

**Address:** 827 W. 14<sup>th</sup> Ct  
Bloomington, IN 47404

**Phone:** 812-339-3429 x 18

**E-Mail:** mjholwager@mcum.org

**Website:** mcum.org

**President of Board of Directors:** Helen Ingersoll

**Name of Executive Director:** Katie Broadfoot

**Phone:** 812-339-3439 x 11

**E-Mail:** kbroadfoot@mcum.org

**Name and Title of Person to Present Proposal to the Committee:** Mary Jean Holwager

**Phone:** 812-339-3924 x18

**E-Mail:** mjholwager@mcum.org

**Name of Grant Writer:** Mary Jean Holwager

**Phone:** 812-339-3924 x18

**E-Mail:** mjholwager@mcum.org

# Monroe County United Ministries

## PROJECT INFORMATION

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**Project Name:** Building up Monroe County Residents

**Total cost of project:** \$23,500

**Requested amount of JHSSF funding:** \$23,500

**Total number of City residents anticipated to be served by this project:** 77 city residents a week (Compass) 100 city residents a week (SSC)

**Total number of clients anticipated to be served by this project:** 1200+ city residents during the funding period

### PROJECT SYNOPSIS (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$23,500 to increase our capacity in tandem with the increased demand to provide basic needs assistance to financially vulnerable Monroe County residents. Funding will go toward a restock of our cleaning & hygiene closet, meals for Compass Early Learning Center students, the creation of an after-hours food pantry pickup station, and 12+ weeks of extra direct services staffing in 2021 support to help us through these tough times.

**Address where project will be housed:** 827 W. 14 Ct., Bloomington IN 47404

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

Yes  No  N/A

# Monroe County United Ministries

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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

**Is this a collaborative project?  Yes  No.** If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

N/A

# Monroe County United Ministries

## PROJECT COSTS

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**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot Project                       Bridge Funding                       Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):*

We have not identified other sources of funding beyond MCUM donors for this project at this time. However, we can utilize MCUM funds in priority-order to fulfill any part of the project not funded by this opportunity.

### FUNDING PRIORITIES -- RANKED

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

Yes             No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	<b>Restocking the cleaning &amp; hygiene closet</b>	<b>\$2,500</b>
Priority #2	<b>Food for Compass students meals and snacks</b>	<b>\$7,000</b>
Priority #3	<b>Wall-mounted safe for after-hours pick of food for SSC clients</b>	<b>\$1,500</b>
Priority #4	<b>21 weeks of extra staffing for the direct services portion of our Self-Sufficiency Center</b>	<b>\$12,500</b>
Priority #5		
Priority #6		
Priority #7		
<b>TOTAL REQUESTED</b>		<b>\$23,500</b>

# Monroe County United Ministries

## JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES

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### NEED (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these 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 (food, cleaning/hygiene items, financial assistance, referrals) as well as individualized coaching that helps individuals aspire and achieve their own long-term goals and financial self-sufficiency.

Since the outbreak of COVID-19, nearly every client that walks through our doors requests cleaning and hygiene items. MCUM is one of the few places in the community where people can request these necessary supplies, especially now, and they cannot be purchased with SNAP benefits, making them difficult for financially vulnerable families to afford. A restock of our cleaning and hygiene closet would allow us to provide these items for about 300 families, meeting criteria #3 listed in the committee’s funding priorities.

During our agency shutdown and period of operating at minimal capacity, Compass lost over four months' worth of expected income. For some of our families, this is the only place where their children have guaranteed well-balanced and nutritional meals. Funds from this grant will go toward the purchase of food for Compass students in the 2021 year, allowing us to offset other funds to provide care for children from low-income families. This meets both criteria #1 and criteria #4 listed in funding priorities.

In order to better serve our clients while continuing to provide a safe way to for clients and staff to interact, we have established an online ordering system for the client-choice pantry. While this has been received in very positive light, a comment we keep getting is the need for more flexible pick-up hours. So many of our families have multiple jobs or are dependent on others for transportation. This grant will allow us to purchase outdoor digitized safes so our clients can pick up their groceries on their own time, helping us reach up to 15 families each week that may have otherwise gone hungry. This meets funding criteria #1 & #3.

Currently, we are limited by human capital and with the demand for our services grows; an additional staff person will increase our capacity to serve this community. Human resource capacity will allow us to meet funding priority criteria #1, 3, &4 listed above.

**One hundred percent of our clients are Monroe County residents**, with well over 85% being city residents, another funding priority for this grant.

# Monroe County United Ministries

## OUTCOME INDICATORS (100 words or less)

**Please describe the outcome indicators you intend to use to measure the success of your project.**

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

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

We anticipate the following outcomes as a result of receiving funding:

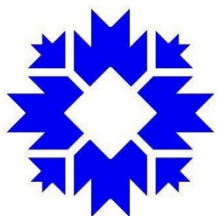
- 3 months' of cleaning & hygiene products, enabling up to 300 families to receive items
- 15 families/week with access to groceries and/or cleaning and hygiene products; a reach of up to 765 new families/service year (51 weeks)
- 806 breakfasts, 1008 lunches, and 716 snacks to up to 84 low-income children enrolled at Compass Early Learning Center
- 480 staff hours diverted back to their original roles with the addition of a direct service coach
- Improved access to basic needs assistance for 100+ city resident households each week (1,200+ during funding period) with the addition of a support staff member to facilitate and expedite the service process
- Prevention of a projected budgetary shortfall of \$23,500 that would have to be made up elsewhere

# Monroe County United Ministries

## **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's staff has worked hard to create an agency that was responsive and supportive to our community, specifically the members living in poverty. The global pandemic has put the 41% of Monroe County residents at risk of having some degree of difficulty meeting their basic needs (SCAN), as well as many others who previously would not have had issue meeting their needs, into immediate need for MCUM's services. We anticipate the economic ramifications of COVID-19 taking families, especially those in or close to poverty, a while to recover and therefore do not expect the demand for our services to cease if/when the pandemic does. For that reason, we humbly request this funding to help us help the people we serve weather these difficult circumstances.



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** Mother Hubbard's Cupboard

**Address:** 1100 W. Allen St.

**Phone:** 812-355-6843

**E-Mail:** [development@mhcfoodpantry.org](mailto:development@mhcfoodpantry.org)

**Website:** [www.mhcfoodpantry.org](http://www.mhcfoodpantry.org)

**President of Board of Directors:** Julia Dotson

**Name of Executive Director:** Amanda Nickey

**Phone:** 812-355-6843

**E-Mail:** [Amanda@mhcfoodpantry.org](mailto:Amanda@mhcfoodpantry.org)

**Name and Title of agency Contact Person:** Sarah Cahillane, Director of Development

**Phone:** 812-355-6843

**E-Mail:** [development@mhcfoodpantry.org](mailto:development@mhcfoodpantry.org)

**Name of Grant Writer:** Sarah Cahillane

**Phone:** 812-355-6843

**E-Mail:** [development@mhcfoodpantry.org](mailto:development@mhcfoodpantry.org)



# Mother Hubbard's Cupboard

## PROJECT INFORMATION

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**Project Name:** Winter preparation and staff support

**Total cost of project:** \$25,000

**Requested amount of JHSSF funding:** \$25,000

**Total number of City residents anticipated to be served by this project:** 9,346

**Total number of clients anticipated to be served by this project:** 15,578

## PROJECT SYNOPSIS *(250 words or less)*

***Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."***

We are requesting supplies and equipment to ensure the safe provision of services during the pandemic winter of 2020/2021, and staff support. Due to the small size of our pantry, it is unsafe for our patrons and staff for us to reopen our shopping space during the pandemic, and we will continue to provide services outside for as long as we need. In order to do this, we will need to winterize our distribution area, which is currently under a tent in the parking lot. Supplies we will need include; warm winter clothing for staff, a patio heater, outdoor lighting, winter gear including hats, gloves, etc., space heaters, and the purchase of the tent we are currently using. The estimated cost of these items is \$9,100. We are also requesting staff support in the amount of \$15,900.

**Address where project will be housed:**

1100 W. Allen St. Bloomington, IN 47404

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

Yes  No  N/A

## Mother Hubbard's Cupboard

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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.

n/a

*Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

# Mother Hubbard's Cupboard

## PROJECT COSTS

**Is this request for operational funds?**  Yes  No

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

Pilot Project                       Bridge Funding                       Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):*

## FUNDING PRIORITIES -- RANKED

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

Yes                       No

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

	Item	Cost
Priority #1	<b>Hand warmers, work gloves, lights, space heaters, insulated coveralls, insulated jackets, warm weather accessories, outdoor patio heater, tent</b>  <b>Staff support</b>	<b>\$9,100</b>  <b>\$15,900</b>  <b>Total: \$25,000</b>
Priority #2	<b>Hand warmers, work gloves, lights, space heaters, insulated coveralls, insulated jackets, warm weather accessories, outdoor patio heater, tent</b>  <b>Staff support</b>	<b>\$9,100</b>  <b>\$10,000</b>  <b>Total: \$19,100</b>
Priority #3		
Priority #4		
Priority #5		

# Mother Hubbard's Cupboard

## JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES

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### **NEED** (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

MHC provides emergency food, nutrition and gardening education, and makes gardening and kitchen tools available at no cost to patrons. Mother Hubbard's Cupboards programming addresses the needs outlined in both the Service Community Assessment of Needs (SCAN) and the Housing and Neighborhood Development Department's (HAND) 2015-2019 Consolidated Plan. Specifically, MHC aligns with NA-50, Non-Housing Community Development Needs-91.215 (f) (Strategy 5, 1&3), which states HAND's priority to "Provide funding to non-profit organizations that serve low income individuals/families with their basic emergency needs: food, shelter and health care." And, "Provide funding to non-profit organizations that provide valuable services to improve quality of life." (P.6) MHC's programming develops the self-sustainability of community members who participate in educational services. Community members who participate in the Nutrition and Garden programs gain skills that reduce their dependency on emergency food providers. MHC also helps low-income community members access the "Essentials" as outlined in SCAN (section 7). In addition to the normal challenges facing our organization everyday, dealing with Covid19 has created daily uncertainty. Funding from Jack Hopkins would provide MHC with a small amount of stability and enable us to carry on in a chaotic situation.

### **OUTCOME INDICATORS** (100 words or less)

**Please describe the outcome indicators you intend to use to measure the success of your project.**

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

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

# Mother Hubbard's Cupboard

In an effort to follow CDC recommended safety guidelines for the Covid19 outbreak, MHC is tracking the amount of food distributed and number in the household, from a 6ft distance, minimizing contact with patrons. Patrons are allowed to take as many boxes of food as they may need and we are encouraging them to take enough to allow them to stay sheltered in place. We are tracking the pounds of food we are distributing, and the household name, size, and income level.

MHC's services throughout this pandemic will ensure that people have access to healthy, nutritious food. Our services have always alleviated the financial stress that our most vulnerable population knows to well, and during this crisis we will provide the healthiest options we can for any community member who falls on hard times.

**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.

## Mother Hubbard's Cupboard

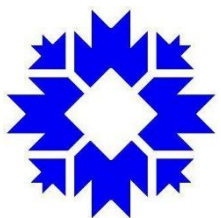
As the largest direct-service provider of emergency groceries in our community, MHC fills a vital role in the continuum of care for lower-income individuals, including homeless and temporarily sheltered community members. On average, MHC's food pantry serves 3,800 people each week, or two patrons per minute for the 30 hours that we are open each week. Children make up approximately 38% of our patrons, and adults over the age of 55 make up 25% of our patrons. These especially vulnerable populations, children and the elderly, make up nearly two thirds of those patrons who struggle to find enough food to eat without our pantry. MHC's pantry is determined to feed the many veterans, pregnant and nursing mothers, single mothers, and disabled individuals who seek out our services every weekday. Food assistance allows families and individuals to allocate limited resources toward housing costs, childcare, healthcare, and other "non-negotiables," preventing homelessness and other crises.

As an organization that is based in client choice, making the change to an impersonal distribution of boxes has been difficult, but necessary. This change was made, in addition to sending home all volunteers, in an effort to keep staff members healthy for as long as possible. MHC recognizes that in this time of crisis, we may be the only source of food for many of our community members and because of this, we intend to stay open and to make as much food available as possible for those in need. The timeline for this process is unknown. We are currently operating three days a week as a drive through service. Patrons are allowed to take as many boxes of food as they may need and we are encouraging them to take enough to allow them to stay sheltered in place. In May, MHC hired 4 temporary staff members to help with distribution.

What we have learned through almost 8 months of dealing with this crisis is that our new needs are unpredictable. Each month seems to present a new challenge, both to our operation systems, as well as our budget. Necessities to ensure the safety of our patrons and staff have presented the biggest financial challenges, and as we move into winter, we are going to have to purchase more unexpected items. We are anticipating that this enforced budget uncertainty will most likely last through next year. The pandemic prevented us from having our two annual fundraisers, and we predict that our largest fundraiser, held in the spring, will also be postponed in 2021.

# Mother Hubbard's Cupboard

<b>Item</b>	<b>Cost Per Item</b>	<b>Quantity</b>	<b>Total Cost</b>
Hand warmers	\$43	2 boxes	\$85
Work Gloves	\$20	10	\$200
Lights	\$60	2	\$120
Commercial patio heater	\$500	1	\$500
Insulated Coveralls	\$130	10	\$1,300
Warm work coats	\$130	10	\$1,300
Warm socks	\$18	4 (3 per pack	\$54
Hats	\$18	3 (6 per pack	\$54
Thermals	\$27	10	\$270
Tent	\$4,000	1	\$4,900
Space heaters	\$75	3	\$225
Warm face masks	\$23	4 (pack of 3)	\$92
<b>Total</b>			<b>\$9,100</b>
<b>Staff time</b>			<b>15,900</b>
<b>Total</b>			<b>\$25,000</b>



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** New Hope Family Shelter, Inc (d.b.a. New Hope for Families)

**Address:** P.O. Box 154, Bloomington IN 47408

**Phone:** (812) 334-9840

**E-Mail:** [development@nhfsinc.org](mailto:development@nhfsinc.org)

**Website:** [www.newhope4families.org](http://www.newhope4families.org)

**President of Board of Directors:** Andrew Allard

**Name of Executive Director:** Emily Pike

**Phone:** (812) 334-9840 office; (812) 369-7760 cell

**E-Mail:** [director@nhfsinc.org](mailto:director@nhfsinc.org)

**Name and Title of agency Contact Person:** James Olsen, Director of Development

**Phone:** (812) 334-9840 office; (412) 427-4283 cell

**E-Mail:** [development@nhfsinc.org](mailto:development@nhfsinc.org)

**Name of Grant Writer:** James Olsen

**Phone:** (812) 334-9840 office; (412) 427-4283 cell

**E-Mail:** [development@nhfsinc.org](mailto:development@nhfsinc.org)



# New Hope for Families

## PROJECT INFORMATION

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**Project Name: Strong, Healthy Families**

**Total cost of project: \$45,000**

**Requested amount of JHSSF funding: \$30,000**

**Total number of City residents anticipated to be served by this project: 2100**

**Total number of clients anticipated to be served by this project: 2200**

### **PROJECT SYNOPSIS** (250 words or less)

***Please provide a brief overview of your project.** This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$15,980 of funding for staff salaries for our early childhood care and education program, to offset the cost of replacing volunteers who are unavailable to us during the pandemic. In addition, we are requesting \$14,020 for bunk beds, mattresses, and new washer/dryers for our emergency shelter, to enable us to provide properly sanitize beds for our clients during their stay with us, and facilitate deep cleaning before a new family moves in.

New Hope's early childhood care and education program relies heavily on a core group of very special volunteers. These volunteers became suddenly unavailable to us starting in March of this year. In order to remain open and continue to provide our services, we hired additional staff and paid them for more hours. We understand that in these difficult financial times, it is essential that parents who have been able to continue working do not lose their employment due to a lack of childcare.

New Hope has expanded shelter services and created new policies in response to the pandemic that require updated equipment to meet increased need and ensure safe and sanitary shared spaces for families in crisis. We need new equipment to maintain a sanitary facility and anticipate this equipment will be in use for at least ten years, serving many hundreds of vulnerable children and families.

**Address where project will be housed:** 301 W. 2<sup>nd</sup> Street, Bloomington IN 47403

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

Yes  No  N/A

# New Hope for Families

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

N/A

# New Hope for Families

## PROJECT COSTS

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Is this request for operational funds?  Yes  No

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

Pilot Project

Bridge Funding

Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** (Please indicate source, amount, and whether confirmed or pending):

United Way--\$15,000 received

## FUNDING PRIORITIES -- RANKED

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

Yes  No

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

	Item	Cost
Priority #1	<b>Additional Nest staff, to replace the volunteers who are not available to us during the pandemic</b>	<b>\$15,980</b>
Priority #2	<b>Four high-capacity clothes dryers at \$800 apiece</b>	<b>\$3,200</b>
Priority #3	<b>Four high-capacity clothes washers at \$800 apiece</b>	<b>\$3,200</b>
Priority #4	<b>12 Metal Bunk beds @\$575 apiece</b>	<b>\$6,900</b>
Priority #5	<b>24 institutional Mattresses @\$30 apiece</b>	<b>\$720</b>
Priority #6		
Priority #7		
TOTAL REQUESTED		<b>\$30,000</b>

# New Hope for Families

## JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES

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### **NEED** (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

The funding we seek through this Jack Hopkins grant application will enhance New Hope's capacity to provide direct relief for clients in the form of emergency shelter and essential childcare for working parents.

The staff of New Hope for Families has observed (at close range) the dramatic impacts of COVID-19 on the children and families of our community. As the only local emergency shelter for families, and the only childcare service that prioritizes children impacted by homelessness, New Hope is uniquely positioned to help our community move forward safely through this anxious and critical time. We invite your partnership as we continue to expand our shelter services and create new policies in response to the pandemic, to ensure that no family is left behind.

This proposal itemizes several very specific needs, for staff support and equipment purchase, all directly related to our response to the pandemic.

Our early childhood care and education program, also known as the Nest at New Hope, prioritizes enrollment for children impacted by homelessness in a mixed-income cohort. Nationally accredited by the National Association for Family Child Care and rated Level 4 by the State of Indiana's Paths to Quality, we take pride in providing excellent care and education for young children who need it most. For five years, we have supplemented our highly qualified teaching staff with skilled and dedicated interns and volunteers. The pandemic has interrupted our ability to make use of these essential folks (most of whom are retirees, who are at a higher risk, or students, whose internships have more restrictions on in-person service), and in order to maintain safe, high-quality care, we have needed to rely more heavily on paid assistant teachers. Once the public health concerns diminish, we anticipate welcoming our volunteers and interns back to school.

Our families need reliable, on-site laundry machines because going out to the laundromat with children presents a high COVID risk and represents an additional cost when families can least afford it. We offer our laundry machines to families who have moved out of shelter but still do not have laundry facilities in their homes or apartment complexes. This one-time equipment purchase will continue to provide essential sanitization throughout the pandemic and in years to come.

New Hope provides beds for roughly 30 individuals on a given night, but the bunks are wooden which makes them difficult to sanitize between families or during a family's stay in shelter. We need to replace these bunks with sturdy, metal bunks. Moreover, we need mattresses that can be properly sanitized.

This project also include the purchase of COVID-friendly Nest equipment, which has already been funded through a generous grant from the Monroe County United Way. This grant enabled us to

# New Hope for Families

purchase a new dishwasher with improved sanitizing function, selected items of play equipment which can be easily sanitized, and storage containers that function as “lockers” to protect the belongings of individual clients from accidental contamination.

## **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

Outcome indicators for the supplemental staff support for New Hope’s early childhood care and education program include (1) continued adherence to COVID-19 health guidelines as provided by the Monroe County Health Department, and (2) maintenance of daycare capacity at a level of 16 children.

Outcome indicators for the purchase of emergency shelter equipment include (1) the immediate replacement of all unsafe beds and mattresses with new beds and mattresses that can be properly sanitized, and (2) the addition of free, reliable access to laundry facilities. A longer-term outcome indicator will be the number of individuals and families using the equipment.

# New Hope for Families

## **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.

Members of the Bloomington Common Council might be aware that New Hope will need to relocate in the near future. The equipment requested in this grant application (bunk beds and clothes washers and dryers) can travel with us to our new location at that time, and thus we will be able to benefit from this new equipment now and in the future. We anticipate the life of these pieces of equipment will be at least 10 years, and that a minimum of 200 people will benefit from them each year.

# New Hope for Families

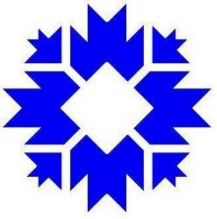
2020 JHSSF Recover Forward Application – New Hope for Families

## Strong, Healthy Families

### Project Budget

Item	Cost
Additional Nest staff hours, to replace the volunteers who are not available to us during the pandemic (\$12/hour x 20 weeks x 2 staff members x 30 weeks = \$14,400, plus payroll taxes and benefits)	\$15,980
*COVID-friendly Nest equipment (dishwasher with improved sanitation settings, easily sanitized play equipment, and individual client storage lockers)	*\$15,000
Four high-capacity clothes dryers at \$800 apiece	\$3,200
Four high-capacity clothes washers at \$800 apiece	\$3,200
12 Metal Bunk beds @\$575 apiece	\$6,900
24 institutional Mattresses @\$30 apiece	\$720
Total	\$45,000

\*Funded by grant received from Monroe County United Way



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** New Leaf – New Life

**Address:** 1010 South Walnut Street, Suite H, Bloomington, IN. 47401

**Phone:** (812) 355-6842

**E-Mail:** [grants-manager@newleafnewlife.org](mailto:grants-manager@newleafnewlife.org)

**Website:** <http://newleafnewlife.org/>

**President of Board of Directors:** Lindsey Badger

**Name of Executive Director:** Lindsey Badger (acting)

**Phone:** (812) 322-9338

**E-Mail:** [Lindseybadger@gmail.com](mailto:Lindseybadger@gmail.com)

**Name and Title of Person to Present Proposal to the Committee:** Jordan McIntire, Social Work  
Trainer & Re-entry Liaison

**Phone:** (317) 366-7916

**E-Mail:** [grants-manager@newleafnewlife.org](mailto:grants-manager@newleafnewlife.org)

**Name of Grant Writer:** Jordan McIntire

**Phone:** (317) 366-7916

**E-Mail:** [grants-manager@newleafnewlife.org](mailto:grants-manager@newleafnewlife.org)



## PROJECT INFORMATION

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**Project Name: Re-Entry Support & Direct Service Items**

**Total cost of project: \$23,088.20**

**Requested amount of JHSSF funding: \$9,540.00**

**Total number of City residents anticipated to be served by this project: 475**

**Total number of clients anticipated to be served by this project: 700**

### **PROJECT SYNOPSIS** (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$9,540.00 for (1) the continuation of our Re-Entry Mentor's extended work hours (\$3,640), (2) expanding work hours for our Re-Entry Liaison (\$4,680), and (3) to provide direct service items (tents, sleeping bags, hygiene kits, etc.) (\$1,220) to individuals re-entering the community from incarceration and/or those who are currently houseless.

Our Re-Entry Mentor will continue providing education about sobriety-threatening issues amidst the pandemic, in addition to long-term re-entry support to at least 215 clients recently released from incarceration between November 2020 - May 2021.

Our Re-Entry Liaison will continue supporting clients who are currently incarcerated in the Monroe County Correctional Facility via in-house mail. By supporting the continuation of this work, we can ensure the ~170 letters we receive each month (~1,190 between November 2020 - May 2021) continue to be answered and assistance with treatment & housing applications, obtaining personal documents, etc. is still provided.

Additionally, these staff members will track who receives the direct service items outlined below to ensure equitable distribution.

The direct service items we're requesting support with purchasing will directly assist our most vulnerable community members, as colder temperatures are quickly approaching. If provided, these funds will purchase:

- 40 tents, tarps, & sleeping bags
- 160 hand/feet warmers
- 60 blankets, sets of gloves, & beanies
- 75 hygiene kits, re-usable water bottles, and pairs of socks
- 35 can openers
- 100 backpacks
- \$100 for food from the food bank

**Address where project will be housed:** 1010 South Walnut Street, Suite H, Bloomington, IN. 47401

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

Yes  No  N/A

# New Leaf - New Life

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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.*

Not applicable.

**Is the property zoned for your intended use?**  Yes  No  N/A

If "no," please explain:

Not applicable.

**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.

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

Not applicable.

## PROJECT COSTS

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**Is this request for operational funds?**  Yes  No

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

Pilot Project

Bridge Funding

Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):*

Community Development Block Grant (CDBG) Cares - \$9,620 (staffing), Confirmed, but exact award amount pending

Community Development Block Grant (CDBG) Cares - \$2,400 (direct service supplies), Confirmed, but exact award amount pending

Sophia Travis - \$900 (food bank budget), Confirmed

Monroe County CARES (Drug Free Communities) - \$434 (staffing), Confirmed

## New Leaf - New Life

### FUNDING PRIORITIES -- RANKED

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

Yes       No

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

	Item	Cost
Priority #1	Re-entry Liaison	<b>\$4,680.00</b>
Priority #2	Re-entry Mentor	<b>\$3,640.00</b>
Priority #3	Tents	<b>\$203.00</b>
Priority #4	Backpacks & Sleeping Bags (Bundle - Bulk)	<b>\$476.00</b>
Priority #5	Tarps	<b>\$70.00</b>
Priority #6	Blankets, Gloves, & Beanies (Bundle - Bulk)	<b>\$150.00</b>
Priority #7	Kits containing: hygiene items, re-usable water bottle, 1 pair of socks (Bundle - Bulk)	<b>\$75.00</b>
Priority #8	Backpacks	<b>\$100.00</b>
Priority #9	Can Openers	<b>\$18.00</b>
Priority #10	Hand/Feet Warmers	<b>\$28.00</b>
Priority #11	Food Bank Funds	<b>\$100.00</b>
<b>TOTAL REQUESTED</b>		<b>\$9,540.00</b>

## JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES

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### NEED (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

The funding of this project will allow us to provide direct relief to clients for food, shelter/housing, and personal safety/hygiene products. Additionally, it will support the extended work hours of our Re-Entry Liaison and Re-Entry Mentor, allowing for the continuation of responding to in-house mail requests for support, our re-entry mentorship program, and the equitable distribution of the direct service resources.

Re-entry support – the process of guiding the currently or recently incarcerated through the process of acclimating to free society – is extremely important for the success of people returning to the community. Housing and unemployment are the most commonly referenced re-entry obstacles (The Justice Collaborative Institute, 2020). Indeed, according to the Prison Policy Initiative (PPI) (2020), the unemployment rate among formerly incarcerated people is 27%, and the percent of people with 2 or more arrests per year who are unemployed is 15%. Additionally, the rate of homelessness or housing insecurity among formerly incarcerated people is 5,700 per 100,000, and 25% of formerly incarcerated people have not obtained a high school diploma, GED, or college degree (PPI, 2020). People who are jailed have higher rates of social, economic, and health problems, and repeated arrests are related to race, poverty, and high rates of mental illness & substance use disorders (PPI, 2019).

The prevalence of homelessness, unemployment, and poverty relating to incarceration is evident in Monroe county, too. Based on a state needs assessment conducted by the Indiana Legal Services, Indiana Bar Foundation and Indiana State Bar Association (2008), 86% of survey respondents with income below the 125 percent Federal Poverty Level (FPL) reported having at least one legal problem. Additionally, they tended to experience difficulties with transportation, telephone service, paperwork, or time availability as well. Further, the SCAN (2012), found that 33% of those who are housing insecure in Monroe County struggle with addiction.

To combat the issues of homelessness, unemployment, poverty, and addiction among the formerly incarcerated, we directly support individuals during their incarceration and in their transition back into our community – providing direct assistance in obtaining employment, housing, and treatment to address the issues outlined above. Our Re-Entry Liaison supports clients who are currently incarcerated through in-house mail; assisting them with treatment & housing applications, filing for social service benefits, and obtaining personal identification documents (state ID's, birth certificates, social security cards, etc.) necessary for housing and employment post-release. Once released, our Re-Entry Mentors provide re-entry workshops, one-on-one mentoring, transitional resource materials, employment preparation, recovery assistance, and some case management.

Once an offender is released, the most significant factor becomes ongoing support in their home and community. Our Transition Support Center (TSC) is a well-established resource, helping released inmates overcome the obstacles that they face in becoming productive, law-abiding citizens. We provide a sober environment to obtain clothing, food, bus passes, education, and other critical resources that support the re-entry transition.

# New Leaf - New Life

## **OUTCOME INDICATORS** (100 words or less)

**Please describe the outcome indicators you intend to use to measure the success of your project.**

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

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

For this project, our outcome indicators will be tracked by collecting data on:

1. The amount of letters received & responded to through in-house mail; specifically tracking how many treatment and/or housing applications were provided, and the number of personal identification documents that were obtained with our assistance.
2. The number of clients (mentees) our Re-Entry Mentor serves during the grant funding period.
3. The number of re-entry workshops our Re-Entry Mentor provides during the grant funding period, as well as the amount of clients that attend these sessions.
4. The number of clients that receive the direct service resources/supplies.

## **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.

Over the past year, our re-entry mentors have each consistently met with between 6-12 mentees each week, serving nearly 800 clients this year. In August 2020, our re-entry mentors reported a 100% success rate for mentee follow-up appointments, and a 76% success rate in initial intake appointments. We've assisted at least 13 individuals in gaining employment since May 2020 alone – which is not an easy task as many employers refuse to hire individuals with a felony record. Additionally in the past year, we've assisted 33 clients in obtaining a copy of their birth certificate, signed 72 individuals up for HIP, SNAP, and other public assistance resources, and provided another 120 individuals with clothing and hygiene resources. Lastly, we've received and responded to 1,527 in-house mail letters between January and September 2020 – connecting clients to critical re-entry resources.

The COVID-19 pandemic has created many challenges for us. Hundreds of individuals were released from incarceration due to safety concerns, which has resulted in an influx of individuals seeking out services & resources at our support center. The funding of this proposal is critical in (1) providing the necessary survival supplies for our houseless community members, and (2) ensuring the continuation of meaningful re-entry services and the equitable distribution of the outlined direct service items.

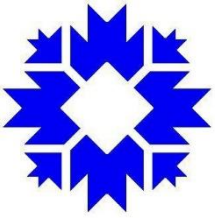
We truly appreciate your consideration in assisting us with this project.

# New Leaf - New Life

## JACK HOPKINS - RECOVER FORWARD GRANT BUDGET

New Leaf, New Life

			*ALL FROM CDBG		
Item	Quantity	TOTAL Expense	Other Grant Support	TOTAL JHRF "ASK"	Priorities Ranked
Re-Entry Liaison	30 hrs/wk (from 11/23-5/9)	\$9,360.00	\$4,680.00	\$4,680.00	1
Re-Entry Mentor	30 hrs/wk (from 11/23-5/9)	\$9,360.00	\$5,720.00	\$3,640.00	2
Tents	40	\$875.00	\$672.00	\$203.00	3
Back Packs & Sleeping Bags (bundle, bulk order)	40	\$876.00	\$400.00	\$476.00	4
Tarps	40	\$270.00	\$200.00	\$70.00	5
Blankets, Gloves, Beanies (bundle, bulk order)	60	\$650.00	\$500.00	\$150.00	6
Care Packages (hygiene, h2o bottle, Socks)	75	\$273.90	\$198.90	\$75.00	7
Back Packs (Individual, bulk order)	60	\$200.00	\$100.00	\$100.00	8
Can Openers	35	\$167.30	\$149.30	\$18.00	9
Tundras Hand/Feet Warmers	160	\$56.00	\$28.00	\$28.00	10
Food Bank		\$1,000.00	\$900.00	\$100.00	11
<b>TOTAL EXPENSE</b>		<b>\$23,088.20</b>	<b>\$13,548.20</b>	<b>\$9,540.00</b>	



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** Planned Parenthood of Indiana and Kentucky

**Address:** 200 S. Meridian St., Ste. 400 / Indianapolis, IN 46225

**Phone:** 317-637-4156

**E-Mail:** [steven.conrad@ppink.org](mailto:steven.conrad@ppink.org)

**Website:** [www.ppink.org](http://www.ppink.org)

**President of Board of Directors:** Kristen Roby Dimlow

**Name of Executive Director:** Christine R. Charbonneau

**Phone:** 206-861-7511

**E-Mail:** [christine.charbonneau@ppgnhi.org](mailto:christine.charbonneau@ppgnhi.org)

**Name and Title of Person to Present Proposal to the Committee:** Steven Conrad, Institutional Giving Officer

**Phone:** 317-637-4156

**E-Mail:** [steven.conrad@ppink.org](mailto:steven.conrad@ppink.org)

**Name of Grant Writer:** Steven Conrad

**Phone:** 317-637-4156

**E-Mail:** [steven.conrad@ppink.org](mailto:steven.conrad@ppink.org)

**PROJECT INFORMATION**

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**Project Name:** Patient Financial Assistance for Contraception and Preventive Care

**Total cost of project:** \$44,900

**Requested amount of JHSSF funding:** \$10,000

**Total number of City residents anticipated to be served by this project:** 133

**Total number of clients anticipated to be served by this project:** 265

**PROJECT SYNOPSIS** (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

Planned Parenthood of Indiana and Kentucky (PPINK) respectfully requests funding in the amount of \$10,000 to provide subsidized care for patients who are uninsured, under-insured, and/or living at or below 150 percent of the federal poverty level. This funding will support preventive health care services at PPINK's Bloomington health center. The health services grant funding will help to provide include: birth control, including long-acting reversible contraceptives (LARCs); HIV/STI testing, treatment, and/or vaccination; and cancer screenings, including pap tests, breast exams, testicular exams, and prostate exams.

Many of PPINK's Bloomington patients need financial assistance to access care. During fiscal year 2020, PPINK's Bloomington health center served a total of 3,798 unduplicated patients, of whom: 91 percent were women or girls under the age 35; 33 percent were Black, Indigenous, and/or people of color (BIPOC); 70 percent reported incomes at or below 150 percent of the federal poverty level; and 58 percent were uninsured. Amidst the COVID-19 pandemic, we are experiencing an increased need for subsidized health care due to patient loss of income and/or employer-sponsored insurance. During this time, the cancer won't go away, STIs won't go away, and the need for birth control won't go away. The health care system is relying on us to keep providing our services so they can focus on COVID-19. If we can't meet the growing need for subsidized care, the results (ex. UTIs becoming kidney infections) will add even more people into the most stressed parts of the health care system.

**Address where project will be housed:** 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?**

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 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

**Is this a collaborative project?  Yes  No.** If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

N/A

**PROJECT COSTS**

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**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot Project  Bridge Funding  Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):*

- Sophia Travis Community Service Grant - \$5,900 – Confirmed
- Individual Donors - \$25,000 - Confirmed
- Bloomington Township Trustee - \$4,000 - Planned

**FUNDING PRIORITIES -- RANKED**

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

Yes  No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	Contraception subsidies	\$7,500
Priority #2	HIV/STI testing and treatment subsidies	\$2,000
Priority #3	Cancer screening subsidies	\$500
Priority #4		
Priority #5		
Priority #6		
Priority #7		
TOTAL REQUESTED		\$10,000

## **JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES**

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### **NEED** (500 words or less)

*Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.*

PPINK is Monroe County's leading safety net provider of reproductive health care services. Outlined in strategy five of the City of Bloomington Housing and Neighborhood Development Department's 2015-2019 Consolidated Plan is the objective to "provide funding to non-profit organizations that provide a safety net for community members in need."

Access to the full spectrum of reproductive health care has been proven to significantly reduce rates of unintended pregnancy and prevent chronic health complications caused by HIV/STIs. However, people who are uninsured, under-insured, and those living with low incomes suffer from inequitable access to care. The unintended pregnancy rate is 5.5 times higher for those living below the federal poverty level, affecting a disproportionate number of BIPOC women. Unintended child-rearing is associated with less family stability, poorer health and education outcomes, and is a major factor perpetuating cycles of family and childhood poverty. STI rates for BIPOC Hoosiers range from 1.5 times to 3.5 times higher than STI rates for white Hoosiers, and STI rates are surging nation-wide. New reports by the CDC reveal that syphilis and gonorrhea have reached their highest rates in 30 years, and chlamydia has reached a higher level than ever before reported to the CDC. Undetected and/or untreated HIV/STIs can lead to AIDS, cancer, pelvic inflammatory disease, infertility, ectopic pregnancy, chronic pain, liver inflammation, and meningitis, among other physical and mental health complications. Furthermore:

- Indiana has the 12th-highest teen birth rate in the nation, and 49 percent of all Hoosier pregnancies are described as unplanned;
- Indiana's infant mortality rate is seventh-highest in the country, and Indiana's maternal mortality rate is third-highest in the country; and
- In Monroe County, the STI rate is higher than the record-setting national average (621.2 cases per 100,000 people versus 528.8 cases per 100,000).

The requested grant of \$10,000 will be a one-time investment supporting safety net services for people with low incomes, which in turn will provide broad and long-lasting benefits to the community. Access to reproductive care reduces teen births, reduces unintended pregnancy, and prevents chronic illness. Decades of research from the Guttmacher Institute prove that consistent access to reproductive health care demonstrably improves socioeconomic outcomes. People who can prevent/treat disease, plan their pregnancies, and strategically space their pregnancies, are significantly more likely to complete their education, participate in the workforce, establish healthy relationships, and achieve or maintain economic stability. According to the Guttmacher Institute, for every \$1 invested in family planning, taxpayers save \$7. It is in the best interest of every community to work toward equitable access to reproductive health care for all.

Amidst the COVID-19 pandemic, PPINK's doors remain open. As a safety net provider, we serve all patients – regardless of who they are, who they love, or how much money they make. Due to growing rates of unemployment, more patients are in need for subsidized services. This grant will help us provide low- to no-cost care for Bloomington's most vulnerable patients, safeguarding the community from negative reproductive health outcomes during this trying time.

## **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

## Planned Parenthood of Indiana and Kentucky

Complemented by PPINK's other sources of funding for patient financial assistance, this grant will help us accomplish the following:

- 1) ~100 patients will receive financial assistance for contraception;
- 2) ~80 patients will receive financial assistance for HIV/STI testing, treatment, or vaccination; and
- 3) ~12 patients will receive financial assistance for a cancer screening.

PPINK uses NextGen Healthcare Information software to measure a variety of metrics, including poverty levels of patients, type of service(s) provided, and health insurance status of patients. PPINK will be able to report exactly who (non-HIPPA protected information) and how many people are 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.

The growing need for patient financial assistance is not only due to COVID-19 pandemic. In addition to many people losing their income and/or employer-sponsored insurance due to the coronavirus, all Planned Parenthood affiliates nationwide were forced to withdraw from the Title X Federal Family Planning Program in August 2019. For decades, Title X has helped fund vital services for people with low incomes, including: contraception; testing and treatment for HIV/STIs; breast, cervical, and testicular cancer screenings; pregnancy tests and counseling; and sexuality education programs. Having been the anchor of Title X, Planned Parenthood across the U.S. has provided most of the care to the millions of people who have utilized this program. Title X has benefited our entire society, allowing PPINK and other safety net providers to fight health care inequity by serving populations that have historically faced barriers to care.

The new federal restrictions to Title X are now jeopardizing PPINK's ability to provide subsidized care for patients who rely on federal assistance, including 23,000 Hoosiers and 48,000 Kentuckians annually—90 percent of whom are women or girls. In total, PPINK's forced withdrawal from Title X resulted in an annual loss of ~\$3.2 million of financial assistance for patients who cannot afford care.

PPINK instituted a new health center business model to help compensate for this historic loss of funding. However, the growing need for patient financial assistance due to COVID-19 is proving very hard to meet. It is unfortunate that this growing need for subsidized care is occurring during a time when PPINK has been federally defunded from Title X. PPINK is depending on philanthropic support to help meet the unique challenges caused by Title X restrictions amidst a global pandemic.

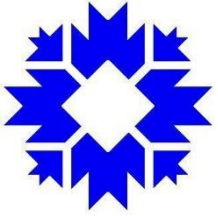
**Jack Hopkins Social Services Funding - 2020 EXPRESS GRANT APPLICATION  
Planned Parenthood of Indiana and Kentucky**

**Program Budget for Patient Financial Assistance**

<b>Item</b>	<b>Cost</b>
Birth control supplies and/or insertion	\$33,900
STI/HIV testing, treatment, and/or vaccination	\$8,000
Cancer screenings	\$3,000
<b>Total</b>	<b>\$44,900</b>

Special Notes:

- 1) The average level of patient financial assistance needed for HIV/STI care is \$100, and the average level of patient financial assistance needed for cancer screenings is \$250. Depending on the method of birth control a patient needs, contraception may cost anywhere from \$25 (oral) to \$1,800 (long-acting, reversible IUD insertion). It is impossible to predict exactly what level of patient financial assistance will be needed throughout the year. These budget projections are based on past years' use of patient assistance funding.
- 2) All other costs associated with this project (e.g. clinician salaries, health center operations, etc.) will be paid by Planned Parenthood.



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
RECOVER FORWARD GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** Safe Families for Children in Bloomington, Indiana

**Address:** PO Box 3174 Bloomington, IN 47402

**Phone:** 812-272-0457

**E-Mail:** grants@safefamilies.net

**Website:** <https://bloomington.safe-families.org/>

**Name of President of Board of Directors:** John Phillips

**Name of Executive Director:** Dr. David Anderson

**Phone:** 773-659-0037

**E-Mail:** danderson@safefamilies.net

**Name and Title of Agency Contact Person:** Ms. Felita Lucas

**Phone:** 812-272-0457

**E-Mail:** flucas@safefamilies.net

**Name of Grant Writer:** Mrs. Casey Manes

**Phone:** 815-592-9422

**E-Mail:** grants@safefamilies.net

# Safe Families for Children

## AGENCY INFORMATION

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### Lead Agency:

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

*Note: If your agency is a first-time applicant for Jack Hopkins funding, you must provide 501(c)(3) documentation with your application.*

### Number of Employees:

Full-Time	Part-Time	Volunteers
	2	40

### AGENCY 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.*

Safe Families for Children in Bloomington, Indiana hosts vulnerable children and creates extended family-like supports for desperate families through a community of devoted volunteers motivated by compassion to keep children safe and ultimately together with their families. Safe Families for Children in Bloomington, IN is a faith-based human service organization that believes no child should have to be harmed before they are helped. Though Safe Families is a national organization formed on faith-based principles, this means much of the volunteers are recruited from faith communities, but there are no required “religious activities” for those families served, and no conditions or requirements placed on those served in regards to religion. Safe Families comes alongside at-risk families to provide support, social connections, and stability so that parents may have an opportunity to stabilize, thrive, and be the ones caring for their children well. Many families who are single parent families are very alone, and Safe Families connects families to social supports so they will not be alone, even after their children return home.

When under-resourced families face personal or financial crises such as domestic violence, substance abuse, unemployment, or homelessness, children are impacted. Without support, these crises can seriously undermine the parent’s ability to meet their child’s needs, leading to the risk of abuse and neglect. Many low-income, predominately single mother families struggle to make it, and teeter dangerously close to a tipping point if one thing goes wrong. Historically, extended family members, friends or neighbors provided help for children whose parents were dealing with parenting stress, mental or physical illness, substance abuse, or homelessness. But today, an alarming number of low-income, predominately single parents are socially isolated and lack external family support, often compounding problems, feelings of desperation, and the likelihood of child neglect or abuse and the need for foster care placement.



# Safe Families for Children

Safe Families for Children (SFFC) is a multi-site volunteer movement that gives hope and support to low-income families in distress. SFFC re-frames how families are supported during a crisis. Parents voluntarily place their children in safe, loving homes of our trained volunteer host families, while other trained, vetted volunteers wrap around and support the parent with mentoring, goal making and connections to existing community resources in order to help them get back on their feet and restore stability in their lives. SFFC is dedicated to family support, stabilization and, most importantly, child abuse prevention. During the economic crisis brought out by the COVID-19 pandemic, Safe Families for Children has been named an “Essential Service” for the care provided to families in crisis. The intake calls have increased due to the high number of families who find themselves in a crisis economically, are without childcare to do their job, and for other reasons. Safe Families helps families keep their jobs by helping with childcare, helping with the tangible needs of families, providing social supports and encouragement, helping with children when parents require medical care, mental health care, need help finding employment, or permanent housing, to name a few of the most common situations. A Safe Families “Circle of Support” is a small group of volunteers that wraps around the family to provide mentoring to the parent, safe care for the children, and a community to be connected to so the family does not feel alone. The relationships formed with Safe Families volunteers often remain in place for years beyond the hosting arrangement of the children. These relationships help the family not feel alone, but also help them know they are worth knowing and investing in. This helps the parent, but also the children, as statistics show children who have a variety of different adults investing in their lives are consistently the healthiest in many aspects of life.

## PROJECT INFORMATION

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**Project Name: Safe Families for Children in Bloomington, Indiana**

**Total cost of project: \$50,000**

**Requested amount of JHSSF funding: \$10,000 to reach 10 additional families in Bloomington in 2020**

**Total number of City residents anticipated to be served by this project: 40**

**Total number of clients anticipated to be served by this project: 40**

# Safe Families for Children

## **PROJECT SYNOPSIS** (250 words or less)

**Please provide a brief overview of your project.** This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."

Safe Families for Children in Bloomington, Indiana is requesting \$10,000 to reach 10 additional families (parents who are under-resourced and in crisis and their children) in 2021. This funding would cover the training and background check process for new volunteer host families, mentors, and other volunteers in the Circle of Support. In addition, it would help with the tangible needs of families (car seats, diapers, formula, etc.) and help with daycare costs needed by placing families to keep their jobs. Funding will help fund the Family Coach Supervisor staff position that is currently 10 hours a week, and transportation costs bringing children to hosting arrangements. The Family Coach Supervisor position ensures children are safe in their host home, that communication is happening between placing parents and children, that host families have what they need to not burn out and are able to care for children well.

**Address where project will be housed:** Much of the communications and trainings are now conducted virtually, and hosting of children and meetings with parents happens in the homes of volunteers. This process is overseen by professional staff. This project occurs at multiple locations, at a variety of volunteers' homes who are host families to children. Professional staff work from their homes which reduces the overhead cost and very little money goes to anything besides program costs.

**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 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

# Safe Families for Children

**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

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

Safe Families for Children in Bloomington, Indiana is collaborative in the sense that other agencies and organizations refer families to our services, and when families require resources and services we are not equipped to handle, we refer to other agencies to best meet the needs of children and parents. Safe Families partners with the Department of Child and Family services to help children not in abusive situations but whose families require additional support, police, schools, hospitals, pregnancy resources centers, and adoption agencies, to name a few.

# Safe Families for Children

## PROJECT COSTS

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**Is this request for operational funds?**  Yes  No

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

Pilot  Bridge  Collaborative  None of the Preceding – General request for operational funds pursuant to 2020 funding guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending)*: Sophia Travis Community Service Grant - \$5000 received

Church Partnerships - \$8,000

Individuals with matching grant - \$6,000

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

Safe Families for Children will use funds for tangible needs for families, daycare expenses, transportation, training and recruiting volunteers, and program costs of supervising volunteers and hosting arrangements. These expenses will be tracked and recorded and submitted at 12 months after receiving grant funds and a full report will be given at that time of the results of the funding.

**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.**

Safe Families for Children is a national organization with chapters around the country. A generous foundation has provided every chapter with an opportunity to match funds received up to \$1000. This match will be capped the end of September. All funds received in the past few months will go toward this match, so additional funding has been leveraged accordingly. In addition, the yearly fundraising gala that helps with support is currently being planned and will be held by the end of 2020.

# Safe Families for Children

## FUNDING PRIORITIES -- RANKED

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

Yes       No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	<b>Funding for recruiting and training volunteers/program costs</b>	<b>\$5000</b>
Priority #2	<b>Transportation, tangible needs for families (diapers, formula, gas cards, etc.)</b>	<b>\$2000</b>
Priority #3	<b>Staff wages for Family Coach Supervisor</b>	<b>\$3000</b>
Priority #4		
Priority #5		
Priority #6		
Priority #7		
<b>TOTAL REQUESTED</b>		<b>\$10,000</b>

# Safe Families for Children

## **JACK HOPKINS FUNDING CRITERIA**

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### **NEED** (200 words or less)

*Explain how your project addresses: Recover Forward priorities of direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare, or 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 [2015-2019 Consolidated Plan](#), or any other community-wide survey of social service needs.*

Safe Families for Children in Bloomington, Indiana will utilize funding received for direct relief for families facing insurmountable crises they require assistance to pull themselves from. This will include: 1) Training and supporting volunteers who will serve as host families, these host families live out a radical form of hospitality and disruptive generosity by hosting children in their homes and caring for them using their own funds. These volunteers feed, clothe and care for children for a range of time that they need the help. On average, their length of stay is five weeks, but some children stay with host families longer as parents are stabilizing. By providing host families, and training and background checking and supervising them, Safe Families provides children a safe, loving place to stay and the volunteers meet their basic needs for food, shelter and housing, personal safety and are providing around the clock childcare. In some instances, a host parent is caring for children who are not school age and require care all day long. In order to ensure the host family is still able to work, funds will be used for daycare expenses during the day so host families can work and then care for the children after their job ends at the end of the day. Other funds go toward training mentors who work with parents and parents are empowered to create goals for themselves and connected to community resources to help them stabilize, meet their basic needs, find employment, housing, and address their areas of concern so they may bring their children home to a safe parent able to care for them well, and now who is connected to social supports through their Circle of Support. This social connection continues beyond the hosting and mentoring arrangement, so families are not alone even when the children are back home.

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

***Jack Hopkins Funds are intended to be a one-time investment. Please explain how your project fits this criterion.***

This fund is in line with the 2020 allowance for operation funds and will pay for the some of the staff salary providing oversight of volunteers, help recruit and train volunteers, and provide for the tangible needs of families and childcare so families can be helped and stabilized. Funds are for tangible needs for families and operating/program costs. Future funding will continue to be through church partnerships, individual giving, other foundational giving, the national grant match afforded to all chapters, and through fundraisers.

# Safe Families for Children

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

***Explain how your program will have broad and long-lasting benefits for our community.***

When families are healthy and children are thriving, communities prosper. Safe Families addresses the root cause of many other serious issues that can have lasting negative consequences: social isolation. By connecting families who are under-resourced financially, Safe Families believes they do not have to be under-resourced socially and provides support, wrap-around services, and community that stays involved in their lives for years to come. This support provides “family-like supports” when it is needed most and helps families stabilize long-term, creating a new cycle for families: Not just one of poverty and desperation, but a cycle of emotional health and well-being. When children feel safe and loved, and families are thriving, it creates healthier communities and lowers the incidence of many factors that put families and children at-risk.

## **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

- Children from families in crisis will have a reduced likelihood of experiencing abuse or neglect. At least 85% of families will meet their personal goals.
- Families in crisis will have an extended support system.
- Children will be deflected from entering the child welfare system. At least 95% of children will return home or to a relative.

Benchmarks have been established using baseline data from previous years. A secure online database maintains all records of host families, mentors, families receiving assistance, demographic data, case notes, progress on goals, and permanency outcomes. Case notes provide valuable data related to improved parent/child relationships, parental functioning, and progress towards reunification. Feedback and suggestions are welcomed from the parent who received assistance, staff, and volunteers.

# Safe Families for Children

## **OTHER COMMENTS** *(500 words or less)*

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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 Safe Families law in Indiana that has been passed specifically for our organization. This law legally allows and provides protection for our volunteers who host and work with children. The national Safe Families for Children office provides leadership training, liability insurance and oversight, and legal counsel. The law allows our trained volunteers to have temporary guardianship of children that the placing parent voluntarily provides, knowing they can get it back again at any time. The parent is choosing this route to give themselves a new opportunity toward a more stable life for themselves and their children.



# Safe Families for Children

## Bloomington, IN Budget 2021

<b>Revenue</b>		
Contributions	\$51,000	
Individuals		\$30,000
Organizations		\$6,000
Foundations		\$11,000
Churches		\$4,000
United Ways		\$0
State Service Fees	\$0	
Service Fees-NonState	\$0	
Special Events (net)	\$0	
Donated Items (in kind)	\$600	
Released from Restrictions	\$0	
<b>Total Revenue</b>	<b>\$51,000</b>	
<b>Expenses</b>		
Personnel Expenses	\$31,000	
Salaries		\$31,000 (Jack Hopkins \$7000)
Benefits		\$5,000
Contractors/Consultants		\$0
Consumable Supplies <sup>3</sup>	\$200	
Occupancy	\$0	
Transportation	\$5000	(Jack Hopkins
	\$2000)	
Specific Assistance to	\$2800	(Jack Hopkins
Individuals <sup>6</sup>	\$1000)	
Communications/Miscellaneous	\$3000	
Non-reimbursable Expenses	\$0	
General & Administrative	\$4000	
Allocations		
<b>Total Expenses</b>	<b>\$51,000</b>	

**Budget Narrative: Financial Sustainability:** The Safe Families for Children Alliance attempts to maintain a diversified revenue stream from individuals, foundations, government, and other sources. Last year, we received \$1.9 million (67% of our total revenue) from individuals, organizations, grants, and in-kind donations. Safe Families for Children in Bloomington, Indiana is funded by church partnerships, individual donors, and foundations, some one-time, and some, relationships that have been built and developed over time. As Safe Families continues to build momentum, many of our donors are supporting us on a regular basis. Also, many of our volunteers connect us with their company's corporate giving program or with other donors. Since its inception, Safe Families has successfully been able to provide services at no cost to program recipients.

[Link to 2020 Application](#)



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** Shalom Community Center, Inc.

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

**Phone:** 812-334-5734

**E-Mail:** shalom@shalomcommunitycenter.org

**Website:** shalomcommunitycenter.org

**President of Board of Directors:** Ross Martinie Eiler

**Name of Executive Director:** Forrest Gilmore

**Phone:** 812-334-5734, ext. 122

**E-Mail:** forrest@shalomcommunitycenter.org

**Name and Title of agency Contact Person:** As above

**Phone:**

**E-Mail:**

**Name of Grant Writer:** As above

**Phone:**

**E-Mail:**

**PROJECT INFORMATION**

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**Project Name:** Shalom COVID Response

**Total cost of project:** \$24,500

**Requested amount of JHSSF funding:** \$24,500

**Total number of City residents anticipated to be served by this project:** 2000

**Total number of clients anticipated to be served by this project:** 2500

**PROJECT SYNOPSIS** (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$24,500 to fund several direct needs to support our COVID-19 response. These needs include renovation of our restrooms at Shalom Center, hygiene and cleaning products for Crawford Homes' hygiene pantry, and a six month rental of a handwashing station for the Shalom Center.

Shalom has provided one of the few open public restrooms in our community during COVID. Due to heavy use, our restroom walls and the stall walls have become damaged and are in need of replacement. Adding this repair to the soon-to-be installed floors funded by JHSSF will greatly improve our ability to keep the space clean, which is always essential but especially now. We will replace the stall walls with stainless steel and the restroom walls with a fiber-reinforced paneling that will be tougher and easier to clean than drywall.

For Crawford Homes, our hygiene pantry needs new supplies, especially for cleaning supplies and personal hygiene items. Crawford provides housing and supports for approximately 150 adults and children who experienced long-term homelessness due to disabilities. This would provide items like disinfectant spray and wipes, all-purpose cleaners, floor cleaners, toilet paper, and bathroom tissue.

Lastly, we'd like to continue to fund our handwashing station at the Shalom Center. All guests are required to wash their hands before entry in addition to temperature and symptoms checks. The handwashing station is placed at the front entrance, ensuring guests wash their hands.

**Address where project will be housed:** 620 S. Walnut Street and 2440/2446 S. Henderson

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

Yes  No  N/A

# Shalom Center

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

**PROJECT COSTS**

**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot Project  Bridge Funding  Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending)*: While we’ve received numerous donations and grants totaling in the hundreds of thousands of dollars related to our COVID-19 response, these particular requests do not have other funding sources. The first few months of the handwashing station rental was provided by the Bloomington Health Foundation. A 2020 JHSSF grant has funded our soon-to-be-installed flooring (improving our disinfection protocol) as part of needed building upgrades. Anthem provided our last grant for our Crawford Hygiene Pantry (which has now been spent).

**FUNDING PRIORITIES -- RANKED**

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

Yes  No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	<b>Shalom Bathroom Repair and Renovation (Men’s/Gender Nonbinary)</b>	<b>\$10,100</b>
Priority #2	<b>Shalom Bathroom Repair and Renovation (Women’s/Gender Nonbinary)</b>	<b>\$10,100</b>
Priority #3	<b>Rental of Handwashing Station</b>	<b>\$1,800</b>
Priority #4	<b>Crawford Homes Hygiene Pantry</b>	<b>\$2,500</b>
Priority #5		
Priority #6		
Priority #7		
<b>TOTAL REQUESTED</b>		<b>\$24,500</b>

**JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES**

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**NEED** (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

COVID-19 has called us to a strong response of preventative and supportive measures, including and especially the creation and operation of the Monroe County Isolation Shelter, the moving and expansion of Friend's Place to a new location for physical distancing and to add women's beds due to the loss of Wheeler's Center for Women, and our Regional Homeless Prevention Project.

Our funding request relates directly to the needs of our impoverished guests for shelter/housing and personal safety/hygiene products/personal protective equipment.

Due to COVID-19, Shalom has one of the few public restrooms, which has remained open. Due to heavy use and the need to improve sanitation, we feel the need to repair and replace the restroom walls with a more secure surface for sanitary and cleaning purposes (fiber-reinforced paneling). We also would like to replace the stall hardware to stainless steel for sanitary reasons and to replace damage. This would add to the sanitary improvements we are making through other grants and donations to the Center, especially the sealing of the floors funded by JHSSF and the renovation of the showers.

Crawford Homes regularly runs a hygiene pantry for its residents, where residents earn points towards hygiene items when they volunteer their time or participate in self-improvement activities. We've relied heavily on community resources like schools and fraternities/sororities for hygiene drives, but that has stopped due to COVID. Keeping our residents supplied with cleaning supplies, including personal hygiene items and household cleaners, is, of course, essential for our residents in their efforts to protect themselves from COVID.

Lastly, we have a need at the day center to continue to fund our handwashing station, which had been funded by the Bloomington Health Foundation. Handwashing is required of all our guests upon entry into the center, in addition to temperature and symptom checks. Having a handwashing station at the entryway ensures guests wash their hands.

**OUTCOME INDICATORS** (100 words or less)

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

# Shalom Center

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

These investments are all qualitative in nature and hard to measure impact, but we can provide the number of people who have benefitted from each of these services.

## **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.

# Shalom Center



**shalom community center**  
helping people in need

PO Box 451/620 S Walnut Street  
Bloomington, IN 47402-0451  
www.shalomcommunitycenter.org  
day center: (812) 334-5728  
administration: (812) 334-5734  
fax: (812) 334-5736

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## **Shalom COVID Response Recovery Forward Project Budget**

\$20,200	Bathroom Repairs and Upgrades (Both Restrooms, \$10,100 each)
\$1,800	Handwashing Station Rental (\$300 per month for 6 months)
\$2,500	Crawford Hygiene Pantry

**\$24,500 JACK HOPKINS REQUEST**

**LEVERAGE FUNDING:** While we've received numerous donations and grants, totaling in the hundreds of thousands of dollars related to our COVID-19 response, these particular requests do not have other funding sources. The first few months of the handwashing station rental was provided by the Bloomington Health Foundation. A 2020 JHSSF grant has funded our soon-to-be-installed flooring (improving our disinfection protocol) as part of needed building upgrades. Anthem provided our last grant for our Crawford Hygiene Pantry (which has now been spent).



# Shalom Center

LWB • 4535 E 3rd St, Bloomington, Indiana 47401 • (815) 985-1583



## **Shalom Center Bathroom Renovation Estimate** 620 S. Walnut Street, Bloomington, IN 47401

This estimate is not a formal quote but submitted for planning purposes only. Upon acceptance a fixed bid contract will be created for the completion of work as described. As always in construction, unforeseen conditions may cause additional expense that would be managed as part of a change control process.

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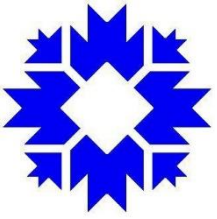
Scope: Cover existing walls with fiber reinforced panels to make the walls easier to clean.

Cost:

Remove all Plumbing from restroom	\$1,000.00
Remove partition walls	\$1,120.00
Install FRP Paneling	\$1,680.00
Paint Ceiling	\$560.00
Install baseboard materials	\$560.00
Reinstall partition walls	\$1,120.00
Reinstall plumbing	\$1,000.00
Material Cost	\$560.00
Replacement toilet partitions	\$ 1,500.00
Misc Costs/Contingency	\$ 1,000.00
Total Cost for bathroom	\$10,100.00
Total cost for both bathrooms	\$20,200.00

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Lloyd Williams | Project Manager  
office: 812.287.7575 cell: 202.815.2656  
4535 E 3rd St. Bloomington, IN 47401  
[www.lorenwoodbuilders.com](http://www.lorenwoodbuilders.com)



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**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](mailto:info@bloomingtonsvdp.org)

**Website:** [bloomingtonsvdp.org](http://bloomingtonsvdp.org)

**President of Board of Directors:** No Board (We have a slate of officers, but no Board.)

**Name of Executive Director:** No Executive Director

**President:** Scott Alber

**Phone:** (812) 322-1093

**E-Mail:** [scottalber@gmail.com](mailto:scottalber@gmail.com)

**Name and Title of agency Contact Person:** Ron Kofmehl, Director of Marketing and Fundraising

**Phone:** 812-361-5451

**E-Mail:** [ronkofmehl@comcast.net](mailto:ronkofmehl@comcast.net)

**Name of Grant Co-Writers:** Jo A. Gilbertson; Mary Jean Regoli

**Phone:** (812) 219-5566; (812) 322- 5345

**E-Mail:** [jo\\_gilbertson\\_503@comcast.net](mailto:jo_gilbertson_503@comcast.net); [mjregoli@outlook.com](mailto:mjregoli@outlook.com)

**PROJECT INFORMATION**

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**Project Name: Bloomington Utility Assistance Program**

**Total cost of project: \$15,000.00; 100% will be used for this program.**

**Requested amount of JHSSF funding: \$15,000.00**

**Total number of City residents anticipated to be served by this project: 100 households (average household of 3 individuals)**

**Total number of clients anticipated to be served by this project: 300 individuals**

**PROJECT SYNOPSIS** (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$15,000 to provide utility bill assistance, including electricity, water and gas for our Bloomington city residents. With the moratorium on utilities now lifted, families must pay those bills, both past and current. Even when the utility companies are working with the clients, many individuals are not able to pay the accumulated debt, thus making it more difficult to meet their current obligations. We could provide an average of \$150 utility assistance for 100 families with a grant of \$15,000 from Jack Hopkins. Our 2019 client data for those requesting utility assistance indicates an average of 3 members/family. This grant will have a positive impact on 300 individuals.

People in need contact us directly or based on a referral from other agencies such as the Township Trustees, Monroe County United Ministries, and the Salvation Army. 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. Please see our attached Screening Assessment.

Goal One: We will help our clients with utility bills to prevent disconnection from service.

Goal Two: In order to help families have lower utility bills in the future, we will help connect clients with agencies and organizations who have energy efficient programs, such as Weatherization through South Central Community Action Program, [https://www.needhelppayingbills.com/html/indiana\\_heating\\_and\\_energy\\_bil.html](https://www.needhelppayingbills.com/html/indiana_heating_and_energy_bil.html), and Vectren Home Energy Assessment. In providing this information, we help empower our clients.

**Address where project will be housed: N/A**

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

Yes  No  N/A

# St Vincent dePaul

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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

**Is this a collaborative project?  Yes  No.** If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

N/A

**PROJECT COSTS**

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**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot Project  Bridge Funding  Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):* None

**FUNDING PRIORITIES -- RANKED**

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

Yes  No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	<b>Assist 100 families with their utility bills.</b>	<b>\$15,000.00</b>
Priority #2	<b>With partial funding, we would help fewer families.</b>	
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
<b>TOTAL REQUESTED</b>		<b>\$15,000.00</b>

**JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES**

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**NEED** (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these needs.

Our funding request directly addresses the 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, and hygiene, lighting for the home, and technology (especially important as individuals are sheltering in home and participating in online learning).

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.

The 2012 Service Community Assessment of Needs (SCAN) describes the vulnerability to homelessness that those living on the edge are facing. The Area 10 Agency 2-1-1 Infolink Center, serving Monroe and Owen counties, reports that of the 5,429 total calls it received in 2010, 24% requested assistance with "housing and utilities." Many of the callers were already in an emergency situation: 10% of those seeking help with rent were already facing eviction and 10% of those seeking help with utilities were already disconnected.

That same assessment indicates the 2-1-1 Partnership reported that the top unmet needs in Indiana for 2009 included financial assistance for rent, mortgage and utilities, shelter, transportation, and food.

The 2010 Household Survey conducted for SCAN indicated 64% of households at the lowest income level struggled to earn enough money to pay for utility bills. Difficulty meeting basic household expenses is creeping up to include more people in the middle income bracket. They also report that 33% of all households in Monroe County have difficulty finding a job that pays enough for basic needs.

The 2020 United Way ALICE (Asset Limited, Income Constrained, Employed) project report demonstrates the needs in Monroe County have not diminished since 2010, and, in fact, the struggle has grown for many. Their 2018 data indicate that 26% of Monroe County households earn more than the Federal Poverty Level, but less than the basic cost of living for the county (the ALICE threshold). An additional 21% of Monroe County households were identified as living at the Poverty level.

## **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

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.

# St Vincent dePaul

## **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 Society of St. Vincent de Paul is an all-volunteer organization that serves the poor and unfortunate in Monroe County, Indiana, offering tangible support to those suffering and in need. Our local organization began in 1992, primarily providing donated furniture to families. Today 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 also seek systemic change solutions to help move people out of poverty. The help given is based on the need of the client and the resources available. Race, religion, creed or sexual orientation are not considered.

Township Trustees, Monroe County United Ministries, 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.

For this grant, using the address, we will learn if the client is a resident of the city of Bloomington proper. 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
- 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 (closed now for financial help), Salvation Army (waived need to see Trustee due to virus), 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.

With this grant, if the client's need is for utility assistance, we will waive our usual policy of providing financial help to a family only once every 6 months.

**Please see attached Screening Application.**



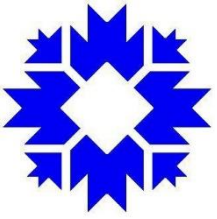
# St Vincent dePaul

## Project Budget

### Bloomington Utility Assistance Program

We will use 100% of the Jack Hopkins funding to help clients pay their utility bills.

Utility Assistance                      100 families at average \$150.00 each = Total \$15,000



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2020 EXPRESS GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** Wheeler Mission

**Address:** 215 S. Westplex Avenue

**Phone:** (812) 333-1905

**E-Mail:** [stevegermani@wheelermission.org](mailto:stevegermani@wheelermission.org)

**Website:** wheelermission.org

**President of Board of Directors:** Jim Fountain, Chairman

**Name of Executive Director:** Rick Alvis, President & CEO

**Phone:** (317) 635-3575

**E-Mail:** [rickalvis@wheelermission.org](mailto:rickalvis@wheelermission.org)

**Name and Title of agency Contact Person:** Dana Jones, Bloomington Director

**Phone:** (812) 333-1905

**E-Mail:** [danajones@wheelermission.org](mailto:danajones@wheelermission.org)

**Name of Grant Writer:** Steve Germani

**Phone:** (574) 358-1270

**E-Mail:** [stevegermani@wheelermission.org](mailto:stevegermani@wheelermission.org)

# Wheeler Mission

## PROJECT INFORMATION

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**Project Name:** Shelter and case management for those experiencing homelessness in era of COVID-19

**Total cost of project:** \$15,600

**Requested amount of JHSSF funding:** \$15,600

**Total number of City residents anticipated to be served by this project:** 500

**Total number of clients anticipated to be served by this project:** 500

## PROJECT SYNOPSIS (250 words or less)

***Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."***

Wheeler Mission is seeking an investment of \$15,588 to help absorb the wages for the full-time Emergency Services Case Manager in Bloomington for six-months.

Last winter capacity was challenged; often providing shelter and service to as many as 120 men each night. While Wheeler anticipates an increase in the need for emergency shelter services again this winter, the number of beds available to those seeking emergency shelter services will be reduced due to COVID-19 restrictions and the need for social distancing. The maximum capacity is limited to 102 men while these restrictions are needed.

However, the reduced capacity does not reduce the labor and effort put forth by Wheeler staff in caring for those in need of assistance. In many ways, staff must accomplish even more to accommodate the needs of those served. Winter, by itself, results in more building maintenance and cleaning, more clothing and hygiene disbursement, more security required to deescalate crisis situations, and more laundry for the guests. The addition of COVID-19 protocols brings demands such as health screenings, additional effort to maintain a sanitary environment, staff training for Personal Protective Equipment, as well as training for policies and procedures related to guests displaying symptoms.

The limited staff capacity at Wheeler Mission is stretched even further in times such as these; when more is being required to care for the most vulnerable. Especially with most volunteers opting to forego serving in a shelter environment until fear of the pandemic has passed, Wheeler staff must also absorb some of the responsibilities typically pursued by volunteers – such as meal preparation and distribution.

Wheeler will continue to do everything possible to hire and train staff to meet the needs of those experiencing homelessness and will look to hire additional part-time staff during the coming winter months. Wheeler is committed to ensuring every person experiencing homelessness in Bloomington has access to a safe, compassionate environment – regardless of the circumstances.

# Wheeler Mission

**Address where project will be housed:** 215 South Westplex Avenue

**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 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.**

Not applicable. Wheeler Mission owns the properties where this project will take place.

**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.*

Not applicable. No forms of approval are required for this project.

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

# Wheeler Mission

Not applicable. While Wheeler Mission works with a variety of other agencies in the community in serving the needs of those experiencing homelessness in Bloomington, the nature of this specific request is not collaborative. However, Wheeler is working alongside several other agencies providing critical needs by coordinating and securing safe isolation shelter spaces for individuals currently in mass shelters. It is difficult for those experiencing homelessness, and relying on shelters, to achieve any semblance of social distancing without this type of effort.

## PROJECT COSTS

**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot Project                       Bridge Funding                       Collaborative Project

None of the Preceding – General request for operational funds pursuant to 2020 guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending)*: Currently, there are no other funds secured for this specific purpose. Any dollars generated for the purpose of assisting Wheeler Mission with its operating funds will be secured through direct mail fundraising, with most of those dollars raised during the months of November, December, and January – when charitable giving, especially to organizations serving the most vulnerable, is at its highest.

## FUNDING PRIORITIES -- RANKED

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

Yes                       No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	<b>Emergency Services Case Manager / <a href="#">FT@\$15.00/hour</a> for one month</b>	<b>\$2,598.00</b>
Priority #2	<b>Emergency Services Case Manager / <a href="#">FT@\$15.00/hour</a> for a second month</b>	<b>\$2,598.00</b>
Priority #3	<b>Emergency Services Case Manager / <a href="#">FT@\$15.00/hour</a> for a third month</b>	<b>\$2,598.00</b>
Priority #4	<b>Emergency Services Case Manager / <a href="#">FT@\$15.00/hour</a> for a fourth month</b>	<b>\$2,598.00</b>
Priority #5	<b>Emergency Services Case Manager / <a href="#">FT@\$15.00/hour</a> for a fifth month</b>	<b>\$2,598.00</b>
Priority #6	<b>Emergency Services Case Manager / <a href="#">FT@\$15.00/hour</a> for a sixth month</b>	<b>\$2,598.00</b>
Priority #7		
<b>TOTAL REQUESTED</b>		<b>\$15,588.00</b>

# Wheeler Mission

## JACK HOPKINS FUNDING CRITERIA – RECOVER FORWARD PREFERENCES

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### **NEED** (500 words or less)

Explain how your project meets the [Jack Hopkins Funding Criteria](#), as further explained in the [Elaboration of Criteria](#). Please be aware that, as part of the City's broader Recover Forward efforts, the Committee will prioritize projects that allow agencies to provide direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare. Explain whether your project will help meet one of these 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 United Way's latest ALICE (Asset Limited, Income Constrained, Employed) report, where it was reported that 63% of Bloomington households are below the ALICE threshold; most of any city in the state of Indiana.

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 90 guests each night throughout 2019 at the Center for Men. Moreover, Wheeler Mission hosted an average of 77 guests at that site in 2018 and an average of 54 guests each night in 2017. The number continues to climb each year.

Wheeler is providing an average of 208 meals each day and lodging to an average of 86 guests each night, through the month of August of 2020, at the Center for Men. For the past several years, it is more frequent than infrequent that there are over 100 men seeking emergency shelter, food, and clothing at a Wheeler Mission site, throughout the winter months, on any given night. If not for the COVID-19 restrictions for social distancing, it is likely that Wheeler would be seeing numbers as large or larger than 2019.

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 must continue to be made available, even (and especially) during a time of crisis.

### **OUTCOME INDICATORS** (100 words or less)

**Please describe the outcome indicators you intend to use to measure the success of your project.**

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

Examples: an agency providing a service might cite to the number of persons with new or improved access to a service.

## Wheeler Mission

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

The outcomes pursued include:

- Providing a safe and secure environment to an average of 100 men every night throughout the coming winter months and into early spring, or until authorities lift the social distancing requirements due to the release of an effective vaccine
- Provide meals to an average of 220 men and women every day throughout the coming winter months and into early spring.
- Fill the gap of a reduction of hundreds of volunteers and volunteer hours throughout the coming months.
- Maintain a sanitary and clean environment for those seeking a safe place to rest and making it through the winter and flu season without an outbreak of COVID-19

### **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.

## Wheeler Mission

Wheeler Mission's number-one priority is the health and safety of guests. During this public health emergency, Wheeler has pursued policies based on best practices and guidance from the Centers for Disease Prevention and Control, in collaboration with state and local health officials.

Wheeler is committed to ensuring that staff take every practical measure to reduce the risk of exposure to the novel coronavirus among persons experiencing homelessness and those providing vital services.

The virus is most usually spread through close person-to-person contact (shaking hands, touching, hugging); respiratory droplets from coughing or sneezing; or by touching an object or surface that has the virus on it. Due to this type of transmission, those living in shelters or on the street face increased risk of being exposed.

Wheeler Mission always strives to maintain a clean and sanitary environment. Support from Jack Hopkins Social Services Fund will go a long way in making sure Wheeler Mission has the capacity to provide the environment, and service, needed by people experiencing homelessness in the community through this era of COVID-19.



# Wheeler Mission

## WHEELER MISSION

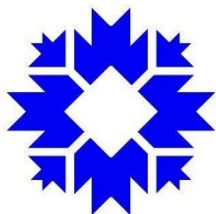
*Shelter and case management for those experiencing homelessness in era of COVID-19*

### PROJECT BUDGET

#### TOTAL COST

Item	Cost
Emergency Services Case Manager / <a href="#">FT@\$15.00/hour</a> for one month	\$2,598
Emergency Services Case Manager / <a href="#">FT@\$15.00/hour</a> for a second month	\$2,598
Emergency Services Case Manager / <a href="#">FT@\$15.00/hour</a> for a third month	\$2,598
Emergency Services Case Manager / <a href="#">FT@\$15.00/hour</a> for a fourth month	\$2,598
Emergency Services Case Manager / <a href="#">FT@\$15.00/hour</a> for a fifth month	\$2,598
Emergency Services Case Manager / <a href="#">FT@\$15.00/hour</a> for a sixth month	\$2,598
<b>TOTAL COST</b>	<b>\$15,588</b>

# Bloomington Pets Alive



**CITY OF BLOOMINGTON, COMMON COUNCIL**  
**JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE**  
**RECOVER FORWARD GRANT APPLICATION**

## **AGENCY CONTACT INFORMATION**

**Lead Agency Name:** Bloomington Pets Alive Inc.

**Address:** 2444 S. Walnut Street; Bloomington, Indiana; 47401

**Phone:** (812) 349-1349

**E-Mail:** info@petsaliveindiana.org

**Website:** petsaliveindiana.org

**Name of President of Board of Directors:** Jana McGee

**Name of (Interim) Executive Director:** Allison Hess

**Phone:** (812) 349-1349 ext. 104 / 812-219-4058

**E-Mail:** allison@petsaliveindiana.org

**Name and Title of Person to Present Proposal to the Committee:** 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

# Bloomington Pets Alive

## **AGENCY INFORMATION**

### **Lead Agency:**

Is the Lead Agency a 501(c)(3)? [ X ] Yes [ ] No

*Note: If your agency is a first-time applicant for Jack Hopkins funding, you must provide 501(c)(3) documentation with your application.*

### **Number of Employees:**

Full-Time	Part-Time	Volunteers
10	2	9

### **AGENCY 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. We work in close partnership with local shelters, including Bloomington Animal Care and Control.

Our Wellness Clinic supports the funding of spay/neuter surgeries while offering additional, critical services to our community (low-cost vaccinations including for Rabies, flea and tick preventatives, microchipping and tests).

# Bloomington Pets Alive

## PROJECT INFORMATION

**Project Name:** Wellness Clinic and Spay/Neuter Program Bridge

**Total cost of project:** \$17,500

**Requested amount of JHSSF funding:** \$17,500

**Total number of City residents anticipated to be served by this project:** 3,750

**Total number of clients anticipated to be served by this project:** 4,500

## PROJECT SYNOPSIS *(250 words or less)*

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$17,500 to support our programs— specifically spay/neuter and our Wellness Clinic— through the spring of 2021.

Since closing last spring in accordance with state guidelines, we have been operating under limited capacity—rebuilding our staff, strengthening relationships and continuing to offer the services the local community has come to rely on. While our services are open to all, we primarily serve low-income populations. As many as 87% of our program clients are Bloomington residents in a given year.

At Pets Alive, our programs have suffered a significant loss of funding since COVID. In simplest terms, as of August 2020 our overall numbers are down 5.5 times from where they were at this time last year.

Before COVID, Pets Alive “fixed” 80 or more animals in a day and held Wellness Clinic hours Monday-Thursday, all while providing patient transport across 21 counties in Indiana. In fact, we recently expanded our clinic space to support continued growth. The demand for the critical work we do is there. Without the income brought into Pets Alive through our Wellness Clinic, we could face the possibility of being unable to provide high-volume, high-quality, affordable spay/neuter surgeries. This possibility is unthinkable for those of us who remember what things were like in our community before Pets Alive.

The days we’ve been able to run our Wellness Clinic fill up quickly. Rabies vaccines, flea and tick control and other vaccinations are critical for the health of our furry family members and the humans who care for them.

**Address where project will be housed:** 2444 S. Walnut Street, Bloomington IN, 47401

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

Yes  No  N/A

# Bloomington Pets Alive

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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 – our Wellness Clinic and spay/neuter programs already operate at the current Pets Alive location. We have leased this property since September of 2011.

**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.

N/A

Note: Funds will not be disbursed until all requisite variances or approvals are obtained.

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

# Bloomington Pets Alive

N/A

## PROJECT COSTS

**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot  Bridge  Collaborative  None of the Preceding – General request for operational funds pursuant to 2020 funding guidelines.

**Other Funds Expected for this Project** (*Please indicate source, amount, and whether confirmed or pending*): Donations from individual Pets Alive donors and supporters that are pending, not guaranteed

**Please describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:** We will continue to actively search for full-time veterinarians and invest serious time in all traditional forms of fundraising and outreach.

**If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:** Throughout the end of 2020—our end-of-year appeal typically brings in much needed funds (during a pre-COVID year!).

### **FISCAL LEVERAGING** (*100 words or less*)

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

Having additional funds in the Pets Alive budget will allow us to continue to hire critical staff and solicit additional contributions from our supporters. The more folks that come in our door (safely, while following COVID-19 protocols), the more word of mouth spreads. The more support we receive, the more Pets Alive can do.

# Bloomington Pets Alive

## FUNDING PRIORITIES -- RANKED

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

Yes       No

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

	Item	Cost
Priority #1	Purchase of products for Wellness Clinic through spring 2021 - vaccinations, flea/tick products, etc. for cats and dogs	\$5,000
Priority #2	Relief veterinarian salaries	\$10,000
Priority #3	Advertising our open veterinary position(s) through various outlets	\$1,000
Priority #4	Technology upgrade to support clients booking online appointments (ProBleu, \$100/hour)	\$1,500
Priority #5		
Priority #6		
Priority #7		
<b>TOTAL REQUESTED</b>		<b>\$17,500</b>

# Bloomington Pets Alive

## **JACK HOPKINS FUNDING CRITERIA**

### **NEED** (200 words or less)

*Explain how your project addresses: Recover Forward priorities of direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare, or 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 [2015-2019 Consolidated Plan](#), or any other community-wide survey of social service needs.*

Pets Alive's programs offer critical services for the safety of animal companions as well as their people. More cats and dogs with nowhere to go is not the sign of a responsible or safe community. 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.

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.

In addition, our animal companions provide us with a great deal of joy, stability and comfort. Perhaps more than any other year, we all deserve these things. The animals in our lives deserve basic care as well.

On days when we are able to offer our Wellness Clinic services, we book up quickly offering walk-in appointments as staffing allows. Our spay/neuter surgeries are already booked well into November. The Pets Alive staff works tirelessly to serve our community, fielding dozens of calls, Facebook messages, emails and texts each day regarding availability of these critical services.

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

***Jack Hopkins Funds are intended to be a one-time investment. Please explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc.), please explain how your project satisfies an exception to the one-time funding rule (pilot, bridge, or collaborative). If you are requesting operational funds that do not satisfy one of the aforementioned exceptions, but your request is being made pursuant to the 2020 allowance for operational funds, please make that clear. If you are requesting operational funding, you must detail your plan for future funding.***



# Bloomington Pets Alive

Pets Alive is a proven entity, changing the game in animal welfare since 2005. Before the COVID shut down, we had performed nearing 160,000 spay/neuter surgeries and given more than 60,000 vaccinations. These “bridge” funds that we are humbly requesting will allow Pets Alive to build back to capacity and beyond. We will keep performing because our community (the animals and their people) will need us more than ever in the coming days.

Spay/neuter surgeries for the public are already booked well into November. The demand for our Wellness Clinic is high. We simply need additional support.

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

Our most often cited statistic is that since the opening of Pets Alive in 2005, euthanasia rates in our area have fallen by 86%. That is no accident. Spay/neuter is the critical piece that reduces the number of animals entering shelters. Pet overpopulation cannot be solved through adoption alone.

Following this novel year, folks working in this field predict that there will be a surge in the numbers of dogs and cats. This means that all of Pets Alive’s critical services— high-volume, high-quality, affordable spay/neuter and our Wellness Clinic— will be needed more than ever.

Rebuilding our Wellness Clinic—just as we continue to rebuild our surgical capacity— provides critical services for folks in our Bloomington community who love their animals. Cost should not be a factor in whether or not you can do right by the members of your family, keeping everyone safe and healthy.

***Explain how your program will have broad and long-lasting benefits for our community.***

## **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

Pets Alive will continue to collect the data we gather each day. With supportive funding, we will continue to increase our operations to include Wellness Clinic hours beyond our current schedule (ad hoc, as relief veterinarians are able to join our team). We will continue to track in a straightforward way the number of surgeries we perform, vaccinations given, flea and tick products sold, etc. through our cloud-based software, Clinic HQ.

# Bloomington Pets Alive

## **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.

Pets Alive is a known entity. We have a proven track record and want to keep doing what we do. The only tangible limiting factor to our continued impact in the community is funding. With financial support from the Jack Hopkins Social Services Funding Committee, Pets Alive will continue to forge ahead, changing the game and impacting community health through our spay/neuter and Wellness Clinic programs.

On a personal note:

As Interim Director since June and a long-time board member, I've loved Pets Alive for years. My crew at home includes multiple graduates of Pets Alive and the Bloomington Animal Shelter. What I didn't expect when I joined the staff of Pets Alive was to be so impressed by the staff. Cathy has been on our team for nearly 15 years; Dr. Nancy is truly formidable, a spay/neuter legend; Mary—our seemingly "tough" Office Manager—cried off and on her first several weeks on staff simply at the generosity of folks supporting the mission of Pets Alive. Our Operations Director, Jamie Fullen, spent years working at a shelter prior to joining Pets Alive, euthanizing healthy animals that simply had nowhere to go. Jamie joined Pets Alive deliberately in 2013 to be a part of the solution to pet overpopulation. Angela just celebrated her 3-year anniversary on our staff, and spends her days looking after and providing high quality care for the cats in the building. I could go on...

This team has righted our ship during the COVID storm, so to speak, after losing their jobs in the spring. They are tough and they are compassionate. Help us continue to rebuild so that we can continue doing what we love— serving the Bloomington community. None of us are in it for the money.

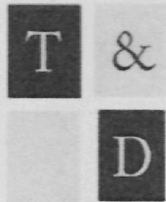
Some of the best work happens when the interests of humans and the animals they care for intersect. Pets Alive has been a game changer in the field of animal welfare since 2005. Founded by local residents, we are working hard with our small but mighty staff to continue to innovate and provide critical programming in spite of recent challenges. In fact, we see 2020 as an opportunity to strengthen our work and continue to innovate. Cats and dogs did NOT socially distance! Those who work in the field predict that the need for our critical services is going to be even more intense moving forward.

Thank you for considering our proposal!

\*Our most recent, complete audit is attached. Our 2019 audit is currently underway; I'll be happy to send it along as soon as it is complete.



# Bloomington Pets Alive



Turpen & Deckard LLC

Certified Public Accountants

## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of  
Bloomington Pets Alive!, Inc.

We have audited the accompanying financial statements of Bloomington Pets Alive!, Inc. (a nonprofit organization), which comprise the statements of financial position as of December 31, 2018 and 2017 and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

### 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 the 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 audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits 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 entity'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 entity'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 financial position of Bloomington Pets Alive!, Inc. as of December 31, 2018 and 2017 and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Turpen & Deckard LLC*

Bedford, Indiana  
July 17, 2019

# Bloomington Pets Alive

**Bloomington Pets Alive!, Inc.**  
**Statements of Financial Position**  
**For the Years ended December 31, 2018 and 2017**

	2018	2017
<b>ASSETS</b>		
Current Assets		
Cash and cash equivalents	\$ 201,305	\$ 176,795
Cash - restricted	1,349	290
Total cash and cash equivalents	202,654	177,085
Certificate of deposit	100,563	100,212
Accounts receivable	12,580	10,623
Inventory	19,245	23,067
Prepaid assets	6,022	9,438
Total current assets	341,064	320,425
Property and equipment-net of depreciation	32,181	57,400
<b>TOTAL ASSETS</b>	<b>\$ 373,245</b>	<b>\$ 377,825</b>
<b>LIABILITIES &amp; NET ASSETS</b>		
Current Liabilities		
Accounts payable	\$ 12,986	\$ 9,758
Accrued expenses	45,349	43,508
Unearned revenue	27,155	4,540
Total current liabilities	85,490	57,806
<b>TOTAL LIABILITIES</b>	85,490	57,806
Without donor restrictions	260,600	315,479
With donor restrictions		
Restricted for time	-	-
Restricted for specific purposes	27,155	4,540
<b>TOTAL NET ASSETS</b>	287,755	320,019
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 373,245</b>	<b>\$ 377,825</b>

See accompanying notes to the  
financial statements.

# Bloomington Pets Alive

Bloomington Pets Alive!, Inc.  
Statement of Activities  
For the Year Ended December 31, 2018

	Without Donor Restrictions	With Donor Restrictions	2018
<b>Support and Revenue:</b>			
<b>Support:</b>			
Contributions	\$ 244,943	-	244,943
In-kind	3,326	-	3,326
Fundraising	23,456	-	23,456
Grant income	-	26,730	26,730
	<u>271,725</u>	<u>26,730</u>	<u>298,455</u>
<b>Revenue:</b>			
Program - medical procedures and medicine	895,378	-	895,378
Refunds and allowances	1,684	-	1,684
Interest income	350	-	350
Miscellaneous income	112	-	112
	<u>897,524</u>	<u>-</u>	<u>897,524</u>
Net assets released from restrictions	4,115	(4,115)	-
<b>Total support and revenue</b>	<u>1,173,364</u>	<u>22,615</u>	<u>1,195,979</u>
<b>Expenses:</b>			
Program services	1,060,670	-	1,060,670
<b>Supporting services:</b>			
Management and general	105,746	-	105,746
Fund-raising	61,827	-	61,827
<b>Total expenses</b>	<u>1,228,243</u>	<u>-</u>	<u>1,228,243</u>
Change in net assets	(54,879)	22,615	(32,264)
Net assets:			
Beginning of the year	\$ 315,479	4,540	320,019
End of the year	<u>\$ 260,600</u>	<u>27,155</u>	<u>287,755</u>

See accompanying notes to the  
financial statements.

# Bloomington Pets Alive

Bloomington Pets Alive!, Inc.  
 Statement of Functional Expenses  
 For the Year Ended December 31, 2018

	Total Program Services	Supporting Services			2018 Totals
		Management & General	Fund Raising	Total Support	
Salaries	\$ 585,488	68,881	34,440	103,321	\$ 688,809
Employee benefits	43,952	5,171	2,585	7,756	51,708
Payroll taxes	45,621	5,367	2,684	8,051	53,672
Total salaries and related costs	675,061	79,419	39,709	119,128	794,189
Program expenses	248,554	-	4,671	4,671	253,225
Information technology	1,477	174	87	261	1,738
Bank charges	11,268	-	-	-	11,268
Insurance	14,017	1,649	825	2,474	16,491
Professional fees	-	8,280	-	8,280	8,280
Occupancy	60,863	7,515	6,762	14,277	75,140
Office supplies and postage	2,321	5,065	3,012	8,077	10,398
Advertising and marketing	-	-	4,939	4,939	4,939
Travel	537	-	-	-	537
Vehicle	14,376	-	-	-	14,376
Miscellaneous	1,223	-	-	-	1,223
Total expenses before depreciation	1,029,697	102,102	60,005	162,107	1,191,804
Depreciation	30,973	3,644	1,822	5,466	36,439
Total expenses	\$ 1,060,670	105,746	61,827	167,573	\$ 1,228,243

See accompanying notes to the  
 financial statements.

# Bloomington Pets Alive

Bloomington Pets Alive, Inc.  
Statements of Cash Flows  
For the Years Ended December 31, 2018 and 2017

Cash flows from operating activities:	2018	2017
Change in net assets	\$ (32,264)	\$ (35,450)
Adjustments:		
Change in net assets		
Depreciation and amortization	36,439	30,453
Decrease/(increase) in inventory	3,822	1,228
Decrease/(increase) in accounts receivable	(1,957)	5,679
Decrease/(increase) in prepaid and deferred expenses	3,416	(1,007)
Decrease/(increase) in certificates of deposit	(351)	(100)
Increase/(decrease) in unearned revenues	22,615	(3,360)
Increase/(decrease) in accrued expenses	1,700	2,496
Increase/(decrease) in payables	3,369	(5,527)
Other	-	(1)
Net cash provided by operations	36,789	(5,589)
<b>Cash flows from investing activities:</b>		
Purchase of property and equipment	(11,220)	(32,614)
Net cash used by investing activities	(11,220)	(32,614)
<b>Cash flows from financing activities:</b>		
Net cash used by financing activities	-	-
Decrease in cash and cash equivalents	25,569	(38,203)
Beginning cash and cash equivalents	177,085	215,288
Ending cash and cash equivalents	\$ 202,654	\$ 177,085
<b>Supplemental information:</b>		
Taxes paid	\$ -	\$ -
Interest paid	\$ -	\$ -
Gifts of in-kind	\$ 3,326	\$ 2,544

See accompanying notes to the  
financial statements.



# Bloomington Pets Alive

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

DEPARTMENT OF THE TREASURY

Date: **FEB 21 2003**

BLOOMINGTON PETS ALIVE INC  
899 S COLLEGE MALL RD #295  
BLOOMINGTON, IN 47401

Employer Identification Number:  
36-4516780  
DLN:  
17053017003013  
Contact Person:  
JOHN P BAILEY ID# 31219  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Foundation Status Classification:  
509(a)(1)  
Advance Ruling Period Begins:  
December 12, 2002  
Advance Ruling Period Ends:  
December 31, 2006  
Addendum Applies:  
No

Dear Applicant:

Based on information you 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).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

Letter 1045 (DO/CG)

# Bloomington Pets Alive

-2-

BLOOMINGTON PETS ALIVE INC

a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

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

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts 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).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue 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 Internal Revenue 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.

Donors may deduct contributions to you 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. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, 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. Because you will be treated as a public charity for return filing purposes during your entire advance ruling period, you should file Form 990 for each year in your advance ruling period

Letter 1045 (DO/CG)

0218

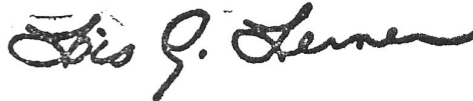
# Bloomington Pets Alive

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BLOOMINGTON PETS ALIVE INC

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

Sincerely yours,

A handwritten signature in black ink that reads "Lois G. Lerner". The signature is written in a cursive style with a large, prominent "L" and "G".

Lois G. Lerner  
Director, Exempt Organizations

Enclosure(s) :  
Form 872-C

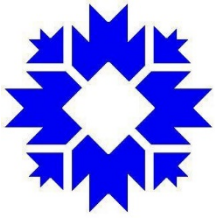
Letter 1045 (DO/CG)

0219

# Bloomington Pets Alive

## **Jack Hopkins Social Service Grant- History of Funding**

First Time Applicant - No Funding History



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
RECOVER FORWARD GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** Flourish, Inc.

**Address:** 621 W Skyline Dr., Bloomington, IN 47408

**Phone:** 812-360-5310

**E-Mail:** FlourishIncBloomington@gmail.com

**Website:** MilkMattersBloomington.org

**Name of President of Board of Directors:** MaryAnn Martin, PhD, IBCLC

**Name of Executive Director:** N/A

**Phone:**

**E-Mail:**

**Name and Title of Agency Contact Person:** MaryAnn Martin, Board President

**Phone:** 812-360-5310

**E-Mail:** [FlourishIncBloomington@gmail.com](mailto:FlourishIncBloomington@gmail.com) and [mamartin1995@gmail.com](mailto:mamartin1995@gmail.com)

**Name of Grant Writer:** MaryAnn Martin (Board President); Lydia Hamilton (Board Treasurer); Ann Marie Neeley, (Board Member)

**Phone:** 812-360-5310

**E-Mail:** FlourishIncBloomington@gmail.com

**AGENCY INFORMATION**

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**Lead Agency:** Flourish, Inc.

Is the Lead Agency a 501(c)(3)? [ X ] Yes [ ] No

*Note: If your agency is a first-time applicant for Jack Hopkins funding, you must provide 501(c)(3) documentation with your application.*

**Number of Employees:**

Full-Time	Part-Time	Volunteers
0	4 - 6 (contract/ hourly)	12

**Number of Employees:** There are no employees of Flourish, Inc. Four independent International Board Certified Lactation Consultants (IBCLCs) provide lactation consulting services for our program “Milk Matters: A drop-in gathering for parents & babies” and are paid \$30/hour for time at clinics providing direct services. Our pilot project requires one host/facilitator position at virtual drop-in clinics that would be alternately staffed by 2 contracted employees. Each IBCLC provides self-coverage for malpractice insurance. We have an 8-member, insured, volunteer board of directors (<https://milkmattersbloomington.org/about.html#board>). Additional volunteers provide support at in-person Milk Matters clinics and for maintaining our website.

**AGENCY 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 Flourish is to connect the community to free, high-quality infant feeding support and education.

Flourish envisions an increase in human milk feeding rates to reduce racial, economic, and health disparities while promoting the well-being of families and the community.

Health equity is one of our central tenants and we contribute 10% of our annual budget to organizations and individuals working toward increasing racial health equity in the fields of maternal health and lactation.

Flourish provides evidence-based infant feeding and breastfeeding support through its program, Milk Matters: A drop in gathering for parents and babies. Every Milk Matters is facilitated by International Board Certified Lactation Consultants (IBCLCs), offering individual lactation consultations, infant weight checks, and opportunities for parents to provide and receive support from one another.

All services provided by Flourish Inc. are free to all participants: <https://www.youtube.com/watch?v=P4Tf6PvDXKA&t=17s>

## PROJECT INFORMATION

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**Project Name:** Reducing Barriers to Lactation Support During COVID and Beyond

**Total cost of project:** \$13,788

**Requested amount of JHSSF funding:** \$7,308.00

**Total number of City residents anticipated to be served by this project:** 583 to 932

Over 90% of past clients (defined as the lactating parents) provided a Bloomington ZIP Code (47401, 03, 04, 08). Clients also have infants, partners, and other supporting adults that work directly with our lactation consultants. In our 2019 client survey results, 59% of clients reported attending with another adult, as well as their infant. Our clinics are advertised to parents, and clients are also referred to us by health care providers in the 11-county region served by IU Health Bloomington Hospital, which has approximately 2,000 births per year. We estimate our virtual Milk Matters clinics will serve directly an estimated range of 583 to 932 city residents in 2021 (225 - 360 lactating parents, 225- 360 infants/children, and 133 - 212 partners or other supporting adults).

**Total number of clients anticipated to be served by this project:**

We anticipate serving 250 to 400 clients (lactating parents) with our virtual clinics in 2021 which would then also include 250 to 400 infants/children and associated adult partners and other adults supporting the lactating parents. We estimate direct service to 650 - 1036 people at our pilot virtual Milk Matters clinics in 2021.

### **PROJECT SYNOPSIS** (250 words or less)

**Please provide a brief overview of your project.** This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."

Flourish is requesting \$7,308 to facilitate the adaptation and sustainability of our program "Milk Matters" to a weekly, virtual drop-in group format for January-December 2021, due to the COVID-19 pandemic. Our programming, since its inception in 2016, has been in-person clinics held in free, accessible, public spaces. In mid-March 2020, ALL lactation service providers in Monroe County suspended in-person services. This left a major gap in infant-feeding services for parents. Most only received in-person help for the first 24 to 72 hours at the hospital. We quickly shifted from once a week group meetings to rolling, one-on-one support via phone, text, Facebook messenger and video chat. From 3/17/2020 to 9/30/2020, we have supported 110 clients and their infants/families and provided ~300 initial and follow-up consultations. This rolling support model will continue until 12/31/2020. While successful in helping these families through an uncharted time, this model is not sustainable for our IBCLCs and volunteers long-term, and clients are missing the opportunity to connect with other parents. Peer support is a proven mechanism in parents meeting personal infant-feeding goals and reducing feelings of social isolation. Flourish seeks support to purchase a Zoom Healthcare subscription, which will allow us to provide group meetings in a secure, HIPAA-compliant platform, and breakout rooms for individual consultations. We also propose the implementation of Protexting.com software to allow clients to opt in to receive reminders of virtual meeting times, and human milk feeding information.

**Address where project will be housed:** No physical location required, virtual programming.

**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 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

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.



**PROJECT COSTS**

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**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot       Bridge       Collaborative       None of the Preceding – General request for operational funds pursuant to 2020 funding guidelines.

**Other Funds Expected for this Project** (*Please indicate source, amount, and whether confirmed or pending*): We are fundraising from individuals and private family foundations for our operating expenses continuing into this last quarter of 2020. To date we have received \$2,180 in donations for 2020 (compared to \$7,488 total in 2019), from 24 different donors and we are mounting a fundraising effort for the last quarter of 2020 to raise at least \$5000 more.

**Please describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:** We will submit claims for reimbursement monthly for the Zoom Healthcare and Protexting.com software licenses and will submit quarterly statements for reimbursement for host/facilitator staff hours. We would spend Flourish Inc operating funds first for payment of IBCLC contracted hours at virtual clinics.

**If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:** We expect to have all funds for 2021 raised before the end of 2020. We are aware that due to the pandemic, some of our most generous past donors may also be giving generously to other groups, so we are including efforts to expand our donor base. We have asked for 25% of our operational costs of IBCLC hours to be funded by Jack Hopkins Recover Forward monies in the event that our fundraising efforts are less successful than anticipated due to increased financial pressures on our donors and/or our IBCLCs need to increase work load to meet demand or the needs of clients that do not have internet or ability to participate in virtual clinics. For 2020, our IBCLCs have been able to meet increased demand while remaining on budget.

**FISCAL LEVERAGING** (*100 words or less*)

***Describe how your project will leverage other resources, e.g., other funds, in-kind***

We will leverage our existing donor base and infrastructure development. In August 2019, we raised over \$5,000 to obtain a precision infant scale, two Chromebooks and funds to move our record keeping and sign-in materials to an online database. IU’s SERVE-IT awarded us 3 semesters of client database development and implementation (completion expected 12/2020). An IU SPEA course and IU Center for Survey Research developed and piloted a reusable Qualtrics survey tool to assess client satisfaction, health care provider referrals, effectiveness of services, infant feeding outcomes, and human milk feeding rates (completed 7/2020).

*contributions, or volunteers.*

**FUNDING PRIORITIES -- RANKED**

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

Yes       No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	<b>Pilot: Zoom Healthcare, \$200/month, 1 year subscription</b>	<b>\$2,400</b>
Priority #2	<b>Pilot: 1/clinic, Certified Lactation Specialist (CLS) to host virtual clinics for year (\$15/hour, 12 hours/ month = \$180/month for 12 months)</b>	<b>\$2,160</b>
Priority #3	<b>Pilot: Protexting.com, \$49/month, 1 year subscription</b>	<b>\$ 588</b>
Priority #4	<b>Operational: 25% of 2/clinic, International Board Certified Lactation Consultants, IBCLCs (\$30/hour, 24 hours/month = \$720/month for 12 months)</b>	<b>\$2,160</b>
Priority #5		
Priority #6		
Priority #7		
<b>TOTAL REQUESTED</b>		<b>\$7,308</b>

## JACK HOPKINS FUNDING CRITERIA

### NEED (200 words or less)

*Explain how your project addresses: Recover Forward priorities of direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare, or 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 [2015-2019 Consolidated Plan](#), or any other community-wide survey of social service needs.*

Human milk is our first food, providing optimal nutrition and unparalleled immunological benefits. Medical and public health entities recommend that infants are exclusively breastfed for the first 6 months of life and through at least one year of age. However, only 21% are exclusively breastfeeding at 6 months in Indiana. The SCAN highlights the importance of infant health for the health of the community, and reports a growth of the 0-4 years age group. Health and social services are needed during the critical early childhood years.

In accordance with IU Health Bloomington Hospital's Baby-Friendly designation, every human milk feeding parent, close to 150 per month, is informed of Milk Matters upon discharge from the hospital. The pandemic has decreased infant feeding support (availability of and fear of going out with infants) but there has also been an increased interest in human milk feeding (protection of infant health, formula shortages, and breastfeeding as a disaster preparedness strategy).

Parents also seek advice on introducing other foods. IBCLCs provide education on readiness for solid foods, parental and infant nutrition, and continuation of human milk feeding as the most important source of nutrients for an infant in the first one to two years of life.

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

***Jack Hopkins Funds are intended to be a one-time investment. Please explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc.), please explain how your project satisfies an exception to the one-time funding rule (pilot, bridge, or collaborative). If you are requesting operational funds that do not satisfy one of the aforementioned exceptions, but your request is being made pursuant to the 2020 allowance for operational funds, please make that clear. If you are requesting operational funding, you must detail your plan for future funding.***

We are requesting a one-time investment to pilot the adaptation of current programming to a virtual environment for providing infant-feeding and peer-to-peer support during the COVID-19 pandemic using subscriptions to Zoom Healthcare and Protexting.com. In our first 4.25 years, IBCLCs supervised 1-2 volunteers at in-person clinics. At virtual clinics, paid staff will be needed to host the group, and intake and queue clients to be seen by IBCLCs. We are making a one-time request for 25% of salary for possible fundraising shortfalls or increased time IBCLCs may need to spend at virtual clinics or individual follow up appointments.

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

The provision of free, evidenced-based lactation support ensures that families have a greater chance of meeting their infant feeding and parenting goals. The short- and long-term health and economic benefits of human milk and breastfeeding are well established for infants, mothers and families. If 90% of infants met guidelines of exclusively breastfeeding for six months, the United States would save \$13 billion annually from reduced direct medical and indirect costs and the cost of premature death. Research shows that many individuals quit breastfeeding/human milk feeding before meeting their personal goals, but professional and lay support, and the use of drop-in support groups increases the duration of human milk feeding. Also, parents commonly report the social aspect of support groups as a benefit. Support groups facilitate parents being able to connect, and develop a social network, which can reduce feelings of isolation. Our survey of 2019 clients found that 94% rated their Milk Matters support as 'extremely helpful' or 'very helpful'.

***Explain how your program will have broad and long-lasting benefits for our community.***

**OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

We tally the number of attendees and consultations provided at each virtual meeting. Attendance will be tracked via our client database. First time clients will provide information on themselves, their infants, family members, health care providers, and optional information on demographics and willingness to be surveyed in the future. Our survey on infant feeding outcomes (breastfeeding duration and exclusivity) and satisfaction with services will be sent out quarterly by text to clients who attended during defined time frames and/or by age of infant.

*the improved service or facility.*

**Summary Table of Attendance at Milk Matters**

Total number of people supported\* and services provided 2016-2020 (over 90% from Bloomington, IN)

	<b>2016 (2 clinics/month)</b>	<b>2017 (3 clinics/ month)</b>	<b>2018 (3 clinics/month)</b>	<b>2019 (4 clinics/month)</b>	<b>2020 before COVID- 19 (4 clinics / month)</b>	<b>2020 after switch to individual virtual support 3/17-9/30 (rolling)</b>
Number of People Supported* (Lactating parent and attending adults)	262*	289*	296*	345 *	96*	110 **
Individual Consultations	256	276	324	306	81	300 **
Infant Weight Checks	153	142	191	194	56	1

\*does not include infants

\*\*does not include other supporting adults or infants

**April 2020 Survey of 2019 Milk Matters Clients – Results Received in July 2020**

How clients first heard about Milk Matters:

- 26% IU Health Bloomington Hospital info Packet
- 21% IU Health Bloomington Hospital breastfeeding class
- 19% Family member, friend, or co-worker
- 16% Health Care Provider

Reason for clients coming to Milk Matters the first time:

- 45% Pain/discomfort/difficulty with infant feeding
- 21% General questions about human milk feeding
- 16% Infant weight gain concern
- 9% Opportunity to meet other parents

The Milk Matters Survey was designed in part to bring human milk feeding rates for children into alignment with the way in which CDC human milk feeding rates are calculated. In 2019, 97% of the total 68 respondents' children had 'ever been fed human milk.' Rates of human milk feeding at 3 months, 6 months, and 12 months were 97%, 94%, and 79% respectively. Rates of exclusive human milk feeding (no formula or other liquids or solids, even water) at 3 months and 6 months were 71% and 39% respectively. We note that 44% of children had 'ever been fed formula' and about 29% of children were no longer human milk feeding. The most common reason for stopping human milk feeding was that the infant/child was weaned (60%), followed by not producing enough milk (35%). Overall, parents reported that feeding goals had been met for 65% of the children.

# Flourish Inc.

Project Budget for Flourish Inc Application for JHSSF Recover Forward 10/2/2020		
Revenue	Project - Virtual Milk Matters Clinics	JHSSF Grant Request
Grants	0	\$7,308
Individuals	\$7,000	0
Corporate (Amazon Smile, Kroger)	\$500	0
Fees for Services	0	0
Total Revenue	\$7,500	\$7,308
Expenses	Project - Virtual Milk Matters Clinics	Grant Request
IBCLC Contracted Services	\$8,640	\$2,160
Host/Facilitator Contracted Services	\$2,160	\$2,160
Zoom Healthcare, 1 year	\$2,400	\$2,400
Protexting.com software, 1 year	\$588	\$588
Total Expenses	\$13,788	\$7,308
Revenue over Expenses	-\$6,288.00	0
	*To date, we have raised \$2180 towards this goal of \$7000	

# Account Balances

## Flourish Inc.

Date Range: Jan 01, 2019 to Dec 31, 2019

ACCOUNT	STARTING BALANCE	DEBIT	CREDIT	NET MOVEMENT	ENDING BALANCE
<b>Assets</b>					
Checking Account	\$16,584.03	\$7,488.31	\$6,365.24	\$1,123.07	\$17,707.10
<b>Total Assets</b>	<b>\$16,584.03</b>	<b>\$7,488.31</b>	<b>\$6,365.24</b>	<b>\$1,123.07</b>	<b>\$17,707.10</b>
<b>Liabilities</b>					
<b>Total Liabilities</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Equity</b>					
<b>Total Equity</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Income</b>					
Donation – Business Contributions		\$0.00	\$50.00	\$50.00	
Donation – Individual Contributions		\$0.00	\$6,995.00	\$6,995.00	
Donation– Corporate Contributions		\$0.00	\$443.31	\$443.31	
<b>Total Income</b>		<b>\$0.00</b>	<b>\$7,488.31</b>	<b>\$7,488.31</b>	

## Flourish Inc.

Expenses			
Advertising	\$300.15	\$0.00	\$300.15
Contract Services	\$5,456.25	\$0.00	\$5,456.25
PayPal Fees	\$111.87	\$0.00	\$111.87
Reimbursement	\$496.97	\$0.00	\$496.97
<b>Total Expenses</b>	<b>\$6,365.24</b>	<b>\$0.00</b>	<b>\$6,365.24</b>
<hr/>			
<b>Total for all accounts</b>	<b>\$13,853.55</b>	<b>\$13,853.55</b>	



# Profit and Loss

## Flourish Inc.

Date Range: Jan 01, 2019 to Dec 31, 2019

ACCOUNTS	Jan 01, 2019 to Dec 31, 2019
<b>Income</b>	
Donation – Business Contributions	\$50.00
Donation – Individual Contributions	\$6,995.00
Donation– Corporate Contributions	\$443.31
<b>Total Income</b>	<b>\$7,488.31</b>
<b>Total Cost of Goods Sold</b>	
	<b>\$0.00</b>
<b>Gross Profit</b>	<b>\$7,488.31</b>
As a percentage of Total Income	100.00%
<b>Operating Expenses</b>	
Advertising	\$300.15
Contract Services	\$5,456.25
PayPal Fees	\$111.87
Reimbursement	\$496.97
<b>Total Operating Expenses</b>	<b>\$6,365.24</b>

**Net Profit**

**\$1,123.07**

As a percentage of Total Income

15.00%

# Flourish Inc.

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

DEPARTMENT OF THE TREASURY

Date: **MAR 15 2016**

FLOURISH INC  
621 W SKYLINE DR  
BLOOMINGTON, IN 47404-1835

Employer Identification Number:  
47-5542925  
DLN:  
26053468001366  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(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:  
November 10, 2015  
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.

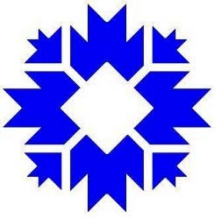
If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://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 5436

# Jack Hopkins Social Services Grant - History of Funding

First Time Applicant, No Funding History



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
RECOVER FORWARD GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

---

**Lead Agency Name:** Harmony School Corporation

**Address:** 909 East 2nd, Bloomington, IN

**Phone:** 812-334-8349 (school), 812-876-1907 (other)

**E-Mail:** [harmony@indiana.edu](mailto:harmony@indiana.edu)

**Website:** [www.harmonyschool.org](http://www.harmonyschool.org)

**Name of President of Board of Directors:** Steve Bonchek

**Name of Executive Director:** Steve Bonchek

**Phone:** 812-876-1907

**E-Mail:** [harmony@indiana.edu](mailto:harmony@indiana.edu)

**Name and Title of Agency Contact Person:** Executive Director

**Phone:** 812-876-1907

**E-Mail:** [harmony@indiana.edu](mailto:harmony@indiana.edu)

**Name of Grant Writer:** Steve Bonchek

**Phone:** 812-876-1907

**E-Mail:** [harmony@indiana.edu](mailto:harmony@indiana.edu)

# Harmony School

## AGENCY INFORMATION

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### Lead Agency:

Is the Lead Agency a 501(c)(3)? [ X ] Yes [ ] No

*Note: If your agency is a first-time applicant for Jack Hopkins funding, you must provide 501(c)(3) documentation with your application.*

### Number of Employees:

Full-Time	Part-Time	Volunteers
22	7	150

### AGENCY 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 1974 with four students, Harmony has served 3,000+ youth. Harmony, an independent, non-profit organization, operates pre-k-12th grade programs and a school reform division.

Harmony's mission is to prepare youth to live in and contribute to a heterogeneous democratic country. We do this by sensitizing youth to the delicate balance needed in a democracy between individual growth and community responsibility. We are dedicated to developing the whole student and teach critical thinking and academic skills, nurture each student's unique voice, all while promoting physical, social, emotional, and creative growth. We enable students to achieve academic excellence, feel good about themselves, see learning as a lifelong activity and gain a sense of personal control over their lives.

Harmony cannot accomplish our mission without a diverse student body (i.e. socio-economically, racially and gender identity). We seek to demonstrate that our progressive education mission works with kids from all backgrounds.

# Harmony School

## PROJECT INFORMATION

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**Project Name:** Harmony School Scholarship Support

**Total cost of project:** \$494,000

**Requested amount of JHSSF funding:** \$20,000

**Total number of City residents anticipated to be served by this project:** 100 (40 city residents with Jack Hopkins funding)

**Total number of clients anticipated to be served by this project:** 146 (total number of Harmony students that receive scholarship support), 40 would receive scholarships with Jack Hopkins funds.

### **PROJECT SYNOPSIS** (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$20,000 to help alleviate the impact of the COVID-19 pandemic on low-income Harmony families and Harmony School itself.

For this 2020-2021 school (September 1, 2020 - August 31, 2021) year, which just started September 1st, over 45% (76 students) of Harmony's 170 students are considered economically disadvantaged by Federal guidelines used for Free and Reduced lunch programs and Title 1 services. This number has increased by 5% from last year - we know that this is due to the COVID-19 pandemic.

Full tuition is \$7,500 yearly per student, 86% of students receive a scholarship ranging from \$500 - \$7,000/year. Tuition fees are determined by our sliding scale tuition which is 8% of the families adjusted gross income with a minimum payment of \$30 per month or \$360 per year. Harmony is requesting \$20,000 to provide 40 - \$500 scholarships to students who live in the City of Bloomington and who would qualify for Free lunch programs for the 20-21 school year.

The 40 families that receive scholarships will be families that are struggling due to financial hardships from COVID-19 to pay the 8% amount to Harmony this year. Many of the families feel guilty about not being able to pay their share and have considered withdrawing their kids from Harmony - although Harmony is the place they want their kids to be. Harmony reiterates to all these families that the school will never require them to withdraw their child because of difficulty with meeting a financial commitment.

**Address where project will be housed:**

909 E 2nd St., Bloomington IN 47401

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

Yes  No  N/A

# Harmony School

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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

**Is this a collaborative project?  Yes  No.** If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

Although there are no formal collaborations for our scholarship support program, Harmony is built on the concept of collaboration. Support services for all our students are vital, but are particularly important for our low income students. We believe collaboration should be reciprocal between our many partners and us. We provide space in our building for many community groups such as the Boys and Girls Club, Indiana University Education School students and researchers, Ivy Tech, churches, Special Olympics, other non-profit organizations and many music, theater and dance groups. We also use all these organizations for support for our students and families for after school activities, student internships and family support. We could not exist without the support of these many partners.



# Harmony School

## PROJECT COSTS

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**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot  Bridge  Collaborative  None of the Preceding – General request for operational funds pursuant to 2020 funding guidelines.

**Other Funds Expected for this Project** (*Please indicate source, amount, and whether confirmed or pending*):

All of the 40 students receiving scholarship assistance from the Jack Hopkins funds also will receive additional scholarship support from funds generated through individual and corporate donations, foundation grants, and fundraising events and seminars for schools Harmony puts on.

In this fiscal year 2020 - 21 we need to generate \$494,000 in scholarship support from fundraising events, private donations, and grants and corporate sponsorships. This is \$100,000 more than last year because of this year’s projected reduction in our parent’s ability to pay their “required” share due to the COVID-19 crisis and also the projected loss of income generated from the seminars we do with schools around the world.

Over our 46 year history we have developed multiple strategies to generate the scholarship support necessary to generate the nearly \$500,000 we annually need to serve such a high percentage of low-income students. Very few independent schools have over 80% students on scholarship support and 45% of overall students from economically disadvantaged families.

Two of our strategies to generate scholarship funds are our network of dedicated contributors and several effective fundraising events. In addition to these strategies in 2000 we started a division of Harmony, the National School Reform Faculty (NSRF), that provides professional development seminars and consulting services to schools across the country (including in Bloomington) and around the world. Thirty part-time national facilitators help share Harmony’s progressive education methodology concerning how schools can be more successful with low-income students through these seminars. NSRF seminars generate significant support for school scholarships. Because of the COVID-19 pandemic in our fiscal year that just ended (2019-2020) income for scholarship support from all three of these strategies (i.e. individual and corporate donations, fundraising events, and NSRF seminars) was severely reduced. Our major fundraising event, a golf tournament, and all our seminars and fundraising events were cancelled for the last six months of our Fiscal Year resulting in losses for scholarship support of over \$125,000. These losses, in addition to parents not being able to meet their tuition commitments, are why we need one-time help from the Recover Forward Funds. Once the COVID-19 crisis has passed, we are confident that all three of these sources of scholarship support will recover.

Since our fiscal year just started on September 1st it is not unusual for us not to have identified all our funding sources yet.

Commitments we have so far are:

- Central Indiana Community Foundation Donor Allocated Grant - \$25,000
- Multi Year Pledges from Individuals and Corporations - \$100,000
- Miles Kanne/Gene Flander Scholarship Golf Tournament. - \$25,000
- Community Foundation of Bloomington and Monroe County Endowment Fund - \$6,000
- Brown County Community Foundation Endowment Fund - \$3,000

# Harmony School

- Harmony Alumni Association - \$5,000
  - Harmony “profit” from Harmony/NSRF’s on-line seminars - \$66,400
- TOTAL - \$230,400

We hope to add \$20,000 from the Jack Hopkins Recover Forward fund to our list of supporters.

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

However, the Council requires us to do this. We imagine we would request the funds all at once - but we would like to hear from you.

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

Traditionally, Harmony has been able to raise the funds necessary for scholarship support before the August 31st close of our Fiscal 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 the help of the Smithville Charitable Foundation we have been able to establish a new Harmony Alumni Association. We believe this year, with the new recognition in the form of help from the Jack Hopkins Recovery Forward Funds for scholarship support, we will be able to begin to generate scholarship support more effectively from this Alumni group and other local individual and corporate contributors.

# Harmony School

## FUNDING PRIORITIES -- RANKED

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

Yes       No

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

	Item	Cost
Priority #1	40 - \$500 scholarships for families impacted by COVID-19	\$20,000
Priority #2	30 - \$500 scholarships for families impacted by COVID-19	\$15,000
Priority #3	20 - \$500 scholarships for families impacted by COVID-19	\$10,000
Priority #4	15 - \$500 scholarships for families impacted by COVID-19	\$7,500
Priority #5	10 - \$500 scholarships for families impacted by COVID-19	\$5,000
Priority #6	5 - \$500 scholarships for families impacted by COVID-19	\$2,500
Priority #7		
<b>TOTAL REQUESTED</b>		<b>\$20,000</b>

# Harmony School

## JACK HOPKINS FUNDING CRITERIA

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### NEED (200 words or less)

*Explain how your project addresses: Recover Forward priorities of direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare, or 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 [2015-2019 Consolidated Plan](#), or any other community-wide survey of social service needs.*

According to the SCAN 2020 - County Specific Data, in 2017 17.2% of youth lived in poverty. Due to our core value of having a diverse student body, no one is denied access to a Harmony education due to their inability to pay. Over 86% of our students receive scholarship support and over 45% are considered economically disadvantaged - many of these students live in poverty.

The 2015-2019 Consolidated Plan - Summary of the objectives and outcomes identified in the Plan Needs Assessment Overview, Strategy 5: Public Service Assistance; outlines these as community priorities: 1. Provide funding to non-profit organizations that serve low income individuals/families with their basic emergency needs: food, shelter and health care. 2. Provide funding to non-profit organizations that provide a safety net for community members in need. 3. Provide funding to non-profit organizations that provide valuable services to improve quality of life.

For 46 years Harmony's programs have provided basic emergency needs, a safety net for those in need and valuable services to improve the quality of life for thousands of young people and their families. The funds requested in this request will be used to address all the goals outlined in Strategy 5.

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

***Jack Hopkins Funds are intended to be a one-time investment. Please explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc.), please explain how your project satisfies an exception to the one-time funding rule (pilot, bridge, or collaborative). If you are requesting operational funds that do not satisfy one of the aforementioned exceptions, but your request is being made pursuant to the 2020 allowance for operational funds, please make that clear. If you are requesting operational funding, you must detail your plan for future funding.***

The scholarship support requested will be used for operating funds. Clearly, this is a one-time investment that will help alleviate the impact of the COVID-19 crisis on both our low-income families and the school. Although we are a non-profit we are essentially the kind of small business that is being financially hurt by this crisis. The challenge of raising an additional \$100,000 for scholarships this year is daunting. If we are unable to raise this new support we may have to reduce salaries (already lower than in public schools). We will not remove children whose parents are experiencing hardships.

# Harmony School

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

***Explain how your program will have broad and long-lasting benefits for our community.***

According to the US Census Bureau in 2017, 38% of Bloomington residents lived in poverty. It's proven that helping youth to graduate from high school and enter into college is an essential step to decreasing poverty. According to the Bureau of Labor Statistics, in 2017 the unemployment rate was 2.5% for college grads vs. 7.7% for high school dropouts and that full-time workers without a high school diploma had median weekly earnings of \$515 vs. \$718 for high school graduates and \$1,189 for those with a bachelor's degree.

Since 1974 Harmony's progressive education methodology has demonstrated that this philosophy, most often offered to youth from privileged socio-economic backgrounds, can succeed with a diverse student body. This success results in engaged citizens, a high percentage that stay in Bloomington, that in adulthood are able to provide for themselves and live in the manner they choose.

Historically speaking:

- 100% of our seniors graduate
- Over 90% of our seniors are accepted into their first choice 4-year college
- More of our seniors take the SAT than the national average
- Our high school students score higher on the SAT in all areas (math, critical reading and writing) than the national average.

## **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

Provide 40 - \$500 scholarships to low- income students, aged 6-18 who live in the City of Bloomington in the 2020-2021 school year.

# Harmony School

## **OTHER COMMENTS** *(500 words or less)*

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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 strategies we use with students and the outcomes we expect have been developed and refined since 1974. These ideas have been recognized by AdvanceEd since we became accredited in 2012. AdvanceEd accredits schools through rigorous/on-site reviews of educational systems to ensure that all learners realize their full potential.

We view student performance in a holistic manner. It is our job at Harmony to set each student up to be the most successful that they can be and to be a contributing member of the community. We are committed to simultaneously developing academic and social/emotional competencies in our students. These competencies are personalized, to a large extent, to the student's life goals and family expectations.

We are committed to making sure that each student prepared for whatever their next step is upon leaving, or graduating from Harmony. Our staff serve as advocates for students and families while they make that transition beyond Harmony. We make that commitment whether that goal is transferring to a public school at fourth grade, entering a gifted/talented program at a public school in seventh grade, attending a two or four year college at high school graduation, entering the workforce after high school graduation, or joining the military.

We use a multiplicity of assessments to address our academic, social/emotional and environmental goals for students. All teachers use class assessments, meet no less than twice a year with parents and students, where families are provided with oral and written progress reports, and some teachers do daily assessments through journals and/or blogs. In terms of standardized testing, we administer the California Achievement Test to 7th/8th graders, as well as the PSAT to 9th/10th graders, who also take the SAT at the end of the 11th grade. Much of our learning is project-based and it is not our regular practice to use letter grades; however test-taking skills will be important to our students once they leave Harmony, so we work to ensure they are prepared.

# Harmony School

## Harmony School Corporation Projected Budget September 2020 through August 2021

### Sep '20 - Aug '21 Budget

Ordinary Income/Expense	
Income	
40000 · School Tuition & Material Fee Income	610,000.00
43000 · Fundraising Income *	494,000.00 * Includes a \$20,000 grant from Jack Hopkins to
46000 · NSRF Income	146,000.00 provide 40 - \$500 scholarships to low income
48000 · Misc Income	3,200.00 students
49000 · Uncategorized Income	0.00
<b>Total Income</b>	<b>1,253,200.00</b>
<b>Gross Profit</b>	<b>1,253,200.00</b>
Expense	
50000 · Personnel Expense	1,002,196.81
60000 · Occupancy Expenses	72,800.00
61000 · Allocated Program Expenses	62,740.00
62000 · School Expenses	28,767.62
62600 · Fundraising Expenses	5,600.00
63000 · NSRF Expenses	79,600.00
69800 · Uncategorized Expenses	0.00
<b>Total Expense</b>	<b>1,251,704.43</b>
<b>Net Ordinary Income</b>	<b>1,495.57</b>
<b>Net Income</b>	<b>1,495.57</b>

# Harmony School

## Harmony School Corporation Profit & Loss Budget vs. Actual September 2019 through August 2020

	<u>Sep '19 - Aug 20</u>	<u>Budget</u>
<b>Ordinary Income/Expense</b>		
<b>Income</b>		
40000 · School Tuition & Material Fee Income	644,185.08	796,530.00
43000 · Fundraising Income	393,442.28	442,600.00
46000 · NSRF Income	209,893.91	473,500.00
48000 · Misc Income	16,521.64	18,600.00
49000 · Uncategorized Income	0.00	0.00
50000 · SBA PPP Loan (*Pending possible forgiveness)	237,000.00	0.00
<b>Total Income</b>	<u>1,501,042.91</u>	<u>1,731,230.00</u>
<b>Gross Profit</b>	1,501,042.91	1,731,230.00
<b>Expense</b>		
50000 · Personnel Expense	1,164,209.61	1,193,177.00
60000 · Occupancy Expenses	62,349.68	92,800.00
61000 · Allocated Program Expenses	63,238.66	83,359.00
62000 · School Expenses	54,482.52	99,867.18
62600 · Fundraising Expenses	817.54	5,950.00
63000 · NSRF Expenses	129,583.23	302,180.00
69800 · Misc Expenses	0.00	1,000.00
<b>Total Expense</b>	<u>1,474,681.24</u>	<u>1,778,333.18</u>
<b>Net Ordinary Income</b>	<u>26,361.67</u>	<u>-47,103.18</u>
<b>Net Income</b>	<u><u>26,361.67</u></u>	<u><u>-47,103.18</u></u>



# Harmony School

Internal Revenue Service  
District Director

Department of the Treasury

Date:

AUG 5 1969

Employer Identification Number:

35-1554219

Accounting Period Ending:

December 31

Form 990 Required:  Yes  No

Harmony School Corporation  
P.O. Box 1787, 108 North Grant  
Bloomington, IN 47402

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)(1) and 170(b)(1)(A)(ii).

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.

Generally, 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. If you have paid FICA taxes without filing the waiver, you should contact us. 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 \$10,000. 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.

P.O. Box 2508, Cincinnati, Ohio 45201

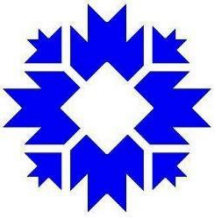
Letter 947(DO) (5-77)

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# Harmony School

## Jack Hopkins Social Services Grant - History of Funding

1997	Harmony School	Playground Equipment	\$34,000	Denied Funidng
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**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
RECOVER FORWARD GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** Hotels for Homeless (fiscally sponsored by New Leaf-New Life, Inc.)

**Address:** 1010 S. Walnut St. Suite H Bloomington, IN 47403

**Phone:** 812-219-8817

**E-Mail:** h4hbloomington@gmail.com

**Website:** facebook.com/h4hbloomington

**Name of President of Board of Directors:**

**Lindsey Badger**

**Name of Executive Director: Katherine Norris**

**Phone: 812-219-8817**

**E-Mail: knorris1615@gmail.com**

**Name and Title of Agency Contact Person: same as above**

**Phone:**

**E-Mail:**

**Name of Grant Writer: Lindsey Dominguez**

**Phone: 817-504-8523**

**E-Mail: lindseykus@gmail.com**

**AGENCY INFORMATION**

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**Lead Agency:**Is the Lead Agency a 501(c)(3)? [] Yes [] No

*Note: If your agency is a first-time applicant for Jack Hopkins funding, you must provide 501(c)(3) documentation with your application.*

Full-Time	Part-Time	Volunteers
		6

**Number of Employees:** Hotels for Homeless has no paid employees**AGENCY 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 and purpose of Hotels for Homeless (H4H) is to provide emergency housing to individuals and/or families experiencing homelessness, with special focus on those affected by or vulnerable to the Covid-19 pandemic. H4H is grounded in low-barrier, Housing First principles proven to reduce homelessness and preserve community resources. In addition to providing shelter in hotel rooms, H4H is committed to helping participants visualize and attain sustainable futures for themselves by utilizing a holistic care approach that integrates access to social services and community partners, fulfills essential human needs and provides continuity of care during and after program participation. Our goal is to build a sustainable program incorporating these principles into solutions for members of our community experiencing homelessness, even after the threat of COVID-19 has diminished or disappeared.

## PROJECT INFORMATION

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**Project Name: Keeping Women and Children Out of the Cold**

**Total cost of project: \$33,600**

**Requested amount of JHSSF funding: \$18,600**

**Total number of City residents anticipated to be served by this project: 100**

**Total number of clients anticipated to be served by this project: 100**

### **PROJECT SYNOPSIS** (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

H4H is requesting \$18,600 to house people experiencing homelessness, specifically women and families with children, in hotel rooms during the winter months.

Conventional shelter programs are not structured to accommodate families; in Monroe County, only one other shelter program allows for families to remain together. Due to the economic effects of Covid-19, the impending "eviction avalanche" and the shuttering of one of the established women's shelters in the area, we have seen a marked increase in the need for housing for women and children in Bloomington. We receive multiple requests weekly and have a waiting list for assistance that is currently over 100 people long, a large portion of which are families with children, and we expect that these numbers will only increase with colder weather.

The "Out of the Cold" project would provide hotel rooms for families to stay safely sheltered during the cold weather months as those living unhoused are especially vulnerable to illness, stress, and temperature extremes. A total budget of \$33,600, could provide 5 rooms designated for this project for 120 days during the four coldest months of the year, November to February. That would be a total of 20 families, which we estimate would be about 100 community members provided with private living space, basic necessities like meals and hygiene supplies, connection to community partners and state/federal resources, education and career resources, mental and physical healthcare, and ultimately assistance transitioning into stable housing of their own.

### **Address where project will be housed:**

We are currently partnered with  
Bloomington Travelodge  
2615 E Third St.  
Bloomington, IN 47401

**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 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.

N/A

*Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

N/A

## PROJECT COSTS

---

Is this request for operational funds?  Yes  No

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

Pilot  Bridge  Collaborative  None of the Preceding – General request for operational funds pursuant to 2020 funding guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):*

SpartanNash Foundation Grant \$15,000 pending

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

We would likely submit claims for reimbursement after prepaying for each monthly installment from November through February, as the hotel we are currently working with is willing to negotiate a better monthly rate if paid in full in advance.

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

We expect to hear about the award of the SpartanNash Foundation Grant within 2 weeks following the September meeting of their Foundation Board of Trustees.

**FISCAL LEVERAGING** *(100 words or less)*

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

Hotels for Homeless thrives as a community centered and funded program. Run by a team of dedicated volunteers, we receive a large portion of our funding from individuals and organizations within our community. By using both social and traditional media we are able to leverage support, funding and awareness in Indiana and across the country. The program also collaborates with local organizations and businesses committed to serving those in need within Bloomington such as the Indiana Recovery Alliance, New Leaf-New Life, Pantry 279, Monroe Community Kitchen, Anthem Medicaid, and Bloomington Travelodge.

**FUNDING PRIORITIES -- RANKED**

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

Yes       No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	<b>Client care- Hotel room payments- month of December</b>	<b>\$8,680</b>
Priority #2	<b>Client care- Hotel room payments- month of January</b>	<b>\$8,680</b>
Priority #3	<b>Client care- partial Hotel room payments- months of November and February</b>	<b>\$1,240</b>
Priority #4		
Priority #5		
Priority #6		
Priority #7		
<b>TOTAL REQUESTED</b>		<b>\$18,600</b>



## JACK HOPKINS FUNDING CRITERIA

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### **NEED** (200 words or less)

*Explain how your project addresses: Recover Forward priorities of direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare, or 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 [2015-2019 Consolidated Plan](#), or any other community-wide survey of social service needs.*

According to the 2020 Point in Time Homeless Count taken in January, there are 39 homeless families in Monroe county, the majority of which are made up of women and children under the age of 18. We have received countless requests for assistance since beginning this program in March, and we believe the current numbers do not provide a full picture since Covid-19 has changed the lives of so many in unprecedented ways.

While rapid rehousing and emergency shelter are not new concepts, ours is an innovative program in Monroe County. The partnership with hotels that have low occupancy rates has allowed H4H to cultivate an independent living situation for families while providing them with access to not only their basic needs but also resources to transition to stable, long term housing solutions. In addition to shelter, H4H works to connect participants to appropriate wrap-around services including food pantries, Township Trustees, The BHA, Centerstone, Medicaid, FSSA, SNAP, unemployment benefits, disability and aging services, Veterans assistance programs, and referrals to area housing rental companies. In an attempt to remove barriers, H4H assists applicants with online forms, over the phone applications and interviews for housing, employment, education and other community resources.

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

***Jack Hopkins Funds are intended to be a one-time investment. Please explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc.), please explain how your project satisfies an exception to the one-time funding rule (pilot, bridge, or collaborative). If you are requesting operational funds that do not satisfy one of the aforementioned exceptions, but your request is being made pursuant to the 2020 allowance for operational funds, please make that clear. If you are requesting operational funding, you must detail your plan for future funding.***

H4H seeks a one-time investment to expand program capacity and provide additional services to the population identified as most in need, the homeless women and children of Bloomington, through the most difficult months of the year.

In an average month we pay for 4-5 hotel rooms, providing basic needs and access to resources to transition to stable housing. This project will strive to meet the increased need in our community through the coming months and effectively double our capacity to serve this vulnerable community.

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

***Explain how your program will have broad and long-lasting benefits for our community.***

This program is important to the community at large because it provides a safe space for families who are experiencing episodic homelessness to shelter together, instead of being separated in traditional shelters or living outside of safe shelter. Enhancing community health by diverting individuals from emergency services to primary care providers, this allows emergency services to focus on more critical cases. Additionally, individuals and families have been able to receive a respite from financial burdens and food insecurity, which has allowed each of them to focus on other concerns, such as their mental health, connecting with employment opportunities, and their child's educational needs. However the most visible and reportable benefit is the outcome of participants gaining a self-sufficient lifestyle that leads to securing and maintaining stable housing of their own (ie. Moving into their own apartment). Our success rates for transitioning to and maintaining permanent housing are high and have the effect of unburdening our social services, getting people off the streets, living inside, and increasing the health and wellbeing of our community members. We have the added benefit of past participants helping others in the same way they were assisted, continuing the cycle of care for the community.

**OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

H4H uses specially designed intake, baseline and discharge forms that include demographics, mental and physical health, quality of life variables, social services used, living situations, education, career, etc.

These forms and the data collected will provide the information to measure success of the program and its participants. Success will be measured in the number of households served, the population demographics served, the number of people transitioned to stable housing, the health and wellness of participants, decreased barriers to services, and the quality of life of participants. H4H is partnered with IU's Center for Collaborative Systems Change to collect and analyze the data.

**OTHER COMMENTS** (500 words or less)

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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.

It is important to note that when referring to “women” throughout this application, we are referring to anyone that identifies as a woman. Likewise, “families” refers to anyone living together and caring for children. We do not discriminate based on family makeup, as such a family may be intergenerational, a single guardian with multiple children, a single parent caring for an adult child with disabilities, several adults living together and caring for their children together, etc. In an effort to strive to be as inclusive and low-barrier as possible H4H has intentionally created policies that respect the dignity and diversity of all community members and has implemented equity strategies through our services, programs, policies, and system.

Currently, H4H is pursuing additional funding from city, county and state entities, as well as private foundations and educational research cooperatives. We are also seeking to add a platform for sustained regular giving and corporate donation matching. This will allow us to expand the number of participants who benefit from our services. We currently have a waitlist of over 100 and this number grows daily from referrals and individuals seeking help.

The H4H program is staffed by 2 directors and 4 support staff, all of whom are currently volunteers. Katherine Norris is founder and Executive Director of the program, client case manager, and community partnership and outreach specialist. Our Director of Operations, Lindsey Dominguez, primarily focuses on fundraising and bookkeeping, in addition to social media management, referral/waiting list coordination, and volunteer/donation coordination. Our support staff includes three volunteer consultants. Dairo Baez, MPH, CHW is our community health specialist, connecting program participants to available mental and physical health programs specific to their needs. Jen Watkins is our education and grant writing consultant, as well as our link to Indiana University programs. Vauhxx Booker serves on the Monroe County Commissions for Human Rights and Affordable Housing, as such he is our housing and human rights specialist, as well as PR consultant. Bobby Overman serves on the New Leaf - New Life Board and is our program representative within their organization, is a nonprofit specialist and our community engagement consultant. Our dedicated team of 6 complete all day to day tasks and decision making for the program. Hotels for Homeless has a fiscal sponsorship contract with New Leaf - New Life Inc. to provide financial and legal responsibility for the program. New Leaf - New Life has a staff of 5, a board of 7 members and several volunteers.

Hotels for the Homeless - Project Budget

**Monthly expenditures:**

November 1-30	Client care costs- hotel room payments- 5 rooms	\$8,400
December 1-31	Client care costs- hotel room payments- 5 rooms	\$8,680
January 1-31	Client care costs- hotel room payments- 5 rooms	\$8,680
February 1-28	Client care costs- hotel room payments- 5 rooms	\$7,840
	<b><u>Total Project Cost:</u></b>	<b>\$33,600</b>

## Hotels for Homeless

**Housing for Homeless / New Leaf--New Life Transactions Sheet**

It is important that the following instructions be followed exactly.

All withdrawal transactions shall be entered before the transaction is completed, and not entered unless the balance is sufficient to cover the Withdrawal transaction costs are entered as positive values that are automatically deducted from the running balance.

Deposit transactions are entered after funds have been deposited and include only the date and a NEGATIVE cost (displayed in parenthesis for

Please report concerns about this sheet to chaynes56@gmail.com or call 812-360-0296.

Date	Hotel	Confirmation #	Cost	Balance
5/5/2020		Zero starting balance	\$ -	\$ -
5/13/2020		DEPOSIT: Paypal donation	\$ (102.09)	\$ 102.09
5/18/2020		DEPOST: Anthem	\$ (5,000.00)	\$ 5,102.09
5/18/2020		DEPOSIT: Paypal donation	\$ (121.95)	\$ 5,224.04
5/18/2020	Super 8	Confirmation # 85922EC021923 (Reimbursement, erroneous charge)	\$ (55.99)	\$ 5,280.03
5/18/2020	Super 8	Catherine Elizabeth Sunkel Acct # 719-965860	\$ 55.99	\$ 5,224.04
5/18/2020	Super 8	Amber Grubb Acct # 522-123120	\$ 55.99	\$ 5,168.05
5/18/2020	Super 8	Jezreel M. Lee David Acct # 470-533123	\$ 55.99	\$ 5,112.06
5/18/2020	Super 8	Elijah Wesner Acct # 330-333661	\$ 8.02	\$ 5,104.04
5/20/2020	Super 8	Bloom Hotel (advance payment on multiple rooms)	\$ 279.95	\$ 4,824.09
5/20/2020	Super 8	Bloom Hotel (advance payment on multiple rooms)	\$ 279.95	\$ 4,544.14
5/20/2020	Super 8	Bloom Hotel (advance payment on multiple rooms)	\$ 279.95	\$ 4,264.19
5/20/2020	Super 8	Bloom Hotel (advance payment on multiple rooms)	\$ 279.95	\$ 3,984.24
5/20/2020	Super 8	Bloom Hotel (advance payment on multiple rooms)	\$ 279.95	\$ 3,704.29
5/20/2020	Super 8	Bloom Hotel (advance payment on multiple rooms)	\$ 279.95	\$ 3,424.34
5/20/2020	Super 8	Bloom Hotel (advance payment on multiple rooms)	\$ 279.95	\$ 3,144.39
5/20/2020	Super 8	Bloom Hotel (advance payment on multiple rooms)	\$ 279.95	\$ 2,864.44
5/20/2020	Super 8	Bloom Hotel (advance payment on multiple rooms)	\$ 275.00	\$ 2,589.44
5/20/2020	Motel 6	Bloom Hotel (advance payment on multiple rooms)	\$ 246.35	\$ 2,343.09
5/20/2020	Motel 6	Bloom Hotel (advance payment on multiple rooms)	\$ 246.35	\$ 2,096.74
5/20/2020	Motel 6	Bloom Hotel (advance payment on multiple rooms)	\$ 246.35	\$ 1,850.39
5/20/2020	Motel 6	Bloom Hotel (advance payment on multiple rooms)	\$ 246.35	\$ 1,604.04
5/26/2020		Deposit: Paypal donation	\$ (488.70)	\$ 2,092.74
5/26/2020		Deposit: Paypal donation	\$ (48.60)	\$ 2,141.34
5/26/2020	Super 8	Amber Grubb Acct # 733-236305	\$ 223.96	\$ 1,917.38
5/26/2020	Super 8	Elijah Wesner Acct # 871-626155	\$ 223.96	\$ 1,693.42
5/26/2020	Motel 6	NO RECEIPT	\$ 197.08	\$ 1,496.34
5/26/2020	Motel 6	NO RECEIPT	\$ 197.08	\$ 1,299.26
5/26/2020	Super 8	Darrell Davis Acct # 164-208556	\$ 192.74	\$ 1,106.52
5/26/2020	Super 8	Brandon Lee Acct # 141-476045	\$ 111.98	\$ 994.54
5/26/2020	Super 8	Jasen Lee Taylor Acct # 751-302333	\$ 111.98	\$ 882.56
5/26/2020	Super 8	Cynthia Louise Brown Acct # 857-371891	\$ 111.98	\$ 770.58
5/26/2020	Super 8	Jasen Lee Taylor Acct # 976-643922	\$ 111.98	\$ 658.60
5/26/2020	Motel 6	NO RECEIPT	\$ 98.54	\$ 560.06
5/26/2020	Super 8	Brandon Lee Acct # 976-643922	\$ 77.50	\$ 482.56
5/26/2020	Super 8	Jonie Sue Bowling Acct # 977-511776	\$ 55.99	\$ 426.57
5/26/2020	Super 8	Michael Griffith Acct # 202-693877	\$ 55.99	\$ 370.58
5/26/2020	Super 8	Jezreel M. Lee David Acct # 141-476045	\$ 55.99	\$ 314.59
5/26/2020	Super 8	Catherine Elizabeth Sunkel Acct # 078-800493	\$ 55.99	\$ 258.60
5/26/2020	Super 8	Cynthia Louise Brown Acct # 595-932932	\$ 49.99	\$ 208.61
5/26/2020	Motel 6	NO RECEIPT	\$ 49.27	\$ 159.34
5/26/2020	Super 8	NO RECEIPT	\$ 6.00	\$ 153.34
5/27/2020	Super 8	Confirmation # 423-716546	\$ 5.99	\$ 147.35
5/27/2020	Super 8	Confirmation # 85922EC022108	\$ 10.62	\$ 136.73
5/28/2020		DEPOSIT: Paypal donation	\$ (97.50)	\$ 234.23
6/1/2020		DEPOSIT: Paypal donation	\$ (1,030.21)	\$ 1,264.44
6/1/2020	Super 8	Jezreel M. Lee David Acct # 821-570549	\$ 55.99	\$ 1,208.45
6/1/2020	Super 8	Darrel Davis Acct # 138-431478	\$ 55.99	\$ 1,152.46
6/1/2020	Super 8	Confirmation # 85922EC022196	\$ 55.99	\$ 1,096.47
6/1/2020	Super 8	Micheal Griffie Acct # 219-734627	\$ 55.99	\$ 1,040.48
6/1/2020	Super 8	Elijah Wesner Acct # 104-597218	\$ 55.99	\$ 984.49
6/1/2020	Super 8	Confirmation # 85922EC022199	\$ 55.99	\$ 928.50
6/1/2020	Super 8	Confirmation # 85922EC022197	\$ 55.99	\$ 872.51
6/1/2020	Super 8	Confirmation # 85922EC022198	\$ 55.99	\$ 816.52
6/1/2020	Super 8	Confirmation # 85922EC022195	\$ 55.05	\$ 761.47
6/1/2020	Super 8	Tzadik Z Ysrael Acct # 241-198356	\$ 55.04	\$ 706.43
6/2/2020		DEPOSIT: Commuinity Foundation of Shelby County, OH (Bobby counter deposit)	\$ (500.00)	\$ 1,206.43
6/2/2020	Super 8	Reimbursement to Bobby Overman for Super 8 invoice	\$ 100.00	\$ 1,106.43
6/2/2020	Super 8	Jezreel M. Lee David Acct # 026-015979	\$ 61.59	\$ 1,044.84
6/2/2020	Super 8	Elijah Wesner Acct # 790-956892	\$ 61.59	\$ 983.25
6/2/2020	Super 8	Micheal Griffie Acct # 948-285625	\$ 61.59	\$ 921.66
6/2/2020	Super 8	Darrel Davis Acct # 999-661777	\$ 61.59	\$ 860.07

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6/2/2020	Super 8	Tzadik Z Ysrael Acct # 167-082424	\$ 53.64	\$ 806.43
6/3/2020	Super 8	Jezreel M. Lee David Acct # 369-492086	\$ 61.59	\$ 744.84
6/3/2020	Super 8	Micheal Griffie Acct # 500-350883	\$ 61.59	\$ 683.25
6/3/2020	Super 8	Elijah Wesner Acct # 865-843779	\$ 61.59	\$ 621.66
6/3/2020	Super 8	Darrel Davis Acct # 117-678528	\$ 61.59	\$ 560.07
6/3/2020	Super 8	Tzadik Z Ysrael Acct # 834-043354	\$ 60.06	\$ 500.01
6/4/2020	Super 8	NO RECEIPT	\$ 61.59	\$ 438.42
6/4/2020	Super 8	NO RECEIPT	\$ 61.59	\$ 376.83
6/4/2020	Super 8	NO RECEIPT	\$ 61.59	\$ 315.24
6/5/2020		Deposit: Paypal donation	\$ (195.30)	\$ 510.54
6/5/2020	Travelodge	Confirmation # 84886EC013890	\$ 56.00	\$ 454.54
6/5/2020	Travelodge	Confirmation # 84886EC013892	\$ 56.00	\$ 398.54
6/5/2020	Travelodge	Confirmation # 84886EC013891	\$ 56.00	\$ 342.54
6/5/2020	Travelodge	Confirmation # 84886EC013893	\$ 56.00	\$ 286.54
6/5/2020	Travelodge	Confirmation # 84886EC013894	\$ 56.00	\$ 230.54
6/5/2020	Travelodge	Confirmation # 84886EC013895	\$ 30.00	\$ 200.54
6/8/2020	Super 8	Confirmatoin # 491-589524	\$ 61.59	\$ 138.95
6/8/2020	Super 8	Confirmation # 984-406546	\$ 61.59	\$ 77.36
6/8/2020	Super 8	Confirmation # 683-830767	\$ 61.59	\$ 15.77
6/9/2020		Deposit: Paypal donation	\$ (390.90)	\$ 406.67
6/10/2020		Deposit: Paypal donation	\$ (24.15)	\$ 430.82
6/10/2020	Super 8	Kaila Stamper Acct # 760-007291	\$ 61.59	\$ 369.23
6/10/2020	Super 8	Darrel Davis Acct # 966-339356	\$ 61.59	\$ 307.64
6/10/2020	Super 8	Tzadik Z Ysrael Acct # 721-391328	\$ 61.59	\$ 246.05
6/12/2020	Super 8	Tzadik Z Ysrael Acct # 470-401171	\$ 61.59	\$ 184.46
6/12/2020	Super 8	Darrel Davis Acct # 801-264131	\$ 61.59	\$ 122.87
6/12/2020	Motel 6	Confirmation # 4565ACX968 (line item on a combined receipt)	\$ 49.27	\$ 73.60
6/15/2020		Deposit: Paypal donation	\$ (189.81)	\$ 263.41
6/15/2020		Deposit: Paypal donation	\$ (48.60)	\$ 312.01
6/15/2020	Super 8	Confirmation # 85922EC022499	\$ 61.59	\$ 250.42
6/16/2020		Deposit: Paypal donation	\$ (48.60)	\$ 299.02
6/16/2020		Deposit: Paypal donation	\$ (48.60)	\$ 347.62
6/17/2020		Deposit: Paypal donation	\$ (97.50)	\$ 445.12
6/17/2020		Deposit: Paypal donation	\$ (48.60)	\$ 493.72
6/18/2020		Deposit: Paypal donation	\$ (48.60)	\$ 542.32
6/18/2020	Super 8	Confirmation # 288-053926	\$ 61.59	\$ 480.73
6/18/2020	Motel 6	NO RECEIPT	\$ 52.63	\$ 428.10
6/18/2020	Motel 6	Motel 6 (line item on a combined receipt)	\$ 49.27	\$ 378.83
6/19/2020		Deposit: Paypal donation	\$ (195.30)	\$ 574.13
6/19/2020		Deposit: Paypal donation	\$ (97.50)	\$ 671.63
6/19/2020		Deposit: Paypal donation	\$ (38.82)	\$ 710.45
6/19/2020	Travelodge	Confirmation # 84886EC014103	\$ 56.00	\$ 654.45
6/19/2020	Travelodge	Confirmation # 84886EC014105	\$ 56.00	\$ 598.45
6/19/2020	Travelodge	Confirmation # 84886EC014106	\$ 56.00	\$ 542.45
6/19/2020	Travelodge	Confirmation # 84886EC014102	\$ 56.00	\$ 486.45
6/19/2020	Travelodge	Confirmation # 84886EC014104	\$ 56.00	\$ 430.45
6/19/2020	Motel 6	NO RECEIPT	\$ 49.27	\$ 381.18
6/22/2020		Deposit: Paypal donation	\$ (195.30)	\$ 576.48
6/22/2020		Deposit: Paypal donation	\$ (185.13)	\$ 761.61
6/22/2020		Deposit: Paypal donation	\$ (9.48)	\$ 771.09
6/22/2020	Motel 6	Motel 6 partial reimbursement	\$ (3.36)	\$ 774.45
6/22/2020	Super 8	Confirmation # 493-942709	\$ 61.59	\$ 712.86
6/22/2020	Super 8	Confirmation # 539-158712	\$ 61.59	\$ 651.27
6/22/2020	Super 8	Confirmation # 85922EC022649	\$ 61.59	\$ 589.68
6/22/2020	Motel 6	NO RECEIPT	\$ 49.27	\$ 540.41
6/22/2020	Motel 6	NO RECEIPT	\$ 49.27	\$ 491.14
6/23/2020	Motel 6	Motel 6 Folio No 4565ACX969	\$ 98.54	\$ 392.60
6/23/2020	Motel 6	Motel 6 Folio No 4565ACY077	\$ 98.54	\$ 294.06
6/23/2020	Travelodge	Confirmation # 8r886EC014193	\$ 56.00	\$ 238.06
6/23/2020	Travelodge	Confirmation # 84886EC014193	\$ 56.00	\$ 182.06
6/23/2020	Travelodge	Confirmation # 84886EC014190	\$ 56.00	\$ 126.06
6/23/2020	Travelodge	Confirmation # 84886EC014188	\$ 56.00	\$ 70.06
6/23/2020	Travelodge	Confirmation # 84886EC014191	\$ 56.00	\$ 14.06
6/25/2020		Deposit: PayPal donation	\$ (58.38)	\$ 72.44
6/25/2020		Deposit: PayPal donation	\$ (48.60)	\$ 121.04
6/25/2020		Deposit: PayPal donation	\$ (48.60)	\$ 169.64
6/25/2020		Deposit: PayPal donation	\$ (48.60)	\$ 218.24
6/25/2020		Deposit: PayPal donation	\$ (9.48)	\$ 227.72
6/29/2020		Deposit: Michael Lindsay Foundation (Counter deposit, Bobby)	\$ (1,000.00)	\$ 1,227.72
6/29/2020		Deposit: PayPal donation	\$ (488.70)	\$ 1,716.42

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6/29/2020		Deposit: PayPal donation	\$ (48.60)	\$ 1,765.02
6/29/2020		Deposit: PayPal donation	\$ (24.15)	\$ 1,789.17
6/29/2020		Deposit: PayPal donation	\$ (14.37)	\$ 1,803.54
6/29/2020	Super 8	Confirmation # 85922EC022861	\$ 61.59	\$ 1,741.95
6/29/2020	Super 8	NO RECEIPT	\$ 61.59	\$ 1,680.36
6/29/2020	Super 8	NO RECEIPT	\$ 61.59	\$ 1,618.77
6/29/2020	Super 8	NO RECEIPT	\$ 61.59	\$ 1,557.18
6/29/2020	Motel 6	NO RECEIPT	\$ 49.27	\$ 1,507.91
6/29/2020	Motel 6	NO RECEIPT	\$ 49.27	\$ 1,458.64
6/29/2020	Motel 6	NO RECEIPT	\$ 49.27	\$ 1,409.37
7/1/2020		Deposit: PayPal donation	\$ (97.50)	\$ 1,506.87
7/1/2020	Super 8	CRS # 85922EC022 906	\$ 61.59	\$ 1,445.28
7/1/2020	Super 8	CRS # 85922EC022 905	\$ 61.59	\$ 1,383.69
7/1/2020	Super 8	NO RECEIPT	\$ 49.27	\$ 1,334.42
7/1/2020	Super 8	NO RECEIPT	\$ 49.27	\$ 1,285.15
7/2/2020	Super 8	NO RECEIPT	\$ 61.59	\$ 1,223.56
7/2/2020	Super 8	NO RECEIPT	\$ 61.59	\$ 1,161.97
7/2/2020	Travelodge	Confirmation # 84886EC014372	\$ 56.00	\$ 1,105.97
7/2/2020	Travelodge	Confirmation # 84886EC014371	\$ 56.00	\$ 1,049.97
7/2/2020	Travelodge	Confirmation # 84886EC014373	\$ 56.00	\$ 993.97
7/2/2020	Travelodge	Confirmation # 84886EC014367	\$ 56.00	\$ 937.97
7/2/2020	Travelodge	Confirmation # 84886EC014370	\$ 56.00	\$ 881.97
7/2/2020	Travelodge	Confirmation # 84886EC014368	\$ 56.00	\$ 825.97
7/2/2020	Travelodge	Confirmation # 84886EC014369	\$ 56.00	\$ 769.97
7/2/2020	Motel 6	Confirmation # 4565ACY761	\$ 49.27	\$ 720.70
7/2/2020	Motel 6	Confirmation # 4565ACY759	\$ 49.27	\$ 671.43
7/3/2020		Deposit: PayPal donation	\$ (38.82)	\$ 710.25
7/3/2020	Travelodge	Confirmation # 84886EC014395	\$ 56.00	\$ 654.25
7/3/2020	Travelodge	Confirmation # 84886EC014390	\$ 56.00	\$ 598.25
7/3/2020	Travelodge	Confirmation # 84886EC014393	\$ 56.00	\$ 542.25
7/3/2020	Travelodge	Confirmation # 84886EC014394	\$ 56.00	\$ 486.25
7/3/2020	Travelodge	Confirmation # 84886EC014396	\$ 56.00	\$ 430.25
7/3/2020	Travelodge	Confirmation # 84886EC014391	\$ 56.00	\$ 374.25
7/3/2020	Motel 6	Confirmation # 4565ACY799	\$ 49.27	\$ 324.98
7/3/2020	Motel 6	Confirmation # 4565ACY801	\$ 49.27	\$ 275.71
7/6/2020		Deposit: PayPal donation	\$ (97.50)	\$ 373.21
7/6/2020		Deposit: PayPal donation	\$ (48.60)	\$ 421.81
7/6/2020		Deposit: PayPal donation	\$ (48.60)	\$ 470.41
7/6/2020		Deposit: PayPal donation	\$ (24.15)	\$ 494.56
7/6/2020	Super 8	CRS # 85922EC022 995	\$ 61.59	\$ 432.97
7/6/2020	Super 8	CRS # 85922EC022 996	\$ 61.59	\$ 371.38
7/6/2020	Travelodge	Confirmation # 84886EC014690	\$ 56.00	\$ 315.38
7/6/2020	Motel 6	Confirmation # 4565ACY872	\$ 49.27	\$ 266.11
7/7/2020		Deposit: PayPal donation	\$ (19.26)	\$ 285.37
7/7/2020		Deposit: PayPal donation	\$ (19.26)	\$ 304.63
7/7/2020	Motel 6	NO RECEIPT	\$ 40.00	\$ 264.63
7/8/2020		Deposit: PayPal donation	\$ (97.50)	\$ 362.13
7/8/2020		Deposit: PayPal donation	\$ (97.50)	\$ 459.63
7/8/2020		Deposit: PayPal donation	\$ (62.97)	\$ 522.60
7/9/2020	Super 8	CRS # 85922EC023 065	\$ 61.59	\$ 461.01
7/9/2020	Super 8	CRS # 85922EC023 064	\$ 61.59	\$ 399.42
7/9/2020	Super 8	CRS # 85922EC023 063	\$ 61.59	\$ 337.83
7/10/2020		Deposit: PayPal donation	\$ (24.15)	\$ 361.98
7/10/2020	Super 8	CRS # 85922EC023 146	\$ 61.59	\$ 300.39
7/10/2020	Motel 6	Confirmation # 4565ACZ011	\$ 49.27	\$ 251.12
7/13/2020		Deposit: PayPal donation	\$ (97.50)	\$ 348.62
7/13/2020		Deposit: PayPal donation	\$ (19.26)	\$ 367.88
7/13/2020	Super 8	CRS # 85922EC023 147	\$ 61.59	\$ 306.29
7/13/2020	Super 8	CRS # 85922EC023 145	\$ 61.59	\$ 244.70
7/13/2020	Super 8	CRS # 85922EC023 101	\$ 61.59	\$ 183.11
7/13/2020	Motel 6	NO RECEIPT	\$ 40.00	\$ 143.11
7/13/2020	Super 8	NO RECEIPT	\$ 20.00	\$ 123.11
7/17/2020	Travelodge	Confirmation # 84886EC014392	\$ 56.00	\$ 67.11
7/17/2020	Travelodge	Confirmation # 84886EC014702	\$ 56.00	\$ 11.11
7/20/2020		Deposit: PayPal donation	\$ (4,642.27)	\$ 4,653.38
7/20/2020	Travelodge	Withdrawal: Cash payment for multiple invoices, confirmation #:84886EC01450784886	\$ 1,848.00	\$ 2,805.38
7/22/2020	Travelodge	Confirmation # 84886EC014709	\$ 112.00	\$ 2,693.38
7/22/2020	Travelodge	Confirmation # 84886EC014710	\$ 112.00	\$ 2,581.38
7/22/2020	Travelodge	Confirmation # 84886EC014711	\$ 112.00	\$ 2,469.38
7/22/2020	Travelodge	Confirmation # 84886EC014712	\$ 112.00	\$ 2,357.38

## Hotels for Homeless

7/22/2020	Travelodge	Confirmation # 84886EC014714	\$ 112.00	\$ 2,245.38
7/22/2020	Travelodge	Confirmation # 84886EC014715	\$ 112.00	\$ 2,133.38
7/22/2020	Travelodge	Confirmation # 84886EC014716	\$ 112.00	\$ 2,021.38
7/22/2020	Travelodge	Confirmation # 84886EC014717	\$ 112.00	\$ 1,909.38
7/22/2020	Travelodge	Confirmation # 84886EC014718	\$ 112.00	\$ 1,797.38
7/22/2020	Travelodge	Confirmation # 84886EC014719	\$ 112.00	\$ 1,685.38
7/22/2020	Travelodge	Confirmation # 84886EC014713	\$ 112.00	\$ 1,573.38
7/22/2020	Travelodge	Confirmation # 84886EC014774	\$ 56.00	\$ 1,517.38
7/23/2020		Deposit: Counter deposit	\$ (500.00)	\$ 2,017.38
7/23/2020		Deposit: PayPal donation	\$ (195.00)	\$ 2,212.38
7/23/2020		Deposit: PayPal donation	\$ (45.67)	\$ 2,258.05
7/24/2020		Deposit: PayPal donation	\$ (48.60)	\$ 2,306.65
7/24/2020	Travelodge	Confirmation # 84886EC014784	\$ 56.00	\$ 2,250.65
7/24/2020	Travelodge	Confirmation # 84886EC014785	\$ 56.00	\$ 2,194.65
7/24/2020	Travelodge	Confirmation # 84886EC014786	\$ 56.00	\$ 2,138.65
7/24/2020	Travelodge	Confirmation # 84886EC014787	\$ 56.00	\$ 2,082.65
7/24/2020	Travelodge	Confirmation # 84886EC014788	\$ 56.00	\$ 2,026.65
7/24/2020	Travelodge	Confirmation # 84886EC014789	\$ 56.00	\$ 1,970.65
7/24/2020	Travelodge	Confirmation # 84886EC014790	\$ 56.00	\$ 1,914.65
7/24/2020	Travelodge	Confirmation # 84886EC014791	\$ 56.00	\$ 1,858.65
7/24/2020	Travelodge	Confirmation # 84886EC014792	\$ 56.00	\$ 1,802.65
7/24/2020	Travelodge	Confirmation # 84886EC014793	\$ 56.00	\$ 1,746.65
7/24/2020	Travelodge	Confirmation # 84886EC014794	\$ 56.00	\$ 1,690.65
7/27/2020		Deposit: PayPal donation	\$ (97.50)	\$ 1,788.15
7/27/2020		Deposit: PayPal donation	\$ (58.38)	\$ 1,846.53
7/27/2020	Travelodge	Confirmation # 84886EC014763	\$ 56.00	\$ 1,790.53
7/27/2020	Travelodge	Confirmation # 84886EC014765	\$ 56.00	\$ 1,734.53
7/27/2020	Travelodge	Confirmation # 84886EC014766	\$ 56.00	\$ 1,678.53
7/27/2020	Travelodge	Confirmation # 84886EC014767	\$ 56.00	\$ 1,622.53
7/27/2020	Travelodge	Confirmation # 84886EC014768	\$ 56.00	\$ 1,566.53
7/27/2020	Travelodge	Confirmation # 84886EC014769	\$ 56.00	\$ 1,510.53
7/27/2020	Travelodge	Confirmation # 84886EC014770	\$ 56.00	\$ 1,454.53
7/27/2020	Travelodge	Confirmation # 84886EC014771	\$ 56.00	\$ 1,398.53
7/27/2020	Travelodge	Confirmation # 84886EC014772	\$ 56.00	\$ 1,342.53
7/27/2020	Travelodge	Confirmation # 84886EC014773	\$ 56.00	\$ 1,286.53
7/27/2020	Travelodge	Confirmation # 84886EC014774	\$ 56.00	\$ 1,230.53
7/27/2020	Travelodge	NO RECEIPT	\$ 81.00	\$ 1,149.53
7/27/2020	Travelodge	Confirmation # 84886EC014828	\$ 56.00	\$ 1,093.53
7/27/2020	Travelodge	Confirmation # 84886EC014827	\$ 56.00	\$ 1,037.53
7/27/2020	Travelodge	Confirmation # 84886EC014820	\$ 56.00	\$ 981.53
7/27/2020	Travelodge	Confirmation # 84886EC014826	\$ 56.00	\$ 925.53
7/27/2020	Travelodge	Confirmation # 84886EC014822	\$ 56.00	\$ 869.53
7/27/2020	Travelodge	Confirmation # 84886EC014824	\$ 56.00	\$ 813.53
7/27/2020	Travelodge	Confirmation # 84886EC014825	\$ 56.00	\$ 757.53
7/27/2020	Travelodge	Confirmation # 84886EC014823	\$ 56.00	\$ 701.53
7/27/2020	Travelodge	Confirmation # 84886EC014831	\$ 56.00	\$ 645.53
7/27/2020	Travelodge	Confirmation # 84886EC014821	\$ 25.00	\$ 620.53
7/28/2020		Deposit: PayPal donation	\$ (48.60)	\$ 669.13
7/28/2020	Travelodge	Confirmation # 84886EC014832	\$ 56.00	\$ 613.13
7/28/2020	Travelodge	Confirmation # 84886EC014850	\$ 56.00	\$ 557.13
7/28/2020	Travelodge	Confirmation # 84886EC014849	\$ 56.00	\$ 501.13
7/29/2020	Travelodge	Confirmation # 84886EC014847	\$ 56.00	\$ 445.13
7/29/2020	Travelodge	Confirmation # 84886EC014880	\$ 56.00	\$ 389.13
7/29/2020	Travelodge	Confirmation # 84886EC014877	\$ 56.00	\$ 333.13
7/29/2020	Travelodge	Confirmation # 84886EC014878	\$ 56.00	\$ 277.13
7/29/2020	Travelodge	Confirmation # 84886EC014872	\$ 56.00	\$ 221.13
7/30/2020		Deposit: PayPal donation	\$ (199.89)	\$ 421.02
7/30/2020		Deposit: PayPal donation	\$ (195.30)	\$ 616.32
7/30/2020	Travelodge	Deposit: H4H overcharge reimbursement	\$ (25.00)	\$ 641.32
7/30/2020	Travelodge	Confirmation # 84886EC014873	\$ 56.00	\$ 585.32
8/3/2020		Deposit: PayPal donation	\$ (530.31)	\$ 1,115.63
8/3/2020		Deposit: PayPal donation	\$ (24.15)	\$ 1,139.78
8/3/2020	Travelodge	Confirmation # 84886EC014906	\$ 56.00	\$ 1,083.78
8/3/2020	Travelodge	Confirmation # 84886EC014944	\$ 56.00	\$ 1,027.78
8/3/2020	Travelodge	Confirmation # 84886EC014975	\$ 56.00	\$ 971.78
8/3/2020	Travelodge	Confirmation # 84886EC014971	\$ 56.00	\$ 915.78
8/3/2020	Travelodge	Confirmation # 84886EC014977	\$ 56.00	\$ 859.78
8/3/2020	Travelodge	Confirmation # 84886EC014976	\$ 56.00	\$ 803.78
8/3/2020	Travelodge	Confirmation # 84886EC014973	\$ 56.00	\$ 747.78
8/4/2020	Travelodge	Confirmation # 84886EC014968	\$ 56.00	\$ 691.78



## Hotels for Homeless

8/4/2020	Travelodge	Confirmation # 84886EC015024	\$ 56.00	\$ 635.78
8/4/2020	Travelodge	Confirmation # 84886EC015034	\$ 56.00	\$ 579.78
8/10/2020		Deposit: PayPal donation	\$ (243.60)	\$ 823.38
8/10/2020		Deposit: PayPal donation	\$ (195.00)	\$ 1,018.38
8/10/2020	Travelodge	Confirmation # 84886EC015032	\$ 56.00	\$ 962.38
8/10/2020	Travelodge	Confirmation # 84886EC015227	\$ 56.00	\$ 906.38
8/10/2020	Travelodge	Confirmation # 84886EC015230	\$ 56.00	\$ 850.38
8/10/2020	Travelodge	Confirmation # 84886EC015229	\$ 56.00	\$ 794.38
8/10/2020	Travelodge	Confirmation # 84886EC015228	\$ 56.00	\$ 738.38
8/10/2020	Travelodge	Confirmation # 84886EC015378	\$ 56.00	\$ 682.38
8/10/2020	Travelodge	Confirmation # 84886EC015188	\$ 56.00	\$ 626.38
8/10/2020	Travelodge	Confirmation # 84886EC015186	\$ 56.00	\$ 570.38
8/17/2020		Deposit: PayPal donation	\$ (244.20)	\$ 758.58
8/17/2020		Deposit: PayPal donation	\$ (244.20)	\$ 1,002.78
8/17/2020		Deposit: PayPal donation	\$ (195.30)	\$ 1,198.08
8/17/2020		Deposit: PayPal donation	\$ (9.48)	\$ 1,207.56
8/17/2020	Travelodge	Confirmation # 84886EC015541	\$ 56.00	\$ 1,151.56
8/17/2020	Travelodge	Confirmation # 84886EC015542	\$ 56.00	\$ 1,095.56
8/17/2020	Travelodge	Confirmation # 84886EC015543	\$ 56.00	\$ 1,039.56
8/17/2020	Travelodge	Confirmation # 84886EC015544	\$ 56.00	\$ 983.56
8/17/2020	Travelodge	Confirmation # 84886EC015545	\$ 56.00	\$ 514.38
8/17/2020	Travelodge	Confirmation # 84886EC015158	\$ 56.00	\$ 927.56
8/17/2020	Travelodge	Confirmation # 84886EC015161	\$ 56.00	\$ 871.56
8/17/2020	Travelodge	Confirmation # 84886EC015578	\$ 56.00	\$ 815.56
8/17/2020	Travelodge	Confirmation # 84886EC015577	\$ 56.00	\$ 759.56
8/20/2020	Travelodge	Confirmation # 84886EC015382	\$ 56.00	\$ 703.56
8/20/2020	Travelodge	Confirmation # 84886EC015380	\$ 56.00	\$ 647.56
8/20/2020	Travelodge	Confirmation # 84886EC015379	\$ 56.00	\$ 591.56
8/20/2020	Travelodge	Confirmation # 84886EC015381	\$ 56.00	\$ 535.56
8/20/2020	Travelodge	Confirmation # 84886EC015572	\$ 56.00	\$ 479.56
8/21/2020	Travelodge	Confirmation # 84886EC015573	\$ 56.00	\$ 423.56
8/21/2020	Travelodge	Confirmation # 84886EC015575	\$ 56.00	\$ 367.56
8/21/2020	Travelodge	Confirmation # 84886EC015569	\$ 56.00	\$ 311.56
8/21/2020	Travelodge	Confirmation # 84886EC015187	\$ 56.00	\$ 255.56
8/24/2020		Deposit: PayPal donation	\$ (428.82)	\$ 684.38
8/24/2020	Travelodge	Confirmation # 84886EC015189	\$ 56.00	\$ 628.38
8/24/2020	Travelodge	Confirmation # 84886EC015343	\$ 56.00	\$ 572.38
8/24/2020	Travelodge	Confirmation # 84886EC015345	\$ 56.00	\$ 516.38
8/24/2020	Travelodge	Confirmation # 84886EC015344	\$ 56.00	\$ 460.38
8/24/2020	Travelodge	NO RECEIPT	\$ 26.00	\$ 434.38
8/25/2020		Deposit: PayPal donation	\$ (146.40)	\$ 580.78
8/26/2020	Travelodge	Confirmation # 84886EC015342	\$ 56.00	\$ 524.78
8/26/2020	Travelodge	Confirmation # 84886EC015702	\$ 56.00	\$ 468.78
8/26/2020	Travelodge	Confirmation # 84886EC015710	\$ 56.00	\$ 412.78
8/26/2020	Travelodge	Confirmation # 84886EC015705	\$ 56.00	\$ 356.78
8/27/2020	Travelodge	Confirmation # 84886EC015703	\$ 56.00	\$ 300.78
8/27/2020	Travelodge	Confirmation # 84886EC015725	\$ 56.00	\$ 244.78
8/27/2020	Travelodge	Confirmation # 84886EC015728	\$ 56.00	\$ 188.78
8/28/2020		Deposit: PayPal donation	\$ (97.50)	\$ 286.28
8/28/2020	Travelodge	Confirmation # 84886EC015743	\$ 56.00	\$ 230.28
8/28/2020	Travelodge	Confirmation # 84886EC015741	\$ 56.00	\$ 174.28
8/28/2020	Travelodge	Confirmation # 84886EC015742	\$ 56.00	\$ 118.28
8/31/2020	Travelodge	Confirmation # 84886EC015816	\$ 16.00	\$ 102.28
9/2/2020	Travelodge	Confirmation # 84886EC015848	\$ 56.00	\$ 46.28
9/8/2020		Deposit: Joan Creative (Brawny Co.)	\$ (2,500.00)	\$ 2,546.28
9/8/2020		Deposit: PayPal donation	\$ (121.65)	\$ 2,667.93
9/8/2020		NO RECEIPT	\$ 50.00	\$ 2,617.93
9/8/2020	Travelodge	Confirmation # 84886EC015970	\$ 40.00	\$ 2,577.93
9/9/2020		Deposit: PayPal donation	\$ (194.70)	\$ 2,772.63
9/10/2020	Travelodge	NO RECEIPT	\$ (25.00)	\$ 2,797.63
9/10/2020	Travelodge	NO RECEIPT	\$ (25.00)	\$ 2,822.63
9/10/2020	Travelodge	Confirmation # 84886EC016076	\$ 122.00	\$ 2,700.63
9/10/2020	Travelodge	Confirmation # 84886EC016073	\$ 112.00	\$ 2,588.63
9/10/2020	Travelodge	Confirmation # 84886EC016077	\$ 112.00	\$ 2,476.63
9/10/2020	Travelodge	Confirmation # 84886EC016096	\$ 81.00	\$ 2,395.63
9/10/2020	Travelodge	Confirmation # 84886EC016075	\$ 66.00	\$ 2,329.63
9/11/2020	Travelodge	Confirmation # 84886EC016141	\$ 56.00	\$ 2,273.63
9/11/2020	Travelodge	Confirmation # 84886EC016137	\$ 56.00	\$ 2,217.63
9/11/2020	Travelodge	Confirmation # 84886EC016138	\$ 56.00	\$ 2,161.63
9/11/2020	Travelodge	Confirmation # 84886EC016135	\$ 56.00	\$ 2,105.63



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

DEPARTMENT OF THE TREASURY

Date: **MAR 29 2006**

NEW LEAF-NEW-LIFE INC  
PO BOX 7071  
BLOOMINGTON, IN 47407-7071

Employer Identification Number:  
20-3168603  
DLN:  
17053038080036  
Contact Person:  
SAMY K TANIOUS ID# 31266  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
May 04, 2005  
Contribution Deductibility:  
Yes  
Advance Ruling Ending Date:  
December 31, 2009

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

NEW LEAF-NEW LIFE INC

Sincerely,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)  
Statute Extension

## Fiscal Sponsorship Agreement

New Leaf, New Life, Incorporated (Fiscal Sponsor) has determined that sponsorship of the Hotels for Homeless project (Project) would be consistent with its goals, and wishes to make arrangements with the Monroe County, Indiana based Hotels for Homeless organization (Sponsored Organization) for the implementation and operation of the Project.

1. The Fiscal Sponsor hereby agrees to sponsor the Project and to assume administrative, programmatic, financial, and legal responsibility for purposes of the requirements of funding organizations. The Sponsored Organization agrees to implement and operate the Project, in accordance with the terms of this agreement and with any requirements imposed by funding organizations.
2. The Project shall be operated in a manner consistent with the Fiscal Sponsor's tax-exempt status and as described in this agreement. No material changes in the purposes or activities of the Project shall be made without prior written permission of the Fiscal Sponsor and in accordance with any requirements imposed by funding organizations, nor shall the Sponsored Organization carry on activities or use funds in any way that jeopardizes the Fiscal Sponsor's tax-exempt status.
3. The Sponsored Organization shall not, and shall not permit the Project to, attempt to influence legislation or participate or intervene in any political campaign on behalf (or in opposition to) any candidate for public office or otherwise engage in the carrying on of propaganda (within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986).
4. The Sponsored Organization will provide the Fiscal Sponsor with reports detailing Expenditure of funds received from the Fiscal Sponsor on a weekly basis.
5. The Sponsored Organization will provide all information and prepare all reports, including interim and final reports, required by funding organizations, with the Fiscal Sponsor's assistance and final approval.
6. On behalf of the Sponsored Organization, the Fiscal Sponsor will establish and operate for the use of the Project a designated account ("Account") segregated on the Fiscal Sponsor's books. All amounts deposited into a Project's Account will be used in its support, less administrative charges, if any, and subject to the conditions set forth below.
7. The Fiscal Sponsor will disburse funds from the Account in the following manner:  
The Fiscal Sponsor, upon receipt of funds designated for the Sponsored Organization, will communicate the amount promptly (typically the same day) to the Sponsored Organization. The Sponsored Organization will designate which hotel located in Monroe County is to receive the funds and communicate to the hotel how those funds are to be used.

The funds will then be transferred to the indicated hotel. This transfer might be initiated by the hotel with a Fiscal Sponsor debit card provided for that purpose, but only with the clear understanding that each transaction be as approved by the Sponsored Organization.

The Fiscal Sponsor will provide an online spreadsheet document. This shall be used to record transferred funds and the transactions using those funds, by the Fiscal Sponsor and the Sponsored Organization, respectively, with transactions recorded before they are executed so as to avoid overdrawing the account.

The hotel will provide the Fiscal Sponsor with receipts for use of the funds, and these will also be communicated to the Sponsored Organization. Funds may be divided between multiple hotels in the above manner.

The Sponsored Organization shall secure in advance agreement from the management of each hotel involved that they will adhere to this disbursement procedure.

It is anticipated that in most cases funds will be transferred via debit card and communication will be via email, but other means that are well recorded may be used.

Disbursements will be restricted to the support and implementation of the Project only.

8. The Sponsored Organization designates Katherine Norris and/or Lindsey Dominguez to act as authorizing official. The authorizing official shall act as principal coordinator of the Project's daily business with the Fiscal Sponsor, and shall have authority to sign disbursement requests.

9. The Fiscal Sponsor and Sponsored Organization will maintain all financial records relating to the Project according to generally accepted accounting principles, retain records as long as required by law, and make records available to auditors as required by law.

10. The Fiscal Sponsor and the Sponsored Organization will reflect the activities of the Project, to the extent required, on their state and federal government tax returns and financial reports. All disbursements from an Account shall be treated as payments made to or on behalf of the Sponsored Organization to accomplish the purposes of the Project. The Sponsored Organization will provide the Fiscal Sponsor with proper documentation to accomplish this.

11. This agreement expires after three months, unless extended (with possible revision) for another three month term by action of the Fiscal Sponsor's Board of Directors, which shall be communicated to the Sponsored Organization at least two weeks in advance. It is expected that Sponsored Organization will incorporate if an extension is anticipated.

12. This agreement will terminate if any of the following events occur:

- a. The Fiscal Sponsor requests the Sponsored Organization to cease activities that it deems might jeopardize its tax-exempt status and the Project fails to comply within a period of ten (10) days;
- b. The Sponsored Organization fails to perform or observe any other covenant of this agreement, and this failure remains unremedied fifteen (15) days after notice in writing;
- c. Upon expiration of two weeks after either the Sponsored Organization or the Fiscal Sponsor has given written notice of its intent to terminate the agreement.

13. In the event this Agreement is terminated, the Fiscal Sponsor and Sponsored Organization will comply with any termination conditions imposed by funding organizations.

In witness whereof, the parties hereto have executed this Agreement on the day and year first written above.

Accepted for the Fiscal Sponsor:

*Roberta Alvarado*

Authorized signer

01/5/20

Date

For the Sponsored Organization:

*[Signature]*

Authorized signer

5/6/20

Date

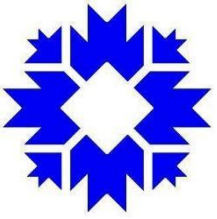
*[Signature]*

5-6-2020

## Jack Hopkins Social Services Grant - History of Funding

First Time Applicant, No Funding History





**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
RECOVER FORWARD GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

---

**Lead Agency Name:** Indiana Recovery Alliance

**Address:** 118 S Rogers St. Bloomington, IN 47404

**Phone:** 812-567-2337

**E-Mail:** [info@indianarecoveryalliance.org](mailto:info@indianarecoveryalliance.org)

**Website:** [indianarecoveryalliance.org](http://indianarecoveryalliance.org)

**Name of President of Board of Directors:** Dr. Alicia Suarez

**Name of Executive Director:** Christopher Abert

**Phone:** 812-320-7525

**E-Mail:** [chris@indianarecoveryalliance.org](mailto:chris@indianarecoveryalliance.org)

**Name and Title of Agency Contact Person:** John Pritchett

**Phone:** 812-430-7716

**E-Mail:** [john@indianarecoveryalliance.org](mailto:john@indianarecoveryalliance.org)

**Name of Grant Writer:**

**Phone:** John Pritchett

**E-Mail:** [john@indianarecoveryalliance.org](mailto:john@indianarecoveryalliance.org)

# Indiana Recovery Alliance

## ○ **AGENCY INFORMATION**

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### **Lead Agency:**

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

*Note: If your agency is a first-time applicant for Jack Hopkins funding, you must provide 501(c)(3) documentation with your application.*

Full-Time	Part-Time	Volunteers
1	1	50+

### **Number of Employees:**

### **AGENCY 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, addiction and incarceration.

# Indiana Recovery Alliance

## PROJECT INFORMATION

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**Project Name:** Support Funds

**Total cost of project:** \$20,000

**Requested amount of JHSSF funding:** \$20,000

**Total number of City residents anticipated to be served by this project:** 2,000

**Total number of clients anticipated to be served by this project:** 1,800 (90%)

### **PROJECT SYNOPSIS** (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

The Indiana Recovery Alliance is requesting \$20,000 to assist with supplies and payroll: \$10,000 will be used for Narcan and other supplies; while an additional \$10,000 will be used to restore the SSP manager and Program Director to full time status and their pre-COVID salaries. Due to covid 19 related funding decreases the IRA has lost over \$45,000 in funding this year alone including funds from: Aids United (SAF); Broadway Cares; a grant used to buy Naloxone; all gone. Our E.D. took a paycut in March and since July is getting no salary at all. Our program director took a \$2000 per year cut and SSP manager took a \$4000 per year pay cut and went to part time. In addition, the IRA has been forced to lay off another full time employee (our Crisis Care Coordinator) and a part time employee due to funding cuts caused by COVID-19..

The IRA is the largest distributor of the life saving medication, naloxone, in the state of Indiana, distributing tens of thousands of doses of Naloxone, which is provided free of charge, and more importantly goes directly into the hands of people who use drugs (PWUD). This has resulted in tens of thousands of overdoses reversals, saving the lives of Hoosiers all across the state. We accomplish this primarily through our Syringe Service Program (SSP) which allows us to effectively distribute critical supplies such as: clean syringes - allowing individuals to avoid getting painful abscesses and stay healthy and disease free; syringe disposal containers; free IntraNasal and IntraMuscular naloxone; alcohol wipes, antibiotic ointment, sterile water, condoms, lube, hand sanitizer, feminine hygiene products, bottled water, clothing and other supplies.

All of the supplies we provide to the general public we do so free of charge which we pay for with private donations and grant funding. Last year we spent well over \$130,000 on sterile supplies and Narcan alone.

**Address where project will be housed:** 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?**

Yes  No  N/A

# Indiana Recovery Alliance

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.

N/A

*Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

Is this a collaborative project?  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

N/A

## PROJECT COSTS

---

Is this request for operational funds?  Yes  No

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

Pilot  Bridge  Collaborative  None of the Preceding – General request for

# Indiana Recovery Alliance

operational funds pursuant to 2020 funding guidelines.

**Other Funds Expected for this Project** (*Please indicate source, amount, and whether confirmed or pending*)

- HepConnect Provide - \$75,000; supplies.
- HepConnect Educate - \$75,000; education & payroll expenses.
- United Way Emergency Relief Phase 2 - \$15,000; supplies & staffing.
- United Way Emergency Relief Phase 3 - \$8,000; staffing
- Monroe County Health Department - \$7,250
- Comer Foundation - \$12,998.13

**Please describe when you plan to submit your claims for reimbursement and what steps precede a complete drawdown of funds:**

We will order the supplies and have a final report submitted (including salary) six months from notification we have received the grant.

**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.*

The County Health Department provides us \$10,000.

We also typically receive funding through grants from AIDS United, Broadway Cares, Monroe County CARES, Comer Family Foundation and individual contributions. We have received over a million dollars of in-kind donations from naloxone manufacturers and other Syringe Service Programs. With only 2 employees on staff, our services rely heavily on volunteers. Volunteers give an average of 60 hours per week to make our programs run successfully. We rely heavily on in-kind donations from the community such as, socks, coats, blankets, toiletries, camping supplies, and other necessities for those living on the street. Several local businesses support our ability to collect donations, acting as intermediaries.

# Indiana Recovery Alliance

## FUNDING PRIORITIES -- RANKED

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

Yes       No

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

	Item	Cost
Priority #1	<b>Payroll</b>	<b>\$10,000</b>
Priority #2	<b>Narcan &amp; Supplies</b>	<b>\$10,000</b>
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
TOTAL REQUESTED		<b>\$20,000</b>

# Indiana Recovery Alliance

## JACK HOPKINS FUNDING CRITERIA

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### **NEED** (200 words or less)

*Explain how your project addresses: Recover Forward priorities of direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare, or 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 [2015-2019 Consolidated Plan](#), or any other community-wide survey of social service needs.*

The IRA provides harm reduction materials, improving individual health and overall health of the community at no cost to participants. Our programming addresses the needs outlined in both the Service Community Assessment of Needs (SCAN) and the Housing and Neighborhood Development Department's (HAND) 2015-2019 Consolidated Plan. Specifically, section NA-50, Non-Housing Community Development Needs, 91.215 (f), which states, "The community survey ranks mental health and related services as the most critical need in our community." It also identifies a critical need for "substance abuse related services, and basic medical related services" (P.55)

The IRA also meets the needs identified in the SCAN, section 5, p. 98, identifying health as a community priority, specifically, "A healthy community ensures the health and well-being of every individual." Our services provide prevention and treatment materials, which improve the overall public health of our community.

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

***Jack Hopkins Funds are intended to be a one-time investment. Please explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc.), please explain how your project satisfies an exception to the one-time funding rule (pilot, bridge, or collaborative). If you are requesting operational funds that do not satisfy one of the aforementioned exceptions, but your request is being made pursuant to the 2020 allowance for operational funds, please make that clear. If you are requesting operational funding, you must detail your plan for future funding.***

The IRA has experienced significant financial losses due to Covid-19. The sudden loss of funding, coupled with an increase in supplies being distributed to the general public, led to the temporary layoff of a program director, our SSP managers hours to be cut in half, and the E.D. to take a pay cut in March and then stop receiving a salary altogether in July. Our dedication to our community means that we still do the work, through lean times and unforeseen, unprecedented changes. We love what we do, and those we serve, that we are willing to go above and beyond to be sure our participants' needs are met. We were sustainable until covid hit, and plan on being sustainable again if/when the funding that affected is once again available. We appreciate this opportunity to help us make ends meet in the interim.

# Indiana Recovery Alliance

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

***Explain how your program will have broad and long-lasting benefits for our community.***

Studies show that syringe service programs (SSP's) provide a multitude of benefits to a community. Drug users who have access to a SSP's are 5 times more likely to enter into a drug treatment program, and have lower levels of HEP C and HIV than those who do not have access. SSP's help create a legal system that allows injection drug users to tell police that they have syringes, helping officers to avoid injuries from needle sticks during searches or pat downs. In Baltimore, for instance, two years after the introduction of SEP researchers found a significant reduction (50%) in needles discarded on the streets.

Research has proven that the impact of having a SEP in a community will not only affect public health as whole, but also reduce the potential of further public health epidemics such as HIV. Monroe County has already declared a HEP C epidemic, and the entire country is in the midst of an opioid overdose epidemic. Since 1999, overdose deaths involving opioids have quadrupled. The IRA provides invaluable service to the community, delivering the services needed to save lives and mitigate negative health consequences to both individuals and the community that would turn this epidemic into a full blown syndemic (such as Scott County experienced).

## **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

Due to the significantly stressful issues that many people are currently facing , we expect to see a continued increase in the number of participants. If we were able to pay our employees fairly the result would be better service and the ability to reach more people which also means that more lives will be saved by Naloxone. We will continue tracking the services we provide, listed in the project description. In 2020-21, the IRA expects do the following:

- Give 300 treatment referrals
- Distribute 20,000+ doses of Naloxone and training
- Distribute hundreds of blankets, coats, and other necessities
- Provide Harm Reduction and Naloxone Trainings
- Test 300 community members for HIV and HEP C (COVID-19 dependent)
- Collect and distribute over 1,000,000 syringes and other sterile supplies



# Indiana Recovery Alliance

## **OTHER COMMENTS** *(500 words or less)*

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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.

Our staff has sacrificed a great deal to continue to provide services to the community and we appreciate your help.

# Indiana Recovery Alliance

## Total Organizational Budget

*Jack Hopkins*

<b>Organization Name</b>	Indiana Recovery Alliance
<b>Total Project Budget (from all funding sources)</b>	\$325,611
<b>Total Grant Request from the Jack Hopkins</b>	\$20,000

Category	Percentage of time/cost allocated	Narrative and Justification	JH Grant Request	Funds From Other Sources	Total Budget
<b>A. PERSONNEL</b>					
<b>Salaries</b>					
Executive Director		Oversees all program operations		\$0	\$0
SSP Manager		Manages volunteers and SSP activities	\$5,000	\$26,200	\$31,200
Project Director		Facilitates HepConnect Program activities	\$5,000	\$29,000	\$34,000
Payroll Taxes and Fees		ADP Wage taxes + payroll fees		\$5,000	\$5,000
<b>Subtotal Salaries</b>			<b>\$10,000</b>	<b>\$60,200</b>	<b>\$70,200</b>
<i>(Insert % Below)</i>					
<b>Fringe (Health Insurance, FICA, UC, etc.)</b>	<b>0.000%</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Subtotal Section A - PERSONNEL</b>			<b>\$10,000</b>	<b>\$60,200</b>	<b>\$70,200</b>
<b>B. OUTSIDE SERVICES/CONTRACTS/CONSULTANTS/FACILITATORS</b>					
					\$0
<b>Subtotal Section B - OUTSIDE SERVICES/SUBGRANTS/CONTRACTS</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. DIRECT PROGRAM/ORGANIZATION EXPENSES</b>					
<i>Expenses may include: office expenses, staff travel, meeting expenses, direct service expenses etc.</i>					
Travel				\$7,000	\$7,000
Supplies (syringes, kits, etc.)				\$190,000	\$190,000
Naloxone			\$10,000	\$20,000	\$30,000
Vehicle/transportation costs				\$5,000	\$5,000
Educational materials				\$2,000	\$2,000
Meetings/refreshments				\$1,000	\$1,000
Participant incentives				\$4,000	\$4,000
Computer/IT costs				\$600	\$600
Phone/fax				\$600	\$600
Printing/copying				\$250	\$250
Postage/delivery				\$200	\$200
Liability				\$6,961	\$6,961
Rent				\$7,800	\$7,800
<b>Subtotal Section C - DIRECT PROGRAM EXPENSES</b>			<b>\$10,000</b>	<b>\$245,411</b>	<b>\$255,411</b>
<b>D. TOTAL DIRECT COSTS</b>			<b>\$20,000</b>	<b>\$305,611</b>	<b>\$325,611</b>
<i>(Insert % Below)</i>					
<b>E. ADMINISTRATIVE INDIRECT COST RATE</b>	<b>0.000%</b>		<b>\$0</b>		<b>\$0</b>
<b>F. TOTAL BUDGET COSTS</b>			<b>\$20,000</b>	<b>\$305,611</b>	<b>\$325,611</b>

This budget workbook has been reviewed and approved by the following individual responsible for financial reporting:

<b>Name and Title</b>	John Pritchett
<b>Phone Number:</b>	812-430-7716
<b>Email Address:</b>	john@indianarecoveryalliance.org

# Indiana Recovery Alliance Indiana Recovery Alliance

## STATEMENT OF ACTIVITY

January - December 2019

	TOTAL
Revenue	
Contributed Revenue	372,387.47
Donations	-500.00
Grants	750.00
<b>Total Contributed Revenue</b>	<b>372,637.47</b>
<b>Total Revenue</b>	<b>\$372,637.47</b>
GROSS PROFIT	<b>\$372,637.47</b>
Expenditures	
Auto	2,693.21
Bank Charges	181.40
Charitable Contributions	44,010.00
Client Incentives	993.96
Commissions & fees	2.00
Computer & Software Expense	2,958.99
Disposal Fees	2,326.50
Dues & Subscriptions	622.82
Insurance	2,235.58
Internet	694.10
Legal & Professional Fees	3,628.00
Meals and Entertainment	18.63
Office Expenses	5,092.53
Parking	73.00
Participant Incentive	500.00
Payroll Expenses	
Taxes	26,779.77
Wages	76,429.77
<b>Total Payroll Expenses</b>	<b>103,209.54</b>
Promotional	165.31
Promotional Events	275.00
Rent or Lease	15,600.00
Repair & Maintenance	3,258.74
Shipping and delivery expense	1,192.13
Stationery & Printing	94.07
Subcontractors	4,335.99
Supplies	234,945.48
Taxes & Licenses	914.63
Telephone Expense	973.35
Tools	35.78
Travel	10,413.65
Travel Meals	166.19

# Indiana Recovery Alliance Indiana Recovery Alliance

## STATEMENT OF ACTIVITY

January - December 2019

	TOTAL
Utilities	90.93
<b>Total Expenditures</b>	<b>\$441,701.51</b>
NET OPERATING REVENUE	<b>\$ -69,064.04</b>
Other Revenue	
Interest Earned	10.60
<b>Total Other Revenue</b>	<b>\$10.60</b>
Other Expenditures	
Miscellaneous	70.00
<b>Total Other Expenditures</b>	<b>\$70.00</b>
NET OTHER REVENUE	<b>\$ -59.40</b>
NET REVENUE	<b>\$ -69,123.44</b>

# Indiana Recovery Alliance

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

DEPARTMENT OF THE TREASURY

Date: **MAY 27 2015**

INDIANA RECOVERY ALLIANCE  
2417 WOOLERY MILL DR  
BLOOMINGTON, IN 47403-0000

Employer Identification Number:  
47-3889160  
DLN:  
26053540001895  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
January 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
May 1, 2015  
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](http://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,



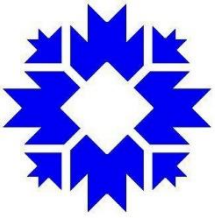
Director, Exempt Organizations

# Indiana Recovery Alliance

## Jack Hopkins Social Services Grant - History of Funding

2016	Purchase of an unmarked vehicle	\$17,600.00	Granted
2017	Purchase Supplies for Monroe County Syringe Service Program.	\$11,617.00	Granted
2018	Naloxone/ Salary, Printer, Furnishings and Items for Disposal	\$16,953.00	Granted

# Monroe County Humane Association



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
RECOVER FORWARD GRANT APPLICATION**

## **AGENCY CONTACT INFORMATION**

**Lead Agency Name:** Monroe County Humane Association

**Address:** PO Box 1334, Bloomington, IN 47402

**Phone:** 812-333-6242

**E-Mail:** mcha@monroehumane.org

**Website:** www.monroehumane.org

**Name of President of Board of Directors:** Hilary Horrey

**Name of Executive Director:** Rebecca Warren

**Phone:** 812-333-6242, ext. 101

**E-Mail:** rwarren@monroehumane.org

**Name and Title of Agency Contact Person:** Rebecca Warren, Executive Director

**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

# Monroe County Humane Association

## AGENCY INFORMATION

### Lead Agency:

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

*Note: If your agency is a first-time applicant for Jack Hopkins funding, you must provide 501(c)(3) documentation with your application.*

### Number of Employees:

Full-Time	Part-Time	Volunteers
8	13	50+

## AGENCY 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



# Monroe County Humane Association

## PROJECT INFORMATION

**Project Name:** Emergency Housing for Pet

**Total cost of project:** \$4,000

**Requested amount of JHSSF funding:** \$2,000

**Total number of City residents anticipated to be served by this project:** 30

**Total number of clients anticipated to be served by this project:** 40

## PROJECT SYNOPSIS (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$2,000 to provide additional funding towards pets in emergency housing for individuals or families who are homeless or have lost housing and have pets, those fleeing domestic violence, fire, and extended medical stays.

**Emergency Housing:** Any individual or family (regardless of subsidy) is eligible for immediate, housing for a term of 5 days from the date of intake for their pet(s). There is a \$50 fee per pet that will cover the cost of necessary and required medical care including rabies vaccine, Bordetella vaccine (for dogs), DAPP vaccine (for dogs) or FVRCP vaccine (for cats) and an application of flea prevention. There is a maximum of 2 pets, or 2 kennels available, per individual or family. For example, if a family has three pets, but two can be housed together, they will fall under the housing maximums.

**Extended Emergency Housing:** If a pet has not been collected by day 6, the contract will automatically roll into "Extended Emergency Housing", allowable for an additional 14 days. There is a maximum of 2 pets, or 2 kennels available, per family. For example, if a family has three pets, but two can be housed together, they will fall under the housing maximums.

Day 20 and Day 21: Pets in any emergency housing situation must be retrieved, or a boarding agreement must be signed. If after day 21, the pets are not reclaimed or a boarding agreement has not been made, the pets will be considered abandoned.

**Boarding:** For pets that extend beyond emergency housing extensions, but their owner would like to continue housing, boarding services are available at \$10 daily (subsidized) or \$20 daily (nonsubsidized). The pet(s) must be up-to-date on all vaccines, flea treatment and be spayed/neutered. Additional fees may apply for medication or special needs.

**Address where project will be housed:** 791 S. Fieldstone Blvd, Bloomington, IN 47403

# Monroe County Humane Association

**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 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.*

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

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, New Hope Shelter, 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.

# Monroe County Humane Association

## PROJECT COSTS

**Is this request for operational funds?**  Yes  No

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

Pilot  Bridge  Collaborative  None of the Preceding – General request for operational funds pursuant to 2020 funding guidelines.

**Other Funds Expected for this Project** (*Please indicate source, amount, and whether confirmed or pending*):

**Please describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:** A reimbursement/process would be a year from the date of funds received, or year-end 2021 via an internal report of housing clients served.

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

The Emergency Housing program will create additional opportunities for on-site volunteers seeking hands-on animal care roles. The on-site, dedicated facility will allow MCHA to expand our housing services to our current partners seeking to provide supportive services to families with pets. MCHA will also become eligible for 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, as well as donation support from local businesses and national pet food companies.

# Monroe County Humane Association

## FUNDING PRIORITIES -- RANKED

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

Yes       No

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

	Item	Cost
Priority #1	<b>Immediate Emergency Housing</b>	<b>\$1,000.00</b>
Priority #2	<b>Extended Emergency Housing</b>	<b>\$1,000.00</b>
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
<b>TOTAL REQUESTED</b>		<b>\$2,000</b>

# Monroe County Humane Association

## JACK HOPKINS FUNDING CRITERIA

### NEED (200 words or less)

*Explain how your project addresses: Recover Forward priorities of direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare, or 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 [2015-2019 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. Two-thirds of American households have pets, meaning in any local disaster, there will be a significant number of families with pet related needs seeking housing. Studies show as many as 48 percent of domestic violence victims may put off leaving their abusers out of fear for their pets' safety. The MCHA Emergency Housing facility will meet these current unmet needs of our community by creating a shelter that is dedicated to pet reunification for families with pets. The Emergency Housing shelter will operate as a first phase housing center in any disaster response, then coordinating to a larger, temporary shelter onsite. 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 or medical emergencies.

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

***Jack Hopkins Funds are intended to be a one-time investment. Please explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc.), please explain how your project satisfies an exception to the one-time funding rule (pilot, bridge, or collaborative). If you are requesting operational funds that do not satisfy one of the aforementioned exceptions, but your request is being made pursuant to the 2020 allowance for operational funds, please make that clear. If you are requesting operational funding, you must detail your plan for future funding.***

MCHA is seeking the one-time costs to enable us to increase our presence and ability to offer services to our low-income and homeless residents and their pets. With this 'seed money' we will be able to pursue additional future grant funds from multiple sources demonstrating the need and our success in meeting that need.

# Monroe County Humane Association

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

***Explain how your program will have broad and long-lasting benefits for our community.***

The Emergency Housing facility is a permanent and life-long investment into an animal friendly community that knows and believes how important pets are. There are currently no co-housing or low-cost boarding opportunities for families with pets in the event of a personal emergency, medical stay or local disaster. This permanent facility will be 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. Current city shelter housing requires relinquishment of the pet or housing for a maximum of four days before the pet becomes property of the city shelter. If a pet is reclaimed within four days, a multitude of fees associated with housing are applied. The Emergency Housing facility will be able to offer both short and extended housing options for low and no costs associated to families for years to come. The facility will be 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)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

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 County recognized emergency shelter for pets in the event of a local disaster.

# Monroe County Humane Association

## **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.

### **About Emergency Housing:**

In 2019, MCHA housed 34 animals for emergency housing, all but three 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 was coordinated on-site in the non-profit veterinary clinic out of a bank of five cages. Housing conditions required staff to come in multiple times per day to walk and relieve animals. Due to limited space on-site, the conditions also significantly limited our ability to offer emergency housing, or required us to refuse animals for housing due to available space. The facility also operates and houses animals for daily medical care, grooming or surgery related care. At high-volume, animals would be housed in all five cages and up to five crates distributed throughout the clinic spaces.

### **About the Emergency Housing Facility:**

MCHA's new Emergency Housing facility has allowed us to house up to 12 animals at once, providing space for either emergency housing for the public or our community partners, or to serve as an on-site emergency response shelter in the case of a small, local disaster that displaces families and pets such as a tornado, flood or fire. The facility allows animals to have free indoor-outdoor access, drastically improving animal conditions for extended stays. The facility also has a separate entrance, allowing volunteers to more easily come and care for the animals in housing, reducing the demand on staff. Security measures in the facility will allow all-hours availability for dedicated emergency response partners.

# Monroe County Humane Association

## Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning , and ending

35-6064277

### MONROE COUNTY HUMANE ASSOCIATION

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>783,318</u>
<b>Revenue</b>		
Contributions	<u>1,581,543</u>	
Program service revenue	<u>225,828</u>	
Investment income	<u>23,766</u>	
Capital gain / loss	<u>53,555</u>	
Fundraising / Gaming:		
Gross revenue <u>13,207</u>		
Direct expenses _____		
Net income	<u>13,207</u>	
Other income	<u>0</u>	
<b>Total revenue</b>		<u><b>1,897,899</b></u>
<b>Expenses</b>		
Program services	<u>329,693</u>	
Management and general	<u>66,679</u>	
Fundraising	<u>65,657</u>	
<b>Total expenses</b>		<u><b>462,029</b></u>
<b>Excess / (deficit)</b>		<u><b>1,435,870</b></u>
Changes		<u><b>-156,507</b></u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><b>2,062,681</b></u>

<b>Reconciliation of Revenue</b>	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><b>1,897,899</b></u>

<b>Reconciliation of Expenses</b>	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><b>462,029</b></u>

	<b>Balance Sheet</b>		
	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u>793,777</u>	<u>2,064,680</u>	
Liabilities	<u>10,459</u>	<u>1,999</u>	
Net assets	<u><b>783,318</b></u>	<u><b>2,062,681</b></u>	<u><b>1,279,363</b></u>

**Miscellaneous Information**

Amended return \_\_\_\_\_

Return / extended due date 11/15/19

Failure to file penalty \_\_\_\_\_

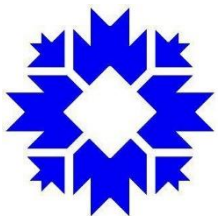


# Monroe County Humane Association

## Jack Hopkins Social Servies Grant - History of Funding

2001	Spay and Neuter Pets	\$6,000.00	Denied Funding
2019	Emergency housing and kenel facility	\$100,000.00	Denied Funding

# My Sister's Closet



**CITY OF BLOOMINGTON, COMMON COUNCIL  
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
RECOVER FORWARD GRANT APPLICATION**

## **AGENCY CONTACT INFORMATION**

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**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](https://SistersCloset.org)

**Name of President of Board of Directors:** Maryanne Pelic

**Name of Executive Director:** Sandy Keller

**Phone:** (812) 369-6582

**E-Mail:** Director@SistersCloset.org

**Name and Title of Agency Contact Person:** Sandy Keller, Executive Director

**Phone:** (812) 369-6582

**E-Mail:** Director@SistersCloset.org

**Name of Grant Writer:** Sandy Keller

**Phone:** (812) 369-6582

**E-Mail:** Director@SistersCloset.org

# My Sister's Closet

## AGENCY INFORMATION

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### Lead Agency:

Is the Lead Agency a 501(c)(3)? [ X ] Yes [ ] No

*Note: If your agency is a first-time applicant for Jack Hopkins funding, you must provide 501(c)(3) documentation with your application.*

### Number of Employees:

Full-Time	Part-Time	Volunteers
4 *	2	*Position for 4 <sup>th</sup> employee is currently vacant. MSC has reserved funds set aside for this position once it is filled. ** Student & Community Volunteers. In normal years, MSC operates with 350+ volunteers. These have been dramatically reduced at store level due to Covid due to age/pre-existing conditions and community health Covid restrictions. ***Volunteer Interns: In normal years, MSC operates with an average of 20 interns/semester, these have been reduced to zero at the store level due to Covid restriction guidelines set by the University and MCCSC. (Equivalent to

## AGENCY 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.*

My Sister's Closet is a non-profit organization, established to build a stronger community and promote economic self-sufficiency by providing women with professional support services and tools for success.

## PROJECT INFORMATION

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**Project Name:** Continuing Client Services in the Midst of Covid-19

**Total cost of project:** \$52,700

**Requested amount of JHSSF funding:** \$25,000

**Total number of City residents anticipated to be served by this project:** 400

**Total number of clients anticipated to be served by this project:** 100

# My Sister's Closet

## PROJECT SYNOPSIS (250 words or less)

**Please provide a brief overview of your project.** This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."

Due to the direct impact of Covid-19, My Sister's Closet is respectfully requesting **\$25,000** to supplement the income we would normally realize from store sales in an average year to fund our service work. Covid-19 has significantly impacted MSC's ability to be a mostly self-funding organization.

MSC relies on our re-sale store/space to function in a dual purpose.

- 1) As a programming space to provide clothing, services and job training to our vulnerable clients looking for employment assistance.
- 2) As a place to fund our mission with profits from store sales.

We are currently operating at approximately 65% of 2019 sales. Generally, sales from our resale boutique fund (80% annually) of our budget for staff, rent, and utilities expenses. While the shutdown required MSC to be closed 12 weeks, we still provided services to clients during that time. We reopened at reduced hours in June to just three days/week to the public, limiting store sales significantly. Since July, we have expanded hours to only five days/week because do not have enough regular volunteers to help run the store efficiently. As of Sept. 30<sup>th</sup>, MSC has still not seen the number of shoppers return to maintain our ability to pay for staff, rent, and utilities as in previous years. A grant of \$25,000 from the Jack Hopkins committee would make a substantial impact in our ability to keep serving clients with the same level of services.

**Address where project will be housed:** 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?**

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 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.**

Rent. Lease property since November 2014. Recently extended to Oct. 2022.

**Is the property zoned for your intended use?**  Yes  No  N/A

If "no," please explain:

# My Sister's Closet

**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 need.

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

No collaboration.

## PROJECT COSTS

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**Is this request for operational funds?**  Yes  No

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

Pilot  Bridge  Collaborative  None of the Preceding – General request for operational funds pursuant to 2020 funding guidelines.

**Other Funds Expected for this Project** *(Please indicate source, amount, and whether confirmed or pending):* Future Retail store sales and eBay store sales; Planned Dinner theater event scheduled in spring.

**Please describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:** Monthly disbursements based on paid wages.

# My Sister's Closet

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

**FISCAL LEVERAGING** *(100 words or less)*

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

Given the Jack Hopkins Grant award, this would help MSC leverage additional planned resources from the following: Call out for fundraising support from donors in planned end-of-year campaign; Additional Retail Sales throughout June 2021; and a planned Dinner Theater Funding event.

# My Sister's Closet

## FUNDING PRIORITIES -- RANKED

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

Yes       No

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

	Item	Cost
Priority #1	<b>Salary Deficient</b>	<b>\$25,000</b>
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
TOTAL REQUESTED		

# My Sister's Closet

## JACK HOPKINS FUNDING CRITERIA

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### NEED (200 words or less)

*Explain how your project addresses: Recover Forward priorities of direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare, or 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 [2015-2019 Consolidated Plan](#), or any other community-wide survey of social service needs.*

As cited 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 barriers 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. Please explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc.), please explain how your project satisfies an exception to the one-time funding rule (pilot, bridge, or collaborative). If you are requesting operational funds that do not satisfy one of the aforementioned exceptions, but your request is being made pursuant to the 2020 allowance for operational funds, please make that clear. If you are requesting operational funding, you must detail your plan for future funding.***

We are respectfully requesting 1-time investment Bridge Funding of \$25,000 to supplement decreased sales generated from our main source of program funding, (Resale Boutique) that have occurred due to the Shutdown and in the recovery period during Covid pandemic.



# My Sister's Closet

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

***Explain how your program will have broad and long-lasting benefits for our community.***

Helping to keep staff paid at My Sister's Closet would allow us to continue our services to help vulnerable populations of female headed households who are on the edge of falling through the cracks 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 women with employment services to help them become self-sufficient, with 199 reporting job success within 6 weeks of receiving services.

## **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

## My Sister's Closet

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.

A minimum of 100 clients able to apply for job and have greater access to better jobs over grant period.

# My Sister's Closet

Sales Deficient Year to Date from Last Year that contributes to salaries

Labor Cost 2019	\$125,429
Jack Hopkins Funding	\$25,000
Store Genrated Salaries from Sales	80,429
Fundraising - Anticipated	\$20,000

# My Sister's Closet My Sister's Closet Org

## PROFIT AND LOSS BY CLASS

January - December 2019

	RELOCATION FUND	NOT SPECIFIED	TOTAL
<b>Income</b>			
4100 Contributions	25,340.15	9,270.69	\$34,610.84
4110 Facebook Network for Good		1,721.00	\$1,721.00
4120 Kroger Card		1,051.67	\$1,051.67
4130 Amazon Smile		281.43	\$281.43
4150 Frankie's Closet	1,794.67		\$1,794.67
4160 NAP Credits		22,798.00	\$22,798.00
4170 Board Member Pledges	1.00	490.73	\$491.73
4180 Donation Box		87.00	\$87.00
<b>Total 4100 Contributions</b>	<b>27,135.82</b>	<b>35,700.52</b>	<b>\$62,836.34</b>
4190 In Kinds		600.00	\$600.00
4250 Fundraising Revenue	5,666.00	7,198.25	\$12,864.25
4400 Grants	30,600.00	1,000.00	\$31,600.00
4510 Square Income		124,743.11	\$124,743.11
4570 eBay Sales		1,072.93	\$1,072.93
4900 Other Income		5.79	\$5.79
<b>Total Income</b>	<b>\$63,401.82</b>	<b>\$170,320.60</b>	<b>\$233,722.42</b>
<b>GROSS PROFIT</b>	<b>\$63,401.82</b>	<b>\$170,320.60</b>	<b>\$233,722.42</b>
<b>Expenses</b>			
5050 Shipping and Handling		-12.15	\$ -12.15
5095 Labor Costs		125,429.30	\$125,429.30
5200 Occupancy Costs		42,897.83	\$42,897.83
5300 Advertising & Promotion	76.00	6,619.61	\$6,695.61
5400 Office/General Administrative Expenses	195.00	15,920.57	\$16,115.57
5800 Events / Fundraisers	1,090.50	813.07	\$1,903.57
8000 Other Operating Expenses	11.89	3,111.11	\$3,123.00
<b>Total Expenses</b>	<b>\$1,373.39</b>	<b>\$194,779.34</b>	<b>\$196,152.73</b>
<b>NET OPERATING INCOME</b>	<b>\$62,028.43</b>	<b>\$ -24,458.74</b>	<b>\$37,569.69</b>
Other Income	\$10.79	\$15.61	\$26.40
<b>NET OTHER INCOME</b>	<b>\$10.79</b>	<b>\$15.61</b>	<b>\$26.40</b>
<b>NET INCOME</b>	<b>\$62,039.22</b>	<b>\$ -24,443.13</b>	<b>\$37,596.09</b>

# My Sister's Closet

## Gross Sales by Month and Year

Year ■ 2019 ■ 2020

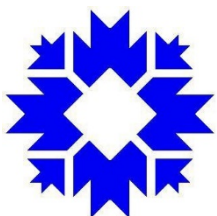


# My Sister's Closet

## Jack Hopkins Social Services Fund - History of Funding

Year	Recipient	Purpose	Amount Granted	Amount Requested
<i>2000</i>	<i>My Sister's Closet</i>	<i>Wages, Rent, Credit Card Processing, Parking Stickers and Loan Repayment</i>		<i>\$25,000.00</i>
2001	My Sister's Closet	To purchase display, tagging, and laundry equipment for clothing donation program	\$1,130.00	\$1,130.00
<i>2003</i>	<i>My Sister's Closet</i>	<i>Re-open retail and service facility</i>		<i>\$9,959.77</i>
2007	My Sister's Closet	To purchase equipment for resale store of women's workforce clothing and a display case to inform the public about the program.	\$2,500.00	
<i>2008</i>	<i>My Sister's Closet</i>	<i>Supporting Progress Towards Women's Economic Self-Sufficiency</i>		<i>\$13,200.95</i>
2009	My Sister's Closet	To pay rent and purchase boxes for storage facility.	\$1,781.88	\$1,864.32
<i>2011</i>	<i>My Sister's Closet</i>	<i>Maximized impact: Addressing the needs of clothing voucher recipients with extended store hours</i>		<i>\$4,524.00</i>
<i>2013</i>	<i>My Sister's Closet</i>	<i>The Green Side of Pink</i>	<i>\$0.00</i>	<i>\$13,516.00</i>
	My Sister's Closet	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	\$2,500.00
2014	My Sister's Closet	To pay the 1st year's salary to our executive director, for funding assistance for our Success Institute Programming, and software and computer hardware requests.	\$7,000.00	\$16,258.48
2015	My Sister's Closet	To pay for the salary of the Success Institute Coordinator.	\$10,000.00	\$20,000.00
<i>2016</i>	<i>My Sister's Closet</i>	<i>Ready-2-Work Work Experience Training Pilot Program</i>	<i>\$0.00</i>	<i>\$17,550.00</i>
2017	My Sister's Closet	Ready-2-Work program and Technology Equipment	\$9,490.00	\$11,489.70
2018	My Sister's Closet	Pilot project online sales coordinator	\$9,474.00	\$21,635.95
2019	<u>My Sister's Closet</u>			

\* Years in Italics indicate funding was denied.



**CITY OF BLOOMINGTON, COMMON COUNCIL**  
**JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE**  
**RECOVER FORWARD GRANT APPLICATION**

**AGENCY CONTACT INFORMATION**

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**Lead Agency Name:** The Project School

**Address:** 349 South Walnut Street | Bloomington, IN | 47401

**Phone:** 812.558.0041

**E-Mail:** [connect@theprojectschool.org](mailto:connect@theprojectschool.org)

**Website:** [www.theprojectschool.org](http://www.theprojectschool.org)

**Name of President of Board of Directors:** Rachael Jones McAfee

**Name of Executive Director:** Catherine Diersing

**Phone:** 812.558.0041

**E-Mail:** [cdiersing@theprojectschool.org](mailto:cdiersing@theprojectschool.org)

**Name and Title of Agency Contact Person:** Amy Jackson, Philanthropy & Outreach Director

**Phone:** 812.272.5035

**E-Mail:** [ajackson@theprojectschool.org](mailto:ajackson@theprojectschool.org)

**Name of Grant Writer:** Amy Jackson

**Phone:** 812.272.5035

**E-Mail:** [ajackson@theprojectschool.org](mailto:ajackson@theprojectschool.org)

# The Project School

## AGENCY INFORMATION

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**Lead Agency:** The Project School

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

*Note: If your agency is a first-time applicant for Jack Hopkins funding, you must provide 501(c)(3) documentation with your application.*

**Number of Employees:**

Full-Time	Part-Time	Volunteers
32	14	50 (when not in a pandemic)

## AGENCY 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 Project School is to uncover, recover and discover the unique gifts and talents that each child brings to school every day. Our school works collaboratively with families, community members and social service agencies to solve real problems, as well as to create art for public spaces. Students graduate from The Project School as stewards of the environment with the will, skill, capacity, and knowledge to contribute to the greater good. The vision of the Project School is to eliminate the predictive value of race, class, gender and special abilities on student success, by working together with families and community to ensure each child's success in school and in life. We believe in educating the whole child - heart, mind and voice.



# The Project School

## PROJECT INFORMATION

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**Project Name:** Robust Online Learning & Social-Emotional Supports for Students & Families During the COVID-19 Pandemic

**Total cost of project:** \$107,384

**Requested amount of JHSSF funding:** \$16,324

**Total number of City residents anticipated to be served by this project:** 840 (students, parents, staff)

**Total number of clients anticipated to be served by this project:** 940 (students, parents, staff)

### PROJECT SYNOPSIS (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

The Project School is requesting \$16,324 to complete our funding of a crucial expansion of programming in order to support robust online learning and online social-emotional development that has been implemented due to COVID-19 safety measures. The total project budget provides social-emotional staffing resources for virtual and hybrid students; accessibility tools for students with disabilities to more independently access digital resources; off-campus access to reliable high-speed internet for struggling students and families; student devices for 1:1 access during virtual learning; off-site filtering of school managed devices and accounts to provide students with safe internet access; up-to-date devices and equipment for educators supporting online and hybrid learning formats; and the replacement/addition of wireless access points and switches within our two school buildings. A significant portion of the project budget (85%) has already been secured via two confirmed substantive grants.

Specific to this grant application, we are submitting a request to fund the remaining technology needs of this project, including internet safety and online curricular software, wireless access points, and educator equipment. Through acquisition of these items and completion of their implementation, The Project School will be able to ensure a continuous robust, engaging, meaningful and mission-driven learning and development experience for our students and families, no matter the learning format they experience during the pandemic crisis. Funding of this project will ensure that TPS will be able to pivot successfully in supporting ALL students in an all-virtual format, should Monroe County once again become a COVID-19 hotspot mandating complete school closure.

**Address where project will be housed:** The project will be housed out of The Project School at 349 South Walnut Street, Bloomington, Indiana, 47401; however, much of the project will be implemented virtually with students and families.

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

Yes  No  N/A

# The Project School

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

N/A

# The Project School

## PROJECT COSTS

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**Is this request for operational funds?**  Yes  No

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

Pilot  Bridge  Collaborative  None of the Preceding – General request for operational funds pursuant to 2020 funding guidelines.

**Other Funds Expected for this Project** (*Please indicate source, amount, and whether confirmed or pending*):

We have received \$51,060 from the Community Foundation of Bloomington & Monroe County LEARN Fund. We have received \$40,000 through a Title IV Innovation Grant from the Indiana Department of Education. All of these funds have already been confirmed.

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

We will submit claims for reimbursement by December 2020. Because we have already selected the technology that will be funded through a Jack Hopkins Recover Forward grant, we will only need to place the orders and submit our receipts for reimbursement. All funds will be utilized within the remainder of this calendar year, as they fund technology that is essential for current online learning due to COVID-19.

**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 Project School has already received a grant of \$51,060 from the Community Foundation of Bloomington & Monroe County to cover the costs of student and staff devices and wireless access equipment for families in need, and a \$40,000 Title IV Innovation Grant from the Indiana Department of Education to cover the staffing associated with our virtual social-emotional supports. We have therefore received 85% of the funding to cover the overall project and are currently seeking to leverage these funds to secure the remaining 15%.

# The Project School

## FUNDING PRIORITIES -- RANKED

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

Yes       No

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

	Item	Cost
Priority #1	1 GoGuardian Suite for Internet Safety	\$6382
Priority #2	8 Wireless access points and switches	\$3710
Priority #3	20 Professional Zoom accounts for host educators	\$1800
Priority #4	4 document projectors	\$1200
Priority #5	4 document cameras	\$1100
Priority #6	1 Text Help Co. Read & Write Online Curriculum	\$1032
Priority #7	20 headsets with microphones & 12 charging hubs	\$1100
TOTAL REQUESTED		\$16,324

# The Project School

## **JACK HOPKINS FUNDING CRITERIA**

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### **NEED** (200 words or less)

*Explain how your project addresses: Recover Forward priorities of direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare, or 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 [2015-2019 Consolidated Plan](#), or any other community-wide survey of social service needs.*

Our request directly addresses several priorities outlined in the SCAN report, including: educational outcomes; support for educational attainment and academic achievement; and support for vulnerable youth, including youth with disabilities, youth experiencing poverty, and youth experiencing mental health crisis:

30% of students currently experience poverty, as defined by those who qualify for the free and reduced lunch program.

22% of students are currently supported through an Individual Education Plan.

50% of students are currently learning completely virtually, and 25% of our students are utilizing a hybrid learning model. 18% of our students are participating virtually exclusively because they have a medical diagnosis that creates significant vulnerability.

31% of students do not have any or reliable access to the internet.

57.8% of students only have access to school-provided devices.

81% of students have educator-identified social-emotional, behavioral, mental health and/or executive functioning needs.

The implementation of a robust virtual learning program and virtual social-emotional support program is essential in the time of COVID-19, to ensure that students do not fall behind or experience mental distress – experiences that will greatly impact their future educational outcomes and achievements, and that will create far greater vulnerability and therefore far greater long-term societal support needs.

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

***Jack Hopkins Funds are intended to be a one-time investment. Please explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc.), please explain how your project satisfies an exception to the one-time funding rule (pilot, bridge, or collaborative). If you are requesting operational funds that do not satisfy one of the aforementioned exceptions, but your request is being made pursuant to the 2020 allowance for operational funds, please make that clear. If you are requesting operational funding, you must detail your plan for future funding.***

# The Project School

The funds will enable us to complete our effort to acquire new equipment and update technology to best support our students and families. TPS has demonstrated a high degree of stewardship of technology. Prior to the pandemic, we were utilizing devices that were up to 10+ years old, purchased at the beginning of the school's existence. We believe that thoughtfully selected new equipment and technology will carry us well into the future, as we steward these dollars to purchase equipment that will last us as long as possible. Upgrades and maintenance will be covered via our operational budget.

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

***Explain how your program will have broad and long-lasting benefits for our community.***

We currently serve 307 students - 30% experience poverty, and 22% have special learning needs. Our classrooms are fully inclusive, and we provide equitable, wrap-around services for all families, who often come to us with a variety of needs, which are often not reflected by the data points above: families with two parents working from home, who need to be on their work devices throughout the day; working families who have no devices in their home, even though they do not qualify for free or reduced lunch; families with multiple children who would not be able to share a single device for all-day virtual learning; families with children with significant social-emotional and behavioral challenges, who need effective technology to be able to have these needs met.

Our program will have broad and long-lasting impact because our robust virtual-learning and social-emotional supports will ensure that families on the margin – experiencing poverty, disability and social-emotional crises – will be supported before they become in need of larger community services. Additionally, by creating stronger educational outcomes even amidst the pandemic, we will ensure that children thrive and successfully matriculate on to high school and beyond, becoming successful community citizens.

## **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

# The Project School

We will measure success when all 307 students have access to the internet and to robust virtual learning; when all educators have tools needed to implement virtual learning; when all students experiencing social-emotional/behavioral challenges are fully supported. Outcome indicators will include insuring that our 30% students in poverty have the resources needed to fully participate in online learning; insuring that our 22% students with IEPs have their plans fully supported during virtual learning; and insuring that the 81% of our students struggling with social-emotional/behavioral challenges have access to staffing and programs so that they may be productive in online learning.

## **OTHER COMMENTS** *(500 words or less)*

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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 Project School

TPS was able to implement a long-dreamed of school expansion in this new academic year. This became possible once we had secured a secondary learning space on South Washington Street, adjacent to our main downtown building, along with financing to make it a reality. We have expanded enrollment by 27 students off our waitlist of 300+, with a second phase of expansion set for the 2021-2022 academic year (adding another approximately 30 students). As part of our expansion, we were so pleased to be able to also include a new lottery prioritization – made possible because of recently passed state legislation – which allows for families experiencing poverty to receive a prioritized spot in our lottery. This has enabled us to reach toward our new goal of supporting a minimum of a 40% poverty rate among the families we serve. We were able to actualize both our expansion and poverty rate goals in the days immediately before the pandemic arrived and our community closed.

Had we known what was to come literally moments later, we would none-the-less have gone ahead with enacting these goals – because we believe it is what our mission, vision, and values compel us to do. Now more than ever, in this time of crisis, we believe in caring for families with our individualized, whole-child supports. However, our expansion has brought to light even greater need in this time of crisis, as we now support so many additional families experiencing poverty, and families with children with special learning and social-emotional challenges.

TPS demonstrates great intentionality in the use of our core values to guide the design of every program we implement:

**Empowering** students and their families to be contributing participants in their education, their community, and the diverse society in which we live. The keystones to change rely upon the creation of a learning community that provides students with experiences that are immediately relevant.

**Knowing** yourself well, which is the pathway to knowing and understanding others well and is the pathway to the kind of collaboration that can solve problems and bring people together for the greater good.

**Valuing** the contributions of all members of the learning community. A school works best for each student and family it serves when the culture of the school is both inclusive and inviting.

**Judging** our success based on the success of our students, particularly those with the highest needs and the most challenges.

**Tailoring** our practices to serve all children, including our own. We will identify all obstacles and barriers to success and work collaboratively to systematically dismantle them. There is no reason to fail.

**Celebrating** and honoring our families and their communities by valuing our students and families, their diverse histories, and their ancestral backgrounds.

**Creating** a culture where all are important and valued, by nurturing positive relationships with all members of the community.

**Infusing** environmentally responsible practices into our school's culture and curriculum.



# The Project School

## Robust Online Learning & Social-Emotional Supports for Students & Families During the COVID-19 Pandemic

### Project Budget

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#### PROJECT EXPENSES

##### TECHNOLOGY FOR STUDENTS & STAFF \*

30 Chromebook Tablets @ \$350	\$10,500
30 Chromebooks @ \$320	\$9,600
36 T-Mobile HotSpots for Families @ \$120	\$4,320
306 Chromebook Sleeves @ \$10	\$3,060
20 MacBook Pros @ \$1,179	\$23,580
<b>TOTAL</b>	<b>\$51,060</b>

##### SOCIAL-EMOTIONAL STAFFING & VIRTUAL PROGRAM DEVELOPMENT \*\*

1 Licensed Educator @ .8 FTE	\$40,000
<b>TOTAL</b>	<b>\$40,000</b>

##### PLATFORMS FOR REMOTE INSTRUCTION \*\*\*

GoGuardian Suite for Internet Safety	\$6,382
Professional Zoom for 20 Host Educators	\$1,800
Text Help Co. Read & Write Curriculum	\$1,032
<b>TOTAL</b>	<b>\$9,214</b>

##### TECHNOLOGY FOR INSTRUCTIONAL USE \*\*\*

4 Document Projectors @ \$300	\$1,200
5 Document Cameras @ \$220	\$1,100
20 Headsets with Microphones @ \$40	\$800
12 Charging Hubs @ \$25	\$300
8 Wireless Access Points & Switches @ 463.75	\$3,710
<b>TOTAL</b>	<b>\$7,110</b>

**TOTAL EXPENSES** **\$107,384**

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#### LEVERAGED INCOME

CFBMC LEARN Fund *	\$51,060
IDOE Title IV Innovation Grant **	\$40,000
<b>TOTAL INCOME</b>	<b>\$91,060</b>

**TOTAL REQUEST \*\*\*** **\$16,324**

**The Bloomington Project School**

July 2019 - June 2020

Segment Name	Filter Applied
Location	All
Fund	All
Function	All
Account	All

Account Code	Description	Actual
3111	Basic Grant	\$1,914,639
3118	Charter-Innovation Netwk Schools Grant	\$230,504
3293	Excellence in Performance/TAG Grant	\$10,298
<b>Basic State Aid</b>		\$2,155,441
4223	Special Education	\$55,929
4291	School Lunch Reimbursement	\$23,096
4292	School Breakfast Reimbursement	\$9,511
4514	Title I	\$36,009
4515	Quality Counts Innovation Grant	\$9,955
4550	Title IV	\$13,000
4990	Title II Funds	\$118,458
<b>Federal Revenue</b>		\$265,958
0000	E Rate Income	\$6,300
1760	Receipts from Extra Curricular Activity Accounts	\$306
1999	Other Revenues	\$12
3214	Early Intervention/ Reading Recovery	\$2,657
3217	State Connectivity	\$6,300
3230	High Ability Grant	\$19,319
3910	Textbook Reimbursements	\$6,240
<b>Other State Revenue</b>		\$41,134

**The Bloomington Project School**

July 2019 - June 2020

1611	School Lunch Program	\$16,891
1741	Student Fees	\$13,900
1920	Contributions and Donations	\$72,780
1999	Other	\$36,808
<b>Local Revenue</b>		\$140,379
<b>Total Revenue</b>		\$2,602,912
1100	Certified Salaries	\$1,023,794
<b>Certificated Salaries</b>		\$1,023,794
1200	Noncertified Salaries	\$417,244
<b>Classified Salaries</b>		\$417,244
2110	Social Security - Noncertified	\$32,044
2120	Social Security - Certified	\$80,176
2140	Public Employees Retirement Fund	\$6,928
2160	Teacher Retirement Fund	\$23,577
2210	Group Life Insurance	\$4,313
2220	Group Health Insurance	\$117,000
2250	Workers Compensation Insurance	\$844
2300	Unemployment Compensation	\$2,146
2900	Other Employee Benefits	\$78,957
<b>Employee Benefits</b>		\$345,986
6110	Operational Supplies	\$32,075
6140	Food Purchases	\$38,136
6300	Textbooks	\$2,261
6550	Supplies-Technology Related_Under CAP Threshold	\$1,484
6600	Other Supplies and Materials	\$6,035
<b>Books and Supplies</b>		\$79,990

**The Bloomington Project School**

July 2019 - June 2020

3120	Conference	\$693
3190	Other Professional and Technical Services	\$131,965
4110	Water and Sewage, Maintenance	\$4,614
4200	Cleaning Services	\$36,949
4300	Repairs and Maintenance Services	\$680
4310	Non-Technology-Related Repairs and Maintenance	\$592
4400	Rentals	\$2,516
4410	Rentals of Land and Buildings	\$114,692
4430	Rentals of Computers and Related Equipment	\$22,975
5100	Student Transportation Services	\$70
5200	Insurance	\$16,773
5300	Communications, Licensing, and Subscriptions	\$22,250
5800	Travel	\$5,599
5930	Other Purchased Services	\$235
6210	Electricity	\$18,115
6220	Gas	\$4,109
8100	Dues and Fees	\$74,097
<b>Services &amp; Other Operating Expenses</b>		<b>\$456,925</b>
8770	Depreciation	\$74,439
<b>Capital Outlay</b>		<b>\$74,439</b>
8320	Interest-Long Term Debt	\$93,465
8710	Bank Service Charges	\$9,450
8760	Miscellaneous	\$7,964
<b>Other Outgo</b>		<b>\$110,879</b>
<b>Total Expenses</b>		<b>\$2,509,257</b>
<b>Net Income</b>		<b>\$93,655</b>

**The Bloomington Project School**

June 2020

Segment Name	Filter Applied
Location	All
Fund	All
Function	All
Account	All

Group Description	Account	Account Description	
<b>Liquidity Ratio</b>			1.9
<b>Assets</b>			
<b>Current Assets</b>			
Cash	01-0100-8050	Cash in General Checking	\$556,275
Cash	01-2350-8050	Cash in ECA Account	\$166,874
Prepaid Expenses	01-0100-8300	Prepaid Expenses	\$3,023
Prepaid Expenses	01-5800-8330	Accounts Receivable	\$10,000
Prepaid Expenses	01-6891-8300	Prepaid Expenses	\$9,000
Prepaid Expenses	01-6891-8330	Accounts Receivable	\$22,876
Total Current Assets			\$768,049
<b>Fixed Assets</b>			
Land	01-0100-8701	Textbooks	\$77,317
Buildings and Improvements	01-0100-8720	Building & Improvements	\$2,222,431
Computer Equipment	01-0100-8730	Equipment	\$223,712
Computer Equipment	01-0100-8740	Computer Equipment	\$256,667
Furniture and Fixtures	01-0700-8721	Construction In Progress	\$101,632
Accumulated Depreciation	01-0100-8750	Accumulated Depreciation	(\$1,344,250)
Total Fixed Assets			\$1,537,508
<b>Other Assets</b>			
Security Deposits	01-0100-8600	Security Deposit	\$10,000
Security Deposits	01-6891-8600	Security Deposit	\$2,500

**The Bloomington Project School**

June 2020

Total Other Assets			\$12,500
<b>Total Assets</b>			<b>\$2,318,056</b>
<b>Liabilities And Net Assets</b>			
<b>Current Liabilities</b>			
Accrued Salaries, Payroll Taxes, Postemployment Benefits	01-0100-9250	Teacher Retirement	\$10,397
Accrued Salaries, Payroll Taxes, Postemployment Benefits	01-0100-9260	Public Employees' Retirement Fund	\$1,463
Accrued Salaries, Payroll Taxes, Postemployment Benefits	01-0100-9300	Other Payroll Deductions	\$21,615
Accrued Salaries, Payroll Taxes, Postemployment Benefits	01-0100-9500	Accrued Expenses	\$3,600
Accrued Salaries, Payroll Taxes, Postemployment Benefits	01-0100-9501	Accrued Salaries Payable	\$213,023
Accrued Salaries, Payroll Taxes, Postemployment Benefits	01-0100-9600	Accounts Payable	\$8,892
Accrued Salaries, Payroll Taxes, Postemployment Benefits	01-0100-9601	Accrued Liabilities	\$101,632
Accrued Salaries, Payroll Taxes, Postemployment Benefits	01-0100-9603	Refundable Advances	\$33,476
Total Current Liabilities			\$394,098
<b>Long Term Liabilities</b>			
Loans Payable	01-0100-9101	Temporary Loans	\$42,380
Loans Payable	01-0100-9701	IFF Loan	\$1,040,566
Loans Payable	01-0100-9702	ONB Loan	\$338,265
Loans Payable	01-0100-9703	Bloom Urban Enterprise	\$1,667
Loans Payable	01-3999-9101	Temporary Loans-PPP	\$335,100
Total Long Term Liabilities			\$1,757,978
<b>Total Liabilities</b>			<b>\$2,152,076</b>

**The Bloomington Project School**

June 2020

<b>Net Assets</b>			
Unrestricted Net Assets	01-0100-9900	Unrestricted Fund Balance	\$72,325
Profit/Loss YTD			\$93,655
Total Net Assets			\$165,980
<b>Total Liabilities And Net Assets</b>			<b>\$2,318,056</b>

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

# The Project School

DEPARTMENT OF THE TREASURY

Date: **SEP 03 2008**

THE BLOOMINGTON PROJECT SCHOOL INC  
C/O GARRY L FOUNDS  
MALLOR CLENDENING GRODNER & BOHRER  
511 WOODSCREST DR  
BLOOMINGTON, IN 47401

Employer Identification Number:  
26-2228525  
DLN:  
17053092356028  
Contact Person:  
ANDREA SPECK ID# 95044  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
June 30  
Public Charity Status:  
170(b)(1)(A)(ii)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
March 15, 2008  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (D0/CG)

*507C  
12/08*

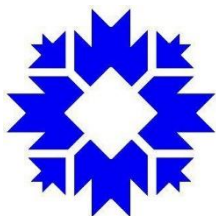


# The Project School

## Jack Hopkins Soical Service Grant - History of Funding

2014	The Project School	Accessible Door Installation	\$4,100.00	DENIED
2018	The Project School	Camera Monitoring System	\$2,460.00	DENIED

# Refuge Support Network



**CITY OF BLOOMINGTON, COMMON COUNCIL**  
**JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE**  
**RECOVER FORWARD GRANT APPLICATION**

## **AGENCY CONTACT INFORMATION**

---

**Lead Agency Name:** Refugee Support Network

**Address:** 3500 East Bradley Street, Bloomington IN 47401

**Phone:** 812-325-4279

**E-Mail:** [Bloomingtonrefugees@gmail.com](mailto:Bloomingtonrefugees@gmail.com)

**Website:** <https://www.bloomingtonrefugees.org/>

**Name of President of Board of Directors:** Vacant (resigned due to health issues)

**Name of Executive Director:** Pete Lenzen (acting); Rosemary Hart (acting)

**Phone:** 812-325-4279

**E-Mail:** [PLNAVY75A@gmail.com](mailto:PLNAVY75A@gmail.com)

**Name and Title of Agency Contact Person:** Pete Lenzen

**Phone:** 812-325-4279

**E-Mail:** [PLNAVY75A@gmail.com](mailto:PLNAVY75A@gmail.com)

**Name of Grant Writer:** Christina Alway

**Phone:** 937-308-4237

**E-Mail:** [calway14@live.com](mailto:calway14@live.com)

# Refuge Support Network

## AGENCY INFORMATION

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**Lead Agency:** Refugee Support Network

Is the Lead Agency a 501(c)(3)? [ X ] Yes [ ] No

*Note: If your agency is a first-time applicant for Jack Hopkins funding, you must provide 501(c)(3) documentation with your application.*

**Number of Employees:**

Full-Time	Part-Time	Volunteers
0	0	10

## AGENCY 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 Refugee Support Network supports asylum seekers, refugees, and other immigrants in Monroe County. Many of our clients are engineers, teachers, and other professionals who are fleeing violence in their home countries and are now trying to restart their lives, raise their children in safety, and reacquire the skills and certifications needed to be self-sufficient in America. Working with other community organizations, we help our clients meet their immediate needs like food, rent, utilities, transportation, medical support, and trauma counseling. We help our clients learn about our community, schools, job interviews, and driving lessons. Many of our clients “pay it forward” by volunteering at schools and donating food for community events. Our goal is to help our clients create positive relationships with, and contribute to, the greater community.

# Refuge Support Network

## PROJECT INFORMATION

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**Project Name:** Supporting Bloomington Refugees

**Total cost of project:** \$30,000

**Requested amount of JHSSF funding:** \$5,000

**Total number of City residents anticipated to be served by this project:** 25

**Total number of clients anticipated to be served by this project:** 25

## PROJECT SYNOPSIS *(250 words or less)*

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$5,000 to support our clients with rent payments and upcoming medical fees. Many of our clients lost wages due to Covid-19 business shutdowns and were forced to delay payments for rent. Fortunately, the rent/eviction moratorium has provided time for financial recovery. We are working with our clients now so that they will be prepared to pay back rent before the moratorium expires in 2021. Secondly, many of our clients do not have health insurance and have had unexpected medical expenses. Many of our clients work in the service industry (restaurants & cleaning) and when businesses reopen, find themselves at a higher risk of contracting COVID. The Refugee Support Network volunteers assist our clients in finding affordable, practical, and necessary medical care for unexpected medical issues, including Covid-19 and routine physical check-ups. We help clients prepare and submit applications for financial assistance programs through IU Health and other local agencies.

**Address where project will be housed:** n/a

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

Yes  No  N/A

# Refuge Support Network

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

# Refuge Support Network

## PROJECT COSTS

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**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot  Bridge  Collaborative  None of the Preceding – General request for operational funds pursuant to 2020 funding guidelines.

**Other Funds Expected for this Project** (*Please indicate source, amount, and whether confirmed or pending*): We have already received \$11,900 of donations for this project and are waiting on an additional \$2,800 of pending grants. We have already paid out \$9,700 for rent and medical expenses that are included in this program.

**Please describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:** We will submit claims for reimbursement per program guidelines. The Refugee Support Network does not pay clients directly for their financial needs (such as a rent payment), rather, we make direct payments to the appropriate agency, landlord, or medical office on the clients’ behalf. If awarded, we would submit requests to the city for our payments. We anticipate these requested funds will be depleted for COVID relief prior to end of the year when the eviction moratorium is lifted, but hopefully, by this time, clients will be current on rent and other bills, and back to work, with increasing hours.

**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 rely fully on our volunteer translators, “special friends,” and “coordinators” that are assigned clients to befriend and support. Our volunteers drive clients to doctor appointments, help to mediate between landlords, and help our clients thrive in Bloomington. Additionally, we have \$9,700 of other funds that have already been spent on this COVID support project.

# Refuge Support Network

## FUNDING PRIORITIES -- RANKED

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

Yes       No

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

	Item	Cost
Priority #1	<b>Housing support (post-eviction moratorium preparation)</b>	<b>\$3,000</b>
Priority #2	<b>Medical support (Covid-19 related and other emergency or urgent medical expenses)</b>	<b>\$2,000</b>
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
TOTAL REQUESTED		

# Refuge Support Network

## JACK HOPKINS FUNDING CRITERIA

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### **NEED** (200 words or less)

*Explain how your project addresses: Recover Forward priorities of direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare, or 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 [2015-2019 Consolidated Plan](#), or any other community-wide survey of social service needs.*

Our project will directly impact Bloomington asylum seekers, refugees, and other immigrants, that are struggling to pay their rent and who are attempting to increase their personal safety through preventative and critical medical care. In the past six months, twelve of our clients have had difficulty paying their rent during the pandemic and have relied on the Indiana eviction moratorium to stay safe and sheltered. While some of our clients are back to work part time, they still struggle to make ends meet and resolve back-pay issues for their apartments.

In addition, many Bloomington refugees, immigrants, and asylum seekers struggle to access healthcare due to lack of insurance, language barriers, fear of unanticipated costs, and a lack of understanding of which public benefits they qualify for. The pandemic has increased these fears and has led to many at-risk clients avoiding the care they need to stay safe and healthy.

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

***Jack Hopkins Funds are intended to be a one-time investment. Please explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc.), please explain how your project satisfies an exception to the one-time funding rule (pilot, bridge, or collaborative). If you are requesting operational funds that do not satisfy one of the aforementioned exceptions, but your request is being made pursuant to the 2020 allowance for operational funds, please make that clear. If you are requesting operational funding, you must detail your plan for future funding.***

This grant will be used as one-time funding to assist our clients in recovering from the unexpected income losses incurred from the pandemic. Our clients are generally able to work to pay their rent and other living expenses, under 'normal' circumstances but need additional help with the rent they were unable to pay while unemployed or home from work.



# Refuge Support Network

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

***Explain how your program will have broad and long-lasting benefits for our community.***

Our clients are eager to create new lives within the Bloomington community and are passionate about not wanting charity. They strongly want to be self-sufficient, earn their own way, pay taxes, and contribute to the community. However, when households are behind on rent or sick with a condition that is treatable, and unable to provide for their families, they reluctantly ask for assistance, not wanting to be burdensome to the community. By supporting our clients now, they will be able to continue to build upon their new lives in Bloomington. Some of our previous clients that have adjusted to life in our community now volunteer to help newly arrived asylum seekers and immigrants assimilate. Our clients have become restaurant owners, teachers, engineers, and chefs. This program will continue to strengthen the diverse, welcoming culture that Bloomington is known for.

## **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

We intend to support 25 client families with rent payments before the eviction moratorium expires.

We intend to assist 12 client families access emergency insurance, new medical appointments, treatment, and therapy by year end.

Through these actions, we intend to see 30 client families improve their financial stability, physical and emotional health, and confidence, enabling them to contribute to their surrounding community.

# Refuge Support Network

## Refugee Support Network: Project Budget

Funds received and not spent as of Oct 1: \$11,900

Funds received and spent prior to Oct 1: \$9,700

Pending grant: \$2,800

Jack Hopkins: \$5,000

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Total funds for project: \$29,400

## Jack Hopkins breakdown

Total: **\$5,000**

**\$3000** to provide 25 client families with housing support

Enable families to stay in their homes until the local economy recovers, their employment returns and they will be able to support their families.

**\$2000** to provide 12 client families with personal safety via medical support

Enable clients to avoid COVID spread, get insurance for emergency medical issues, proactive medical treatment, and trauma counseling.

# Refuge Support Network

## FINANCIAL RECORD FOR 2019

BALANCE FROM 2018 15,424.00

### 2019 INCOME

Donations 327.00

Grants 5,000.00

Income from Sales 335.00

**TOTAL CASH INCOME 5,662.00**

*Plus in-Kind Contributions 3,400.00*

### 2019 EXPENSES

OFFICE SUPPLIES 161.98

WORLD REFUGEE DAY CELEBRATION SUPPLIES 300.00

BANK FEES 5.58

#### ALLOCATIONS TO CLIENTS

Application Fees 325.00

Transportation to Chicago (for hearings) 146.89

Attorney Fees 320.00

Food 130.00

Rent 2,819.93

Moving Expenses 87.93

Utilities 105.97

**TOTAL EXPENSES 4,403.28**

NET CASH INCOME FOR 2018 1,258.72

# Refuge Support Network

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

DEPARTMENT OF THE TREASURY

Date:

**NOV 30 2017**

BLOOMINGTON REFUGEE SUPPORT NETWORK  
INC  
3101 EAST SAINT JAMES COURT  
BLOOMINGTON, IN 47401-7105

Employer Identification Number:  
82-3180823  
DLN:  
26053717002847  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(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 17, 2017  
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](http://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

0340

# Refuge Support Network

BLOOMINGTON REFUGEE SUPPORT NETWORK

Sincerely,

A handwritten signature in cursive script that reads "Stephen A. Martin".

Director, Exempt Organizations  
Rulings and Agreements

Letter 947

0341

# Refuge Support Network

## Jack Hopkins Social Services Grant - History of Funding

First time applicant, no funding history

# WFHB Community Radio, Inc.

## CITY OF BLOOMINGTON, COMMON COUNCIL JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE RECOVER FORWARD GRANT APPLICATION

### AGENCY CONTACT INFORMATION

**Lead Agency Name:** WFHB Community Radio, Inc.

**Address:** 108 West 4th Street, Bloomington IN 47404

**Phone:** 812-323-1200

**E-Mail:** [manager@wfhb.org](mailto:manager@wfhb.org)

**Website:** [wfhb.org](http://wfhb.org)

**Name of President of Board of Directors:** Emily Jackson

**Name of Executive Director:** Jar Turner

**Phone:** 812-323-1200

**E-Mail:** [manager@wfhb.org](mailto:manager@wfhb.org)

**Name and Title of Agency Contact Person:** Jar Turner

**Phone:** 812-323-1200

**E-Mail:** [manager@wfhb.org](mailto:manager@wfhb.org)

**Name of Grant Writer:** Emily Jackson

**Phone:** 812-322-7087

**E-Mail:** [president@wfhb.org](mailto:president@wfhb.org)

# WFHB Community Radio, Inc.

## AGENCY INFORMATION

### Lead Agency:

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

*Note: If your agency is a first-time applicant for Jack Hopkins funding, you must provide 501(c)(3) documentation with your application.*

Full-Time: 3

Part-Time: 2

Volunteers: 175

**Number of Employees: 5**

### AGENCY 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.*

MISSION: WFHB exists to provide an open forum for the exchange and discussion of ideas and issues, and to celebrate and increase the local cultural diversity.

VISION: WFHB envisions a sustainable, diverse, participatory multimedia service that contributes to an entertained, informed, and empowered community.

## PROJECT INFORMATION

**Project Name:** Youth Radio Project

**Total cost of project:** \$8,700

**Requested amount of JHSSF funding:** \$8,700

**Total number of City residents anticipated to be served by this project:** 12

**Total number of clients anticipated to be served by this project:** 15

### PROJECT SYNOPSIS (250 words or less)

*Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$8,700 as bridge funding to restart Youth Radio. Youth Radio has been a feature of WFHB Community Radio programming for 25 years, airing each Saturday from 6pm - 10pm. The program has been on hold since the spring. Staff, volunteers, teachers, and students have been meeting biweekly to reconstruct the program to fit current circumstances. Activities include investigation of best practices, strategies to reach more



## WFHB Community Radio, Inc.

schools and teachers, and a new job description to guide coordinator activities. A guest speaker from a strong youth radio organization in Colorado offered valuable strategies that are assisting these efforts.

These meetings will link teachers and students to WFHB staff to help students develop content remotely.

Students are encouraged to bring their voice to radio, their perspective and choices about on-air content.

Students are DJs, playing music they choose, but also present written materials and converse with each other in unscripted conversations. Beyond the 4-hour time slot, students are encouraged to develop content to air throughout the day, for example short modules on a subject of interest. Students are encouraged to join news and public affairs program production. Students recently expressed interest in encouraging voting and will create these announcements.

WFHB offers a remote learning model in which podcasts become part of classroom work with technical assistance from the Youth Radio Coordinator. Opportunities to train students exists throughout the process of radio broadcasting: DJ mixing and speaking skills, creating and editing content, as well as archiving finished work.

**Address where project will be housed:** 108 West 4th Street, Bloomington IN 47404

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

Yes  No  N/A

# WFHB Community Radio, Inc.

**If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project 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.

N/A

*Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

**Is this a collaborative project?**  Yes  No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges. \_

## PROJECT COSTS

**Is this request for operational funds?**  Yes  No

If “yes,” indicate the nature of the operational request:

Pilot  Bridge  Collaborative  None of the Preceding – General request for operational funds pursuant to 2020 funding guidelines.

**Other Funds Expected for this Project** (*Please indicate source, amount, and whether confirmed or pending*):

N/A

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

Claims will be submitted monthly with the final submission to be made by Monday 17, 2021

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

N/A

# WFHB Community Radio, Inc.

## FISCAL LEVERAGING (100 words or less)

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

The WFHB planning group includes Harmony School, Bloomington Academy of Film and Theatre (BAFT), The Project School and outreach to schools continues. Both Harmony School Spanish Language class and The Project School are offering podcast opportunities to link to Youth Radio. Monroe County Public Library's Youth Services Division will work with Youth Radio regarding music download options and offer meeting facilities, when the space is available. WFHB operates with the dedicated work of 175 volunteers, working in all aspects of radio production, which is the supportive foundation for all program activities.

# WFHB Community Radio, Inc.

## FUNDING PRIORITIES -- RANKED

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

Yes  No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	Salary for Youth Radio Coordinator for 6 months	\$7,500
Priority #2	Broadcasting Equipment	\$1,200
TOTAL REQUESTED		\$8,700

# WFHB Community Radio, Inc.

## **JACK HOPKINS FUNDING CRITERIA**

### **NEED** (200 words or less)

*Explain how your project addresses: Recover Forward priorities of direct relief to clients for: 1) food, 2) shelter/housing, 3) personal safety/hygiene products/personal protective equipment, and 4) childcare, or 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 [2015-2019 Consolidated Plan](#), or any other community-wide survey of social service needs.*

The Youth Development Section of The Service Community Assessment of Needs (SCAN) outlines needs in youth services in our community. There is the need for additional after school program options. Trouble finding affordable after school activities is an identified concern in this report. Activities that support academic achievement are needed to address absenteeism and drop out rates. Access to WFHB Community Radio directly addresses needs that relate to affordability and access. There is no cost and no skill prerequisites to participate in Youth Radio. Ongoing support and training is supplied by the Youth Radio Coordinator.

Due to the COVID-19 pandemic, programs had to move to online and remotely accessed opportunities. Youth have grown up with phones as computers and are often self-taught in the use of apps for video uploading onto social media platforms. Youth Radio offers a connection between recreational activities of online posting and academic projects within school curricula. Creating podcasts of stories, science projects reports, health science topics are but a few of the things students can create. Self confidence, public speaking skills are enhanced. The additional incentive of hearing themselves on the radio adds depth to school projects, enhancing academic achievement

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

***Jack Hopkins Funds are intended to be a one-time investment. Please explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc.), please explain how your project satisfies an exception to the one-time funding rule (pilot, bridge, or collaborative). If you are requesting operational funds that do not satisfy one of the aforementioned exceptions, but your request is being made pursuant to the 2020 allowance for operational funds, please make that clear. If you are requesting operational funding, you must detail your plan for future funding.***

The WFHB Youth Radio Project will seek grants and sponsorships. Bridge funding from this grant will support the project while we are seeking additional grants. Specific grant opportunities include, but not limited to Monroe County CARES, Indian Arts Commission, and the Raymond Foundation. Sponsorships are an important aspect of funding for WFHB in general and outreach to businesses and organizations interested in supporting youth services will help fund this project ongoing. Additional support comes as part of a grant from the Corporation for Public Broadcasting which requires that our community services address the needs of underserved populations.

# WFHB Community Radio, Inc.

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

***Explain how your program will have broad and long-lasting benefits for our community.***

Radio broadcasting has moved away from local operations to national delivery of music, news, and opinion. Both commercial and non-commercial stations reflect this change over the past several decades. Community Radio stations are designed to offer access to the airways to local citizens of all ages and backgrounds. Community radio stations across the country are as diverse as those communities from which they originate. Radio is a personal experience. A DJ is in direct communication with another person in their car, in their home, working or relaxing. It is a relationship of respect and mutual benefit. As the media landscape has altered and fragmented, Community Radio encourages programming that brings people together through music, the arts, spoken word, and local news. These are ends in themselves, but also act as the conduit through which we develop supportive relationships and create the world. WFHB strives to enhance the empowerment of local citizens and youth to participate in civil discourse and supportive communication. The long term benefit of the WFHB Youth Radio Project is an engaged, informed, and empowered community.

## **OUTCOME INDICATORS** (100 words or less)

***Please describe the outcome indicators you intend to use to measure the success of your project.***

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

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

Quantitative measures:

Number of schools distributing Youth Radio information to students

Number of schools involved directly in Youth Radio

Number of classes supplying radio content

Number of teachers in our outreach database

Number of students on the air per semester

Number of students supplying remote content or podcasts

Qualitative measures:

Feedback via survey of teacher experiences with Youth Radio to include training effectiveness, access to Youth Radio Coordinator, connectivity to classroom work, impressions and suggestions.

Feedback via survey of student experiences to include the above and impression of how Youth Radio fit into their overall educational experience.

# WFHB Community Radio, Inc.

## **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.

A local musician and volunteer DJ started Youth Radio in 1995. Her daughter is now a Youth Radio DJ and is participating, along with several other high school youth, in our biweekly planning meetings. It is our goal to empower youth to participate in all aspect of the Project, to make decisions not only what they present on the air, but to help develop all procedures and processes. She shared this recent message from one of her Youth Radio participants from the late 1990s:

“If a testimonial helps, I think the technical aspects of YR drove my going into tech theater, which I made a pretty good career out of. The organizational skills and confidence gained from the on-air time are still things I appreciate today.”

Volunteer DJs at WFHB have moved on to careers in broadcasting and other areas of community service. Former DJs and news volunteers are currently working in municipal government. A former Youth Radio participant continued as a DJ after graduation and further developed leadership skills as a member of the WFHB Board of Directors. Preparing youth for leadership roles is a long term benefit of the Youth Radio Project. Students will develop technical skills that include production expertise, audio editing, uploading, and archiving. Students interested in careers in broadcasting will exit Youth Radio with a portfolio of work and an enhanced resume. Students will also develop self confidence through developing their public speaking skills. A long term benefit to participants include developing skills while they are teenagers. Habits of active participation as opposed to passive consumption of content is of vital importance. Students do not choose what media to consume, but create the content they want to hear.

Community dynamics are enhanced by community conversations when different groups have access to the media. The WFHB Youth Radio Project will include voices of youth in all aspects of radio production, benefiting the community at large.

# WFHB Community Radio, Inc.

WFHB Community Radio, Inc  
Youth Radio Project  
Jack Hopkins Social Services Funding Committee  
Recover Forward Grant Budget

Salary for Youth Radio Coordinator for 26 weeks	\$7,500.00
Broadcasting Equipment	\$1,200.00
Total Request	\$8,700.00



WFHB Community Radio, Inc.  
BLOOMINGTON COMMUNITY RADIO

PROFIT AND LOSS

October 2018 - September 2019

	TOTAL
Income	
4000 - Direct Contributions	
4010 - Individual Contributions	89,278.19
4020 - Underwriting	
4022 - Sale	31,287.60
4025 - Trade	14,643.00
Underwriting Trades	1,000.00
<b>Total 4020 - Underwriting</b>	<b>46,930.60</b>
<b>Total 4000 - Direct Contributions</b>	<b>136,208.79</b>
4100 - Donated Goods & Services	
4140 - Gifts In Kind	62,127.35
<b>Total 4100 - Donated Goods &amp; Services</b>	<b>62,127.35</b>
4200 - Non-Government Grants	
4220 - RESIST/Kite Line	1.39
4230 - Foundations/Trusts	2,522.00
<b>Total 4200 - Non-Government Grants</b>	<b>2,523.39</b>
4500 - Government Grants	
4520 - Federal	
4521 - 99 - CPB Restricted	17,649.89
4522 - 98 - CPB Unrestricted	53,128.00
<b>Total 4520 - Federal</b>	<b>70,777.89</b>
<b>Total 4500 - Government Grants</b>	<b>70,777.89</b>
5000 - Earned Revenue (Govt)	
5010 - Agency Contracts	10,000.00
<b>Total 5000 - Earned Revenue (Govt)</b>	<b>10,000.00</b>
5400 - Revenue (Other)	
5490 - Miscellaneous	30.10
<b>Total 5400 - Revenue (Other)</b>	<b>30.10</b>
5800 - Special Events	150.00
<b>Total Income</b>	<b>\$281,817.52</b>
<b>GROSS PROFIT</b>	<b>\$281,817.52</b>
Expenses	
7500 - Contract Services	
7520 - 96 - Accounting - CPB Unrestricted	10,406.50
7530 - Legal Fees	54.00
7540 - 96 - Professional (Other) - CPB Unrestricted	
Commercial Cleaning	1,267.50
<b>Total 7540 - 96 - Professional (Other) - CPB Unrestricted</b>	<b>1,267.50</b>
<b>Total 7500 - Contract Services</b>	<b>11,728.00</b>

WFHB Community Radio, Inc.  
BLOOMINGTON COMMUNITY RADIO

PROFIT AND LOSS

October 2018 - September 2019

	TOTAL
8100 - Nonpersonnel Expenses	
8110 - Supplies	5.80
Computer	1,161.01
Office	1,115.39
Production	115.58
<b>Total 8110 - Supplies</b>	<b>2,397.78</b>
8130 - Telephone & Telecomm	
Internet & Telephones	2,993.68
Website	1,058.92
Webstream	427.52
<b>Total 8130 - Telephone &amp; Telecomm</b>	<b>4,480.12</b>
8170 Printing & copying	726.65
8180 - Subscriptions	2,307.29
Amazon Prime	119.00
Herald-Times	142.35
Microsoft Office 365	106.99
RadioTraffic	1,200.00
<b>Total 8180 - Subscriptions</b>	<b>3,875.63</b>
<b>Total 8100 - Nonpersonnel Expenses</b>	<b>11,480.18</b>
8200 - Facilities & Equipment	3,684.68
8210 - Rent, Other Occupancy	
108 W 4th - In Kind	33,345.00
Alarm System/Pager	532.63
Brown County Historical Society	1,200.00
Town of Ellettsville	100.00
<b>Total 8210 - Rent, Other Occupancy</b>	<b>35,177.63</b>
8220 - Utilities	
Electric-Firehouse	5,884.67
Electric-Transmitter	3,061.00
Gas	492.29
<b>Total 8220 - Utilities</b>	<b>9,437.96</b>
<b>Total 8200 - Facilities &amp; Equipment</b>	<b>48,300.27</b>
8250 - 96 - Maintenance and Repairs - CPB Unrestricted	707.23
8300 Travel & meetings expenses	301.80
8310 - Travel	2,502.30
<b>Total 8300 Travel &amp; meetings expenses</b>	<b>2,804.10</b>

WFHB Community Radio, Inc.  
BLOOMINGTON COMMUNITY RADIO

PROFIT AND LOSS

October 2018 - September 2019

	TOTAL
8500 - Other	
8520 - Insurance (Non-Employee)	3,850.79
8530 - Membership Dues	1,500.00
Indiana SPJ	185.00
<b>Total 8530 - Membership Dues</b>	<b>1,685.00</b>
8560 Outside computer services	1.99
8570 - 96 - Advertising - CPB Unrestricted	2,117.21
8590 - Miscellaneous	62.44
8590 - 96 - Fundraising - CPB Unrestricted	12,497.00
8590 - 97 - Program Fees - CPB Restricted	14,342.25
CPB Restricted	1,656.00
<b>Total 8590 - 97 - Program Fees - CPB Restricted</b>	<b>15,998.25</b>
8595 - RESIST/Kite Line - Restricted	0.00
Credit Card Processing Fees	1,518.61
Other	6.08
Shipping and Handling	20.98
Special Events	2,172.57
<b>Total 8590 - Miscellaneous</b>	<b>32,275.93</b>
<b>Total 8500 - Other</b>	<b>39,930.92</b>
8600 Payroll Expenses	295.78
8601 Taxes	11,067.31
Wages	141,029.58
<b>Total 8600 Payroll Expenses</b>	<b>152,392.67</b>
9111 In-Kind Expenses	44,325.35
<b>Total Expenses</b>	<b>\$311,668.72</b>
<b>NET OPERATING INCOME</b>	<b>\$ -29,851.20</b>
Other Expenses	
Other Miscellaneous Expenditure	54.00
<b>Total Other Expenses</b>	<b>\$54.00</b>
<b>NET OTHER INCOME</b>	<b>\$ -54.00</b>
<b>NET INCOME</b>	<b>\$ -29,905.20</b>

# WFHB Community Radio, Inc.

Internal Revenue Service  
District Director

Department of the Treasury

P.O. Box 2508  
Cincinnati, OH 45201

Date: September 11, 1990

Person to Contact:

Sarah Varnum

Telephone Number:

513-684-3957

Refer Reply to:

EP/EO, Room 4010

Employer Identification Number:

31-0935271

Bloomington Community Radio, Inc.  
P.O. Box 1973  
Bloomington, IN 47402

Dear Sir or Madam:

This is in response to your request for affirmation of your exempt status.

Our records indicate that by a determination letter issued on August 23, 1978, you were recognized as exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954. That letter is still in effect.

You are classified as an organization that is 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).

The classification was based on the assumption that your operations would continue as stated in the application. If your sources of support, or your purposes, character, or method of operations have changed, please let us know so we can consider the effect of the change on your exempt status and foundation status.

As of January 1, 1984, you are liable for taxes under 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).

Organizations that are not private foundations 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.

# WFHB Community Radio, Inc.

(2)

*Bloomington Community Radio, Inc.*

*You are required to file Form 990, Return of Organization Exempt from Income Tax, 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.*

*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.*

*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, you may contact us at the address or telephone number shown in the heading of this letter.*

*Sincerely yours,*

A handwritten signature in cursive script that reads "H M Browning". The signature is written in black ink and is positioned to the right of the typed name and title.

*Harold M. Browning  
District Director*

WFHB Community Radio, Inc.

Jack Hopkins Social Services Grant - History of Funding

First Time Applicant, No Funding History