

COVER SHEET 2017 GRANTS - ORRVILLE AREA UNITED WAY

AGENCY NAME: Greenleaf Family Center

Mission Statement: The mission of over 100 years ago continues today as Greenleaf continues to strengthen families in our community through counseling, education and support.

AGENCY DIRECTOR/PRESIDENT: Name: **Dawn Glenny**

Telephone : 330-376-9494 Ext: 204 Fax: 330-376-4525 E-Mail: [gdawn@greenleafctr.org](mailto:g dawn@greenleafctr.org)
 Board President: Name: **Donald Pavlik**

Address: 1 Cascade Plaza, B8-B481-04-1 City: Akron E-Mail: Donald.pavlik@pnc.com

<u>Compute your Agency's overhead using your most recent 990 using this formula</u>		
Add Management & General (Part IX, Line 25, Column C)		\$ <u>210,776</u>
Fundraising (Column D)	+	\$ <u>35,520</u>
	=	\$ <u>246,296</u>
TOTAL		
Divide total by Part IX, Line 25, Column A (Total Expenses)		<u>9.3</u> %

Program Funding Requests:

1) Community Services for the Deaf and Hard of Hearing *New Request?* no
Funded 2016 \$ 2750.00 *2017 Requested* \$ 3,500.00

\$ 3,500.00 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.

Dawn E. Glenny
 Chief Professional Officer Signature

9-8-16
 Date

Donald J. Pavlik, President of Board
 Board President or Treasurer's Name (Please indicate which)

[Signature] September 8, 2016
 Board President or Treasurer's Signature Date

2017 Program Information

Please use a separate form for each program.

1. Agency: _____ Greenleaf Family Center _____

2. Program Name: Community Services for the Deaf

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:

3,500 + 0 = \$3,500
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?

We were not fully funded last year.

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?

We provide a vital service to consumers with a hearing loss who face barriers to independently navigating our community. Due to funding cuts in all of Wayne County, we have become conservative and creative in how we deliver supportive services.

Program Director, Joanna Paxos, has office hours dedicated for residents in Wayne County. Being a longtime resident, this enables her to see clients prior and post typical work day hours. However, appointments have to be made in advance. Often times, this has caused a "wait time" in which clients needing critical services have to either reschedule or put off to a later time.

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?

Community Services for the Deaf is the only provider in this County, and consumers would be left without advocacy and service delivery in Wayne County should the program lose funding. Clients would have to find their own transportation to Summit County.

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

Fees:

Sliding Fee Schedule:

There are no sliding fees for any CSD services. Interpreting fees are invoiced to providers requesting service.

Insurance Reimbursement:

There is no insurance reimbursement for interpreting services provided to our agency.

Government Subsidies:

Opportunities for Ohioans with Disabilities provides minimal funding that supports the program, however, it is limited for Wayne and Holmes counties due to a greater need in the more urban and populated areas also served by CSD. Ohio's budget spends approximately \$0.06 for services for people in Ohio with a hearing loss.

Community Impact

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

The target populations identified in this request are persons with any type of hearing loss, deaf and hard of hearing consumers, their families and friends who act as natural support systems and service providers across a wide continuum of community agencies who inter act with deaf and hard of hearing consumers in the course of their work. Hearing loss or the desire to provide a barrier free communication experience for deaf and hard of hearing consumers is the only requirement to access services.

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

Greenleaf Family Center/Community Services for the Deaf and Hard of Hearing is the only non-profit provider offering subsidized interpreting services in a five county area, although there may be "for profit" independent free-lance persons offering interpreting services and charging a fee.

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*:

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

CSD utilizes 25 trained and certified interpreters, 9 who reside locally in Wayne and Holmes Counties, to provide educational workshops, training and information to the community at large, with *Sign Language* and *Understanding Hearing Loss* being the most popular. In addition, staff provides interpreting services and service coordination to both deaf consumers and organizations, with the purpose of eliminating communication barriers and increase the ability of deaf and hard of hearing consumers to meet their basic needs and navigate in the community.

CSD is fortunate to have the support of the deaf community; we also have an 11 member Deaf Advisory Committee to provide guidance to the staff, leadership, and Greenleaf Family Center regarding the needs of the Deaf and Hard of Hearing community.

Greenleaf Family Center's CSD program provides video phones for the deaf community to reach us and/or for them to come in and use for themselves.

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

Monthly Service Reports from our scheduling software, ERSP, track interpreting services and community outreach events.

CSD has established a variety of informal practice measurement tools designed to provide potential opportunities and benefits to our consumers. These include surveys measuring the amount of knowledge gained and overall satisfaction of Educational Workshops and American Sign Language Classes. In addition, consumers are offered Consumer Satisfaction Surveys and Advocacy Evaluation Surveys.

- **Dialogue about the challenges you face in measuring the success of the program**

The Deaf and Hard of Hearing population is stable, and does not change significantly over time. Once a consumer is connected and identified as a client of CSD, they will most likely remain in an open case status for life, as their needs are life-long. This makes it difficult to measure an increase in functional ability of the consumer due to most consumers reaching out for services due to significant life events, or unexpected barriers to meeting their basic needs. This may occur once a week, or once a year. Deaf and Hard of Hearing consumers experience the same life stressors as the hearing population, come from a variety of socio-economic backgrounds and demonstrate varying levels of functional ability due to the nature of their disability and the availability of a strong natural support system. CSD fills those gaps, ensuring that barriers to effective communication between the consumer and the community at large are met.

- **Specific information about the recorded outcomes you achieved last year**

We provided Interpreting Services and those services enable deaf individuals to communicate better with the hearing person in a variety of settings. Persons we assisted had an increased understanding of the issue and were able to make informed decisions.

- **Discussion of whether or not your outcomes met, exceeded or fell short of your desired outcomes**

We were able to assist all requests for services within a week of the request.

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 is one hour of face to face and collateral contacts.

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	55	107	0
2016 Projected	53	105	0
2017 Projected	53	105	0

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	5097	\$444,856	\$87.28
2016 Projected	5100	\$464,827	\$91.14
2017 Projected	5100	\$478,772	\$93.88

14. Individuals served Last year (actual): 129
This year (projected): 120

Client Demographics

	NUMBER
Types of Clients: Individuals	120
Information & Referral, Brochures	
Organizations	

PLEASE COMPLETE THE INFORMATION FOR INDIVIDUAL CLIENTS ONLY		
Age Group:	Under 5	12
	6 thru 12	11
	13 thru 17	22
	18 thru 34	17
	35 thru 54	18
	55 thru 64	24
	65 thru 74	10
	75 thru 84	04
	85 and over	01
	Unknown	00
TOTAL INDIVIDUALS:		120%*
Gender:	Male	39
	Female	85
	Unknown	
TOTAL INDIVIDUALS:		120

	NUMBER		NUMBER
Household Income:		Ethnic/Racial Background:	
\$0 thru \$11,999	78	White	81
\$12,000 thru \$14,999	39	Black or African American	10
\$15,000 thru \$24,999	02	Hispanic or Latino	24
\$25,000 thru \$49,999	01	American Indian or Alaska Native	02
\$50,000 thru \$74,999	00	Asian	00

More than \$75,000	00	Native Hawaiian or Pacific Islander	03
Unknown	00	Unknown	00
TOTAL INDIVIDUALS:	120	TOTAL INDIVIDUALS:	120

*NOTE: All TOTALS should be the same number

**Orrville Area United Way
Supplemental Agency Questions**

Greenleaf Family Center

Agency Name

September 6, 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?	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?	X	<input type="checkbox"/>	<input type="checkbox"/>
Are the evaluation results in written form?	X	<input type="checkbox"/>	<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?	X	<input type="checkbox"/>	<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 %		

Donald Pavlik, Board Chair

Governing board representative (name, title)

Dawn Glenny, President and CEO

Administrative official (name, title)

Greenleaf Family Center
Three Year Actual Projected
2015, 2016 and 2017

	2015*	2016 Projected	2017 Forecast
Ordinary Income/Expense			
Income			
40000 · PUBLIC SUPPORT	769,620	717,962	750,000
50000 · GOVERNMENT FEES & GRANTS	1,465,265	1,771,165	1,720,000
60000 · PROGRAM & SERVICES FEES	553,455	566,560	570,000
65000 · OTHER INCOME	6,916	6,000	5,000
Total Income	<u>2,795,256</u>	<u>3,061,687</u>	<u>3,045,000</u>
Gross Profit	2,795,256	3,061,687	3,045,000
Expense			
70000 · PAYROLL	1,972,463	2,347,495	2,370,000
80000 · PROFESSIONAL FEES - ADMIN	261,578	187,065	140,000
80500 · PROFESSIONAL FEES - PROGRAMS	144,298	147,321	140,000
81000 · SUPPLIES	62,179	54,549	60,000
82000 · TELEPHONE	13,552	13,220	13,500
83000 · POSTAGE & SHIPPING	6,366	6,793	7,000
84000 · OCCUPANCY	58,549	61,281	62,500
85000 · RENTAL & MAIN. OF EQUIP.	7,822	8,877	9,000
86000 · PRINTING & PUBLICATIONS	20,597	14,750	17,000
87000 · TRAVEL EXPENSES	49,065	52,383	60,000
88000 · MEETINGS, WORKSHOPS & EVENTS	37,410	41,880	45,000
89000 · ASSISTANCE TO INDIVIDUALS	9,047	21,220	11,000
90000 · MEMBERSHIP DUES	19,232	40,545	45,000
92000 · INTEREST EXPENSE	24,198	47,260	48,000
93000 · INSURANCE	18,848	15,825	16,000
94000 · MISCELLANEOUS	1,336	800	1,000
Total Expense	<u>2,706,540</u>	<u>3,061,264</u>	<u>3,045,000</u>
Net Ordinary Income	88,716	423	-
Other Income/Expense			
Other Income			
94510 · Investment Income	20,776	6,500	15,000
94530 · Unrealized Gains/(Losses)	(25,225)	10,200	500
94540 · Investment Acct Fees	(4,594)	(4,836)	(4,836)
Total Other Income	<u>(9,043)</u>	<u>11,864</u>	<u>10,664</u>
Other Expense			
95000 · DEPRECIATION	43,981	40,552	44,000
98000 · Pension Termination	265,564		
Total Other Expense	<u>309,545</u>	<u>40,552</u>	<u>44,000</u>
Net Other Income	<u>(318,588)</u>	<u>(28,688)</u>	<u>(33,336)</u>
Net Income	<u>(229,872)</u>	<u>(28,265)</u>	<u>(33,336)</u>

* Note termination of Greenleaf Defined Benefit Pension Plan was started in 2015
partly funded by refinance of mortgage and unrestricted investments

