

Panel 2  
Helping In  
Hard times

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

AGENCY NAME: Orrville YMCA

Mission Statement: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

AGENCY DIRECTOR/PRESIDENT: Name Dean Gogolewski

Telephone 330.683.2153 Fax 330.683.0068 E-Mail d.gogolewski@orrvilledalton-ymca.org

Board President: Name Rev Bill Seymour III

Address 128 Cherry St City Orrville E-Mail 65bill3@gmail.com

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

|  |   |                   |
|--|---|-------------------|
| Add Management & General (Part IX, Line 25, Column C)        |   | \$ <u>136,932</u> |
| Fundraising (Column D)                                       | + | \$ <u>8,469</u>   |
|  | = | \$ <u>145,401</u> |
| <b>TOTAL</b>   |   |                   |
| Divide total by Part VIII, Line 12, Column A (Total Revenue) |   | <u>20.78%</u>     |

**Program Funding Requests:**

- 1) Children's Programs New Request? No  
Funded 2016 \$ 27,000 2017 Requested \$ 40,000
- 2) Helping In Hard Times New Request? No  
Funded 2016 \$ 15,000 2017 Requested \$ 20,000
- 3) Promoting Health + Wellness New Request? No  
Funded 2016 \$ 15,500 2017 Requested \$ 20,000
- 4) \_\_\_\_\_ New Request? \_\_\_\_\_  
Funded 2016 \$ \_\_\_\_\_ 2017 Requested \$ \_\_\_\_\_

\$ 80,000 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.

[Signature]  
Chief Professional Officer Signature

9-8-16  
Date

Bill Seymour III, Board President  
Board President or Treasurer' Name (Please indicate which)

[Signature]  
Board President or Treasurer's Signature

9-8-2016  
Date

# 2017 Program Information

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

1. Agency: Orrville YMCA

2. Program Name: Helping in Hard Times

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:

|                           |   |   |   |                     |
|---------------------------|---|---|---|---------------------|
| <u>\$20,000</u>           | + | <u>\$0</u>                                  | = | <u>\$ 20,000</u>    |
| 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?

- In the 2015 SEER analytics survey, 52% of the population in Wayne County earns less than \$50,000 annually. Additionally, The Ohio Department of Health reports 37% of the population in Wayne County is classified as over weight (a BMI of greater than 24.9) and an additional 25% are considered obese (a BMI of greater than 29.9). In light of these statistics, it is vital the Y continues to offer financial assistance for those in need of health and wellness education and exercise in our community. This will aid in the reduction of diabetes, heart conditions, rising weight issues, among many other health issues. The YMCA continues to see those in need come to us for help and it is the Y's promise that no one is turned away due to an inability to pay.

**6. If your program was not funded for the full amount you requested for 2015, what impact did this have on your program? What adaptations did you have to make?**

- Due to not being fully funded, the children's program, Kid Strong was not able to be reintroduced for the entire year for families dealing with childhood obesity issues. A fully funded program will allow us to bring the program back and serve the entire family. Another impact was a reduction in funds to provide to families in need. The Y reduced the amount of funding given to families to be able to help as many people as possible.

**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 funding is reduced, we would continue to manage our financial assistance program hoping it is enough to help families in need. If the program were not to be funded, the program offerings and financial assistance would be severely limited.

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

- Seminars on healthy living
- Fitness Center Staff
- Fitness Instructors (Land and water instructors)
- Personal trainers
- Swim lessons and the Learn to Swim Programs for schools
- Scholarship coordinator

**Fees:**

**Sliding Fee Schedule:**

Scholarships are awarded based on a Federal Sliding fee scale which is based on income and number of the individuals in the household.

**Insurance Reimbursement: None**

**Government Subsidies: None**

## **Community Impact**

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

- Our target population includes Orrville, Dalton, Marshallville, Smithville and Rittman. Those eligible would be those in the community who are financially unable to participate in a preventive health program due to inability to pay. The sliding fee scale used is based on the national poverty guidelines.
- Better Health Clients will be offered orientations in the fitness center, three assessments per year, and three sessions of personal training. In addition, the clients will be offered two sessions with the registered dietitian currently on staff.

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

- The Y philosophy and mission is unique and we are not aware of any other programs that offer these services at a reduced cost.

## 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?**

- By being able to afford a membership to the YMCA, people in the community were able to increase their knowledge about and reap the benefits of exercise and proper nutrition. Offering a social support network through group exercise programs, time in the wellness center and nutrition seminars help beyond the physical benefits. Social activities such as Euchre Club and Forever Young also encourage lifelong social interaction. These interactions develop a sense of accomplishment and encourage positive reinforcement as part of the Better Health Program.

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

• **Description of the activities and resources you use to accomplish these outcomes**

- Fitness Center Orientations
  - Members are instructed on fitness center etiquette and proper use of equipment
- Monthly Blood pressure screenings
  - Blood Pressure cuff and Pulse Oximeter will be utilized on a monthly basis
- Two nutrition seminars
  - One hour seminars offered twice a year, topics may include label reading, meal planning, portion distortion, or member requested topic.
- Assessments will be offered
  - Assessments include: BMI, endurance, flexibility, strength, body measurements
- Two personal sessions with a registered Dietitian
  - The Registered Dietitian will work with the member on a healthier way of eating.
- Three personal training sessions offered
  - Staff will develop a fitness exercise plan based on the person's individual needs and goals.
- Numerous group fitness classes
  - Land fitness
  - Water classes
- Health Fairs offered to the community
  - Active Older Adults
  - Healthy Kids Day

• **Information about the tools you use to measure outcomes**

- Monthly blood pressure screenings offered, recorded and monitored
- On staff dietitian will provide valuable nutrition information and resources to promote a healthy lifestyle
- Fitness center staff will provide assessments utilizing the 3-minute step test, the stretch and reach board for flexibility and pushups to exhaustion for strength testing
- Tape measure for hip to waist- ratio and other body measurements
- In addition, calipers are used to assist in body fat percentages
- Bioelectrical Impedance Analysis (BIA) devices will also be used to develop a baseline within the assessment (body fat mass indicator)

- **Dialogue about the challenges you face in measuring the success of the program**  
Some of the biggest challenges include informing and educating the public on healthy lifestyles, the need for physical activity, as well as healthy eating habits. Clients need additional encouragement if results and goals are not immediate. Keeping Better Health Clients engaged and willing to continue is important to reach their goals. Educating kids and parents on the need for physical activity at an early age, helps develop lifelong healthy habits
- **Specific information about the recorded outcomes you achieved last year**
  - We offered two nutrition seminars and provided nutrition information on bulletin boards and through handouts
  - We instituted Stall Stories, nutrition information was provided in each restroom and locker room
  - Better Health Clients were offered assessments for BMI, blood pressure, flexibility, strength, and endurance
  - Most Better Health Clients have participated in either a land or water class, as well as utilized the pool and fitness center
- **Discussion of whether or not your outcomes met, exceeded or fell short of your desired outcomes**
  - Fitness assessments have been streamlined through scheduling at the front desk. Capturing the client at time of registration eliminates the need to for the client to schedule with the fitness director, thus allowing the client to engage immediately within the Y community
  - Fitness assessments have been offered to all Better Health Clients, and there has been an increase in assessments and orientations with the restructuring of scheduling

### 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.

- A unit of service equals one Better Health member

**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    | 238  | 340                                      |                           |
| 2016 Projected | 196  | 280                                      |                           |
| 2017 Projected | 198  | 290                                      |                           |

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

| Year           | Individuals or Units of Service | Total Cost of Program | Unit Cost (Cost/Units) |
|----------------|---------------------------------|-----------------------|------------------------|
| 2015 Actual    | 340                             | \$32,528.32           | \$95.67                |
| 2016 Projected | 280                             | \$20,800.00           | \$74.28                |
| 2017 Projected | 290                             | \$20,800.00           | \$71.72                |

**14. Individuals served**

Last year (actual): 340  
This year (projected): 280

## Client Demographics

14.

|                                      | <b>NUMBER</b> |
|--------------------------------------|---------------|
| <b>Types of Clients:</b> Individuals | 340           |
| Information & Referral, Brochures    |               |
| Organizations                        |               |

| PLEASE COMPLETE THE INFORMATION FOR INDIVIDUAL CLIENTS ONLY |              |
|---|--------------|
| <b>Age Group:</b> Under 5                                   | 40           |
| 6 thru 12   | 53           |
| 13 thru 17  | 27           |
| 18 thru 34  | 44           |
| 35 thru 54  | 70           |
| 55 thru 64  | 22           |
| 65 thru 74  | 84           |
| 75 thru 84  |              |
| 85 and over   |              |
| Unknown   |              |
| <b>TOTAL INDIVIDUALS:</b>                                   | <b>100%*</b> |
| <b>Gender:</b> Male   | 167          |
| Female  | 173          |
| Unknown   |              |
| <b>TOTAL INDIVIDUALS:</b>                                   | <b>340</b>   |

|                           | NUMBER                       |                                     | NUMBER     |
|---------------------------|------------------------------|-------------------------------------|------------|
| <b>Household Income:</b>  |                              | <b>Ethnic/Racial Background:</b>    |            |
| \$0 thru \$11,999         | 31                           | White                               |            |
| \$12,000 thru \$14,999    | 12                           | Black or African American           |            |
| \$15,000 thru \$24,999    | 16                           | Hispanic or Latino                  |            |
| \$25,000 thru \$49,999    | 19                           | American Indian or Alaska Native    |            |
| \$50,000 thru \$74,999    | 0                            | Asian                               |            |
| More than \$75,000        | 0                            | Native Hawaiian or Pacific Islander |            |
| Unknown                   | 0                            | Unknown                             | 340        |
| <b>TOTAL INDIVIDUALS:</b> | <b>78 households<br/>340</b> | <b>TOTAL INDIVIDUALS:</b>           | <b>340</b> |

\*NOTE: All TOTALS should be the same number

## **Grants & Collaborations**

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

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Date: 9/8/2016

Agency: Orrville YMCA

Program: Helping In Hard Times

Please respond in writing to the following questions:

1. What would happen if your program were to disappear?  
If the Helping In Hard Times program would disappear, community members in need of financial assistance to be able to participate in health and wellness programs. We strongly believe this is a component that helps people move from poverty to self-sufficiency through improved self esteem, improved health and social networking.
2. What would happen if you were not to receive the requested amount?  
If we were not to receive the requested amount, the funding we would receive would be distributed as best we can to ensure that as many folks are helped. If what we are able to offer is not enough to make membership affordable, they may decide not to join the YMCA.
3. Specifically, how would decreases in your grant impact your programming:
  - a. 25% decrease? – Reduced assistance for people in need.
  - b. 50% decrease? – Reduced assistance and program component cuts.
  - c. 75% decrease? – Reduced assistance and component elimination.
4. What other organization/s provide/s the same or similar services/programs?  
We are not aware of any other organization that does what the YMCA does to help people afford health and wellness programming in our setting.
5. Specifically, how are you collaborating with other agencies/organizations?  
To provide programming at a reduced fee, we collaborate with the local school districts to offer swimming lessons to 3<sup>rd</sup> and 4<sup>th</sup> graders in the area. We believe this allows us to reach more children and some who may not have the means to afford or come to swimming lessons at the Y.
6. What services/programs for which you are requesting support are complementary services in collaboration with other entities?  
None

**Orrville Area United Way  
Supplemental Agency Questions**

Orrville YMCA  
*Agency Name*

09-08-2016  
*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? | <input checked="" type="checkbox"/> | <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?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the agency have a board approved Fiscal Policy?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the auditor meet with the board and top administrator to discuss audit results?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the board conduct an annual evaluation of the top administrative officer?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the evaluation results in written form?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the agency have written by-laws to which they adhere?   | <input checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the agency goals/objectives/plans in written form?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the agency by-laws/guidelines specify a length of term for board members?   | <input checked="" type="checkbox"/> | <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?  | <input checked="" type="checkbox"/> | <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?           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| What percentage of your Board financially supports your agency?  | 100%                                |                          |                          |

Bill Seymour, Board Chair  
*Governing board representative (name, title)*

Dean Gogolewski, Executive Director  
*Administrative official (name, title)*





# Orville YMCA Board Member Attendance

| Name                   | LAST              | CLASS | 9/22/15 | 10/27/15 | 11/16/15 | 1/5/16           | 1/26/16 | 2/23/16 | 3/22/16 | 4/26/16  | 5/24/16 | 6/28/16 | 7/26/16 | 8/23/16 | TOTAL<br>ATTENDED |
|------------------------|-------------------|-------|---------|----------|----------|------------------|---------|---------|---------|----------|---------|---------|---------|---------|-------------------|
| <b>RETURNING CLASS</b> |                   |       |         |          |          |                  |         |         |         |          |         |         |         |         |                   |
| Harold                 | Hochstetler       | 16    |         | ✓        | ✓        | ✓                | ✓       | ✓       | ✓       | ✓        | ✓       | ✓       | ✓       | ✓       | 10                |
| David                  | Rohrer*           | 16    | ✓       | ✓        | ✓        | ✓                | ✓       | ✓       | ✓       | ✓        | ✓       | ✓       | ✓       | ✓       | 8                 |
| David                  | Jensen            | 17    |         | ✓        | ✓        |                  |         | ✓       | ✓       | ✓        | ✓       | ✓       | ✓       | ✓       | 10                |
| Bill                   | Seymour*          | 17    | ✓       | ✓        | ✓        | ✓                | ✓       | ✓       | ✓       | ✓        | ✓       | ✓       | ✓       | ✓       | 10                |
| Dapne                  | Silchuk-Ashcraft* | 17    | ✓       | ✓        | ✓        | ✓                | ✓       | ✓       | ✓       | ✓        | ✓       | ✓       | ✓       | ✓       | 11                |
| Ken                    | Gable*            | 18    | ✓       | ✓        | ✓        | ✓                | ✓       | ✓       | ✓       | ✓        | ✓       | ✓       | ✓       | ✓       | 10                |
| Eric                   | Hochstetler       | 18    | ✓       | ✓        | ✓        | ✓                | ✓       | ✓       | ✓       | ✓        | ✓       | ✓       | ✓       | ✓       | 10                |
| Tammy                  | Lyons*            | 18    | ✓       | ✓        | ✓        | ✓                | ✓       | ✓       | ✓       | ✓        | ✓       | ✓       | ✓       | ✓       | 12                |
| Doug                   | Rawlings          | 18    | ✓       |          |          | ✓                | ✓       | ✓       | ✓       | ✓        | ✓       | ✓       | ✓       | ✓       | 8                 |
| <b>NEW CLASS</b>       |                   |       |         |          |          |                  |         |         |         |          |         |         |         |         |                   |
| Keith                  | Amstutz*          | 19    |         |          |          |                  |         |         | ✓       | ✓        | ✓       | ✓       | ✓       | ✓       | 5                 |
| Tom                    | Poulson           | 19    |         |          |          |                  |         |         | ✓       | ✓        | ✓       | ✓       | ✓       | ✓       | 7                 |
| Tony                   | Rohrer*           | 19    |         |          |          |                  |         |         | ✓       | ✓        | ✓       | ✓       | ✓       | ✓       | 6                 |
| John                   | Ronccone*         | 19    |         |          |          |                  |         |         | ✓       | ✓        | ✓       | ✓       | ✓       | ✓       | 5                 |
| <b>RESIGNED</b>        |                   |       |         |          |          |                  |         |         |         |          |         |         |         |         |                   |
| Melissa                | Renner*           | 18    | ✓       | ✓        | ✓        |                  | ✓       | ✓       |         | Resigned |         |         |         |         | 4                 |
| Andrew                 | Neimas            | 17    | ✓       | ✓        | ✓        | Resigned - moved | ✓       | ✓       |         |          |         |         |         |         | 3                 |

\* Board Members receiving services at the Orville YMCA (9 of 15)

**Orrville YMCA  
Three Year Budget Analysis**

**FISCAL YEAR - JANUARY1 - DECEMBER 31**

**Revenue**

| Acct. | Name                                    | 2015<br>Actual      | 2016<br>Projected   | 2017<br>Proposed    |
|-------|---|---------------------|---------------------|---------------------|
| 0100  | Contributions                           | 62,932.90           | 50,149.54           | 50,000.00           |
| 0300  | Special Events                          | 30.75               |                     | 0.00                |
| 0500  | Legacies and Bequests                   |                     |                     |                     |
|       | <b>Public Support Received Directly</b> | <b>\$62,963.65</b>  | <b>\$50,149.54</b>  | <b>\$50,000.00</b>  |
| 0700  | Contributed by Associated Organizations |                     |                     |                     |
| 0800  | Allocated by Federated Funding Org.     | 90,950.01           | 57,651.14           | 60,000.00           |
| 0900  | Allocated by Unassociated Funding Org.  |                     |                     |                     |
| 1000  | Fees and Grants from Govt Agencies      | 96,465.75           | 56,361.70           | 58,000.00           |
|       | <b>Public Support Received Directly</b> | <b>\$187,415.76</b> | <b>\$114,012.84</b> | <b>\$118,000.00</b> |
| 1100  | Membership Dues                         | 237,623.52          | 247,650.94          | 270,000.00          |
| 1300  | Program Service Fees                    | 174,057.15          | 170,035.13          | 175,000.00          |
| 1400  | Sales of Supplies and Services          | 944.36              | 1,175.97            | 2,000.00            |
| 1500  | Investment Income                       | -2,527.26           | 2,033.33            | 2,500.00            |
| 1600  | Miscellaneous Revenue                   | 20,311.15           | 16,818.67           | 17,000.00           |
| 1700  | Support/Revenue Allocated to National   |                     |                     |                     |
| 1800  | Inter-YMCA Allocations of Revenue       |                     |                     |                     |
| 1900  | Other Changes in Fund Balances          |                     |                     |                     |
|       | <b>Revenue</b>                          | <b>\$430,408.92</b> | <b>\$437,714.04</b> | <b>\$466,500.00</b> |
|       | <b>Total Revenue</b>                    | <b>\$680,788.33</b> | <b>\$601,876.42</b> | <b>\$634,500.00</b> |

**Expenses**

| Acct.      | Name                                    | Actual               | Projected            | Proposed             |
|------------|---|----------------------|----------------------|----------------------|
| 2100       | Salaries and Wages                      | 519,994.38           | 358,899.82           | 354,000.00           |
| 2200       | Employee Benefits                       | 14,300.36            | 7,012.11             | 7,080.00             |
| 2300       | Payroll Taxes                           | 44,609.72            | 33,488.79            | 32,920.00            |
| 2400       | Purchased, Contract or Donated Services | 31,317.11            | 87,037.56            | 80,000.00            |
| 2500       | Supplies                                | 24,699.78            | 25,531.58            | 25,000.00            |
| 2600       | Telephone                               | 2,408.80             | 2,424.51             | 2,400.00             |
| 2700       | Postage and Shipping                    | 1,367.69             | 1,116.70             | 1,200.00             |
| 2800       | Occupancy                               | 93,248.67            | 88,411.42            | 84,600.00            |
| 2900       | Equipment - Expendable or Rented        | 16,487.96            | 2,208.27             | 3,000.00             |
| 3100       | Printing, Publications and Promotions   | 13,542.71            | 4,280.83             | 5,000.00             |
| 3200       | Travel and Employee Expenses            | 1,670.77             | 1,378.35             | 2,000.00             |
| 3300       | Conferences, Conventions and Meetings   | 477.68               | 154.29               | 500.00               |
| 3400       | Specific Assistance to Individuals      | 4,292.48             | 1,625.23             | 1,000.00             |
| 3500       | Membership Dues in Other Organizations  | 14,376.95            | 15,682.01            | 15,000.00            |
| 3600       | Awards and Grants                       | 7,774.25             | 4,213.42             | 4,800.00             |
| 3700       | Financing Costs                         | 7,318.81             | 7,203.00             | 7,000.00             |
| 3800       | Other Insurance Premiums                | -5,244.22            | 1,722.86             | 4,000.00             |
| 3900       | Miscellaneous Expenses                  | 6,874.99             | 4,759.63             | 5,000.00             |
| 4000       | Depreciation or Amortization            | 117,273.84           | 117,273.84           | 117,273.00           |
|            | <b>Expenses</b>                         | <b>\$916,792.73</b>  | <b>\$764,424.23</b>  | <b>\$751,773.00</b>  |
| <b>NET</b> |   | <b>-\$236,004.40</b> | <b>-\$162,547.81</b> | <b>-\$117,273.00</b> |

Prior to depreciation we were -118K in 2015 and are projecting a -45K loss for 2016 both funded by proceeds from the sale of the Dalton YMCA facility in 2014

**Budget Explanations**

**Salaries and Wages**

Orrville YMCA entered into a Management Agreement with the YMCA of Central Stark County and the Executive Directors Salary is in Contracted Services. Also eliminated several positions that were no longer necessary.

**Contra Services**

Orrville YMCA entered into a Management Agreement with the YMCA of Central Stark County and the Executive Directors Salary is in Contracted Services.