

**COVER SHEET 2017 GRANTS - ORRVILLE AREA UNITED WAY**

AGENCY NAME: Friendship Meals Inc.

Mission Statement: A compassionate response to community hunger.

AGENCY DIRECTOR/PRESIDENT: Name N/A

Telephone N/A Fax N/A E-Mail N/A

Board President: Name Molly Maag

Address 1316 Independence Drive City Orrville E-Mail MWMaag@zoominternet.net

**Compute your Agency's overhead using your most recent 990 using this formula**

Add Management & General (Part IX, Line 25, Column C)		\$ <u>N/A-no paid staff</u>
Fundraising (Column D)	+	\$ _____
	=	\$ _____
<b>TOTAL</b>		
Divide total by Part VIII, Line 12, Column A (Total Revenue)		_____ %

**Program Funding Requests:**

1) \$7,000.00 New Request? No

Funded 2016 \$7,000.00 2017 Requested \$7,000.00

2) \_\_\_\_\_ New Request? \_\_\_\_\_

Funded 2016 \$ \_\_\_\_\_ 2017 Requested \$ \_\_\_\_\_

3) \_\_\_\_\_ New Request? \_\_\_\_\_

Funded 2016 \$ \_\_\_\_\_ 2017 Requested \$ \_\_\_\_\_

4) \_\_\_\_\_ New Request? \_\_\_\_\_

Funded 2016 \$ \_\_\_\_\_ 2017 Requested \$ \_\_\_\_\_

\$ 7,000.00 Sum Total of all Dollars Requested for 2017

I affirm that I have reviewed this application for funding, and, to the best of my knowledge, confirm that the information presented here is a financially, statistically, and programmatically accurate representation of our agency.

Chief Professional Officer Signature

Date

Molly Maag, board president  
Board President or Treasurer's Name (Please indicate which)

Board President or Treasurer's Signature

9/5/16  
Date

# 2017 Program Information

**Please use a separate form for each program.**

1. Agency: Friendship Meals, Inc.

2. Program Name: Weekly hot meal program

A. Based on the targeted outcomes of this program, from which of the following community impact areas are you requesting funding?

**Nurturing Children & Youth**

(Provides positive outcomes that help children and youth succeed in school and develop into successful adults)

**Helping In Hard Times**

(Provides emergency assistance: food, shelter, clothing, and legal help)

**Developing Life Skills**

(Provides positive outcomes with programs that enable individuals and families to become more emotionally, physically, and/or financially stable)

**Promoting Health & Wellness**

(Provides positive outcomes with programs that enable individuals and families to have access to prevention and/or treatment in the health arena, enabling them to become and/or stay healthier emotionally, physically, and/or financially)

B. Is this Program

New program

Expanded program

Continuation of a previously funded program

3. Please complete the following for each program:

\$7,000.00 + 0 = \$7,000.00  
Funds Requested From OAUW    Funds Requested/Received From Other Sources    Total Program Funds

4. If previously funded program, are you asking for increased dollars of support?

Yes     No

5. If yes, why are you requesting more money?

6. If your program was not funded for the full amount you requested for 2016, what impact did this have on your program? What adaptations did you have to make? N/A

**7. How will the agency adapt this program next year if your requested funding level cannot be met or if a decision is made that the program will not be funded at all next year?**

If funded at a lower level or not at all, Friendship Meals will need to lower food costs by decreasing our food budget. We will not be able to offer meals as well balanced as our typical meal of salad or fresh fruit, meat, side dish, dessert, milk and juice. We will prepare less expensive casseroles, canned & frozen foods and need to limit our beverage choices. If funding is decreased we may need to offer our program bi monthly instead of weekly.

**8. Please describe the fees and reimbursements associated with this program.**

**Fees:**

**Sliding Fee Schedule: N/A**

**Insurance Reimbursement: N/A**

**Government Subsidies: N/A**

## **Community Impact**

**8. Describe the target population and eligibility requirements for the Program:**

Friendship Meals target population is anyone in the Wayne County or surrounding areas that is in need of a hot meal and fellowship. There are no eligibility requirements for the program.

**9. What agencies or programs in the community provide similar services? Please be specific about how we can differentiate this program from others.**

Friendship Meals is the only hot meal program serving Orrville. There is a local church that provides a weekly sack lunch program.

## **Impact Analysis**

**10. Describe the targeted outcomes of this program. In other words, you ran this program, you gave clients certain skill sets, you increased their knowledge, and you treated their illness, which is all good. But how have you changed the lives of those people, and as a result, our community?**

**Please include the following information in your narrative *and limit this to 2 pages*:**

In keeping with our mission statement “a compassionate response to community hunger” Friendship Meals Inc. serves a free hot meal every Thursday at the Orrville Christ United Church of Christ. The meal is open to all in the Orrville area and surrounding communities who are hungry not just in the body but the spirit.

Using volunteers from area churches, service organizations and the community the weekly meal is planned, prepared, served and cleaned up entirely by volunteers. We serve cafeteria style and offer well balanced choices. A typical menu is salad or fresh fruit, main entrée, vegetable, dessert and assorted beverages. Friendship Meals utilizes the Akron Area Food bank to purchase menu items at a discounted price.

We do not track demographic data on our clients, but estimate the majority are from Orrville and the surrounding communities. Most are unemployed, retired or not working. We see new clients every week. A weekly log is kept of the menu, the day’s weather conditions, and number of meals served that is utilized to track trends in attendance.

Even though we don’t have formal client satisfaction measures, we believe the success of Friendship Meals can be measured by the many familiar faces we see returning each week in addition to new patrons we serve. Many patrons have formed lasting friendships after meeting at a weekly meal. Patrons get to know our faithful volunteers and will give feedback regarding the meal and service that can be used to measure our success.

Last year we served 4,755 meals to 3,610 individuals. We continue to see younger families with children and multi generational families who come for food and fellowship. We served a meal on New Years’ Eve this year since many of our patrons do not have family to be with on the holidays.

Friendship Meals continues to meet the needs of those in our community who need not just a hot meal but are in need of companionship. Many do not have close relationships with their families. They are given the chance to interact with our volunteers and fellow patrons. Patrons volunteer to assist in clean up after the meal and have a chance to gain self worth and give back to the community. We have former patrons of Friendship Meals who now serve as volunteers to give back to the program that helped them and their family.

## Program Outputs

**11. Define a unit of service. If it is not possible to define one unit, please state why.**

Remember that whatever the method of measurement, you are consistent from year-to-year.

1 unit=1 person who received a meal.

**12. Complete the following if the agency is seeking United Way funding for this program.**

Year	Number of Clients in zip codes 44667, 44618, 44645	Number of Clients in all of Wayne County	Clients on a Waiting List
2015 Actual	N/A (we do not track this data)	3610	0
2016 Projected	N/A	3700	0
2017 Projected	N/A	3700	0

**13. Unit Cost: Please explain changes either up or down in your cost.**

Our 2015 unit cost increased from FY 2014. We have seen continued increases in the price of meats, dairy products and fresh fruits and vegetables that are staples of our meals. We have incurred additional expenses this year purchasing replacement glasses and mugs and repairing our steam table. In an effort to recruit needed volunteers and provide information about our program, Friendship Meals purchased business cards, volunteer t-shirts, and created a tri-fold display for community events.

Year	Individuals or Units of Service	Total Cost of Program	Unit Cost (Cost/Units)
2015 Actual	3610	14,672	4.06
2016 Projected	3700	16,000	4.32
2017 Projected	3700	16,000	4.32

**14. Individuals served**

Last year (actual): 3610

This year (projected): 3700

## Client Demographics

14.

	<b>NUMBER</b>
<b>Types of Clients:</b> Individuals	3610
Information & Referral, Brochures	
Organizations	

PLEASE COMPLETE THE INFORMATION FOR INDIVIDUAL CLIENTS ONLY	
Age Group: Under 5	N/A-we do not track this information
6 thru 12	
13 thru 17	
18 thru 34	
35 thru 54	
55 thru 64	
65 thru 74	
75 thru 84	
85 and over	
Unknown	
<b>TOTAL INDIVIDUALS:</b>	<b>100%*</b>
Gender: Male	
Female	
Unknown	
<b>TOTAL INDIVIDUALS:</b>	<b>3610</b>

	NUMBER		NUMBER
Household Income:	N/A-we do not track this information	Ethnic/Racial Background:	N/A-we do not track this information
\$0 thru \$11,999		White	
\$12,000 thru \$14,999		Black or African American	
\$15,000 thru \$24,999		Hispanic or Latino	
\$25,000 thru \$49,999		American Indian or Alaska Native	
\$50,000 thru \$74,999		Asian	
More than \$75,000		Native Hawaiian or Pacific Islander	
Unknown		Unknown	
<b>TOTAL INDIVIDUALS:</b>		<b>TOTAL INDIVIDUALS:</b>	

\*NOTE: All TOTALS should be the same number

**Orrville Area United Way  
Supplemental Agency Questions**

Friendship Meals, Inc.

*Agency Name*

9/5/16

*Date*

*Please check the appropriate box in answer to each question.*

	Yes	No	Don't Know
Does the agency have checks/balances and distribution of responsibilities such that tasks such as opening mail, paying bills, signing checks, bookkeeping, producing internal financial reports do not rest in the hands of too few persons?	X	<input type="checkbox"/>	<input type="checkbox"/>
Have the board and top administrative officers discussed/reviewed/agreed upon what is appropriate in terms of division of these responsibilities?	X	<input type="checkbox"/>	<input type="checkbox"/>
Does the agency have a board approved Fiscal Policy?	X	<input type="checkbox"/>	<input type="checkbox"/>
Did the auditor meet with the board and top administrator to discuss audit results?	X	<input type="checkbox"/>	<input type="checkbox"/>
Does the board conduct an annual evaluation of the top administrative officer?	<input type="checkbox"/>	X	<input type="checkbox"/>
Are the evaluation results in written form?	<input type="checkbox"/>	X	<input type="checkbox"/>
Does the agency have written by-laws to which they adhere?	X	<input type="checkbox"/>	<input type="checkbox"/>
Does the board and/or a Financial Committee or Executive Committee review complete financial statements monthly including cash flow statements?	<input type="checkbox"/>	X	<input type="checkbox"/>
Are the agency goals/objectives/plans in written form?	X	<input type="checkbox"/>	<input type="checkbox"/>
Do the agency by-laws/guidelines specify a length of term for board members?	X	<input type="checkbox"/>	<input type="checkbox"/>
Are board members required to rotate off the board for some minimum amount of time upon completion of some maximum time of service?	X	<input type="checkbox"/>	<input type="checkbox"/>
Is the agency currently compliant with guidelines for submitting an Audit including the management letter, 990, Agency Agreement, and Verification of Registration with the State of Ohio Attorney General's Office to United Way?	X	<input type="checkbox"/>	<input type="checkbox"/>
What percentage of your Board financially supports your agency?	100 %		

*NO PAID STAFF*

Molly Maag, board president

*Governing board representative (name, title)*

Administrative official (name, title)

# Friendship Meals Inc.

## REVENUE

	FY 2015 actual	FY 2016 projected	FY 2017 proposed		
United Way grant	7000	7000	7000		
Contributions	5127	5000	5000		
Total Revenue	12,127	12,000	12,000		

## EXPENSES

	FY 2015 actual	FY2016 projected	FY 2017 proposed		
Rent	2400	2400	2400		
Insurance	560	560	560		
Groceries & Misc.	11,712	13,040	13,040		
Total expenses	14,672	16,000	16,000		

In FY 2015 we had a deficit of \$2,545.00. We were able to use our funding excess of the previous year and our savings to fund our program. Our deficit was the result of increasing food costs and additional expenses. Friendship Meals needed to purchase replacement glasses and mugs, food storage containers and fans for the un-air conditioned dining room. We incurred the added cost of repairing our steam table.



## **Grants & Collaborations**

**Orrville Area United Way - Complete this form for each applicant program**

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Date: 9/5/16

Agency: Friendship Meals Inc.

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Program: weekly hot meal program.

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Please respond in writing to the following questions:

1. What would happen if your program were to disappear?  
There would no longer be a weekly hot meal program offered in Orrville.
2. What would happen if you were not to receive the requested amount?  
Since the United Way grant is the only guaranteed monetary assistance we receive, Friendship Meals would begin depleting our cash reserves. We would need to decrease our food budget. The number of meals offered monthly may be decreased.
3. Specifically, how would decreases in your grant impact your programming:
  - a. 25% decrease? We would need to limit our food budget, offering less meats, fresh fruits and vegetables, and more convenience foods. We would need to start using our cash reserves to meet our expenses based on estimated spending.
  - b. 50% decrease? Same as above and the board would need to decide if we offer meals less than every week. We would be using our cash reserves to meet our yearly expenses.
  - c. 75% decrease? The grant money would not cover our yearly rent. We would need to limit the number of meals offered monthly. We would deplete our cash reserves in around 2 years based on current expenses for meals.
4. What other organization/s provide/s the same or similar services/programs?

**We are the only hot meal program. A local church provides a sack lunch program.**

- 5. Specifically, how are you collaborating with other agencies/organizations?**

**We receive volunteer & financial support from local community organizations such as churches, businesses and clubs. We have joined the Orrville Chamber of Commerce as a way to network with area agencies and businesses.**

- 6. What services/programs for which you are requesting support are complementary services in collaboration with other entities?**

**Since we are the only hot meal program in the community, we are not a complementary service in collaboration with other entities.**

Friendship Meals Inc. Board Members FY 2015.

Board member Meetings attended (4 total)

Board member	Meetings attended (4 total)
Jeanne Gonter	4
Amy Hostetler	4
Molly Maag	3
Tina Maag	4
Marilyn Mahoney	3
Sharon Nelson	4
Wilma Raynor	4
Dennis Steiner	3
Adil Wadia	2
Mary Ellen Roesel	3
Shirley Sheller	4
Beth Theibert	4

No board members are clients who are currently receiving services.