

COVER SHEET 2018 GRANTS - ORRVILLE AREA UNITED WAY

AGENCY NAME: The Orrville Salvation Army-Maiwurm Service Center

Mission Statement: The Salvation Army, an international movement, is an evangelical part of the universal Christian church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.

AGENCY DIRECTOR/PRESIDENT: Name Sarah M. Ecker

Telephone 330-683-3138 Fax 330-683-5437 E-Mail sarah.ecker@use.salvationarmy.org

Board President: Name Darrell Smucker

Address PO Box 57 City Orrville E-Mail: dsmucker@farmersbankgroup.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>145,454.00</u>
Fundraising (Column D)	+ \$ <u>316,333.00</u>
	= \$ <u>461,787.00</u>
TOTAL	
Divide total by Part VIII, Line 12, Column A (Total Revenue)	<u>15</u> %

Program Funding Requests:

1) Emergency Assistance New Request? No

Funded 2017 \$ 66,000.00 2018 **Requested** \$ 66,700.00

2) Seasonal Assistance New Request? No

Funded 2017 \$ 9,800.00 2018 **Requested** \$ 9,800.00

3) Strive 2 Thrive New Request? No

Funded 2017 \$ 11,500.00 2018 **Requested** \$ 12,000.00

\$ 88,500.00 Sum Total of all Dollars Requested for 2018

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.

Sarah M. Ecker
Chief Professional Officer Signature

9-5-17
Date

Darrell Smucker - Board President
Board President or Treasurer' Name (Please indicate which)

Darrell Smucker 9/5/17
Board President or Treasurer's Signature Date

2018 Program Information

Please use a separate form for each program.

1. Agency: The Orrville Salvation Army-Maiwurm Service Center

2. Program Name: Emergency Assistance

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:

\$66,700.00 + \$99,434.00 = \$166,134.00
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?

The cost of food continues to rise. The total of clients that need utility assistance is increasing as well as the expense of the utility bill itself.

6. If your program was not funded for the full amount you requested for 2017, what impact did this have on your program? What adaptations did you have to make?

2017 request was given.

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?

Utility assistance amount would decrease. There would be a cap on how many utility bills we could assist with in the FY year. The amount of food in the food orders would decrease or a possible cut in items like toiletry items. Transportation would decrease as well as the amount of prescription assistance help would be cut.

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:

Target population is individuals or families that are under the 175% of the federal poverty guidelines. We service the families and individuals that live in the zip codes of Orrville, Dalton, Kidron, North Lawrence and Marshallville.

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

To my knowledge there are no other agencies providing services similar to our organization in our service area. We collaborate with People to People Ministries, local churches and Community Action if the amount needed is over our budgeted amount. We collaborate with co-paying on utility bills that are too high for one organization to cover.

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**

- Food Pantry- 1x per month. Receives a supplement of food for 4-6 days. Also includes personal care items (toilet paper, soap etc.) Within that order they receive a supplement of fruits, vegetables, meat, bread and other staple items.
- Utility Disconnections assistance- we assist 1x per year up to \$150.00. (This is subject to change from case to case. Maybe eligible for assistance another time if needed or an increase of the \$150.00 amount.)
- Prescription assistance- up to \$100.00 per year for assistance on prescription cost. We do not assist with narcotics or sleep aids.
- Transportation assistance- Gas vouchers for Dr. Appointments or counseling appointment. Gas voucher is given within 24 hours of the appointment and amount is set on the area they are going. Vouchers can range from \$10-25. They can receive gas vouchers 3x per year.

Resources we use are very important to let people know that if they are going through a crisis period in their life, there is someone that can help. We network with other service organizations that know what we do and how we can assist and help. We rely on resources like Info Link 211 and newspapers to inform our community of what we offer.

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

Tools used to measure outcomes are our client's satisfaction based on what needs were met. We measure by the number of consumers we serve. We continue to see new individuals and families. We look at other tools given like from the school to see the percentage of kids on free or reduced lunches. We look at state and national averages on food studies, employment and poverty.

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

The challenge will always be that there is a greater needs than what funds are available. Utility bills can be higher than we can assist with. Depending on the seasons and if we had a really harsh winter or very hot summer, bills can increase depending on the use of the heat/cooling systems. Food prices continue to increase as well and healthier eating can be expensive.

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

Consumer satisfaction, based on feedback and the amount of consumers served is how we record our outcomes. Intake forms for the food pantry, and any programs/financial services are completed. The intake forms verify if we were able to assist in services, what services were done and how much was provided. For the food pantry, a monthly “not needed” list is given. Foods or items marked that they don’t need for the specific month so they are not getting food that they do not need or want.

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

Our outcomes are met with what we measure with. It is met with the number of consumers we served throughout the year. We try our hardest not to turn anyone one away and if we cannot assist them we try to give them the resources of other organizations that can assist.

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 client benefitting from each emergency assistance provided, by means of food, financial assistance, transportation and other emergency assistance or disaster relief.

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
2016 Actual	5,475	5,478	0
2017 Projected	6,062	6,100	0
2018 Projected	6,062	6,100	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)
2016 Actual	5,478	\$161,478.00	\$29.47
2017 Projected	6,062	\$164,414.00	\$27.12
2018 Projected	6,062	\$166,134.00	\$27.40

14. Individuals served

Last year (actual): 5,478

This year (projected): 6,100

Client Demographics

14.

	NUMBER
Types of Clients: Individuals	5,481
Information & Referral, Brochures	
Organizations	

PLEASE COMPLETE THE INFORMATION FOR INDIVIDUAL CLIENTS ONLY		
Age Group:	Under 5	588
	6 thru 12	789
	13 thru 17	848
	18 thru 34	1,186
	35 thru 54	1,356
	55 thru 64	333
	65 thru 74	295
	75 thru 84	86
	85 and over	0
	Unknown	0
TOTAL INDIVIDUALS:		100%*
Gender:	Male	2,647
	Female	2,834
	Unknown	
TOTAL INDIVIDUALS:		5,481

	NUMBER		NUMBER
Household Income:	2,534	Ethnic/Racial Background:	4,399
\$0 thru \$11,999		White	
\$12,000 thru \$14,999	763	Black or African American	454
\$15,000 thru \$24,999	1,395	Hispanic or Latino	203
\$25,000 thru \$49,999	752	American Indian or Alaska Native	
\$50,000 thru \$74,999	37	Asian	
More than \$75,000		Native Hawaiian or Pacific Islander	
Unknown		Unknown	425
TOTAL INDIVIDUALS:	5,481	TOTAL INDIVIDUALS:	5,481

*NOTE: All TOTALS should be the same number

**Orrville Area United Way
Supplemental Agency Questions**

The Orrville Salvation Army-Matwurm Service
Center

September 2017

<u>Agency Name</u>	<u>Date</u>	Yes	No	Don't Know
<i>Please check the appropriate box in answer to each question.</i>				
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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 %		

Darrel Smucker- Advisory Board President
Governing board representative (name, title)

Sarah M. Ecker- Executive Director
Administrative official (name, title)

Grants & Collaborations

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

Date: September 2017

Agency: The Orrville Salvation Army-Maiwurm Service Center

Program: Emergency Assistance

Please respond in writing to the following questions:

1. What would happen if your program were to disappear?

- The increase of hunger/food insecurity would increase.
- Children would go hungry and not be fed properly
- There would be an up rise of heating/cooling units that would be shut off and remain off due to non-payment
- Some people's health would decline due to the shut off of heating/cooling
- Some would not be able to get to their Dr's. appointments due to lack of transportation or funds to get gasoline.
- Some would not take medications that have been prescribed by their Dr. due to not being able to afford the cost.

2. What would happen if you were not to receive the requested amount?

There would be a decrease on how much we would be able to assist on utility assistance, also a decrease in food amounts given in food orders. Other portions of the programs, like transportation, could be cut.

3. Specifically, how would decreases in your grant impact your programming:

a. 25% decrease?

We would have to cut down the budgeted amount that we help with financially. We may have to cap on how many consumers we would be able to assist with.

b. 50% decrease?

Portions of this program would be cut completely. The amount of food in our food pantry orders would decrease quite considerably. Portions of the food order like hygiene products would be cut. Financial assistance would decrease and the amount of consumer would have to have a cap number.

c. 75% decrease?

The majority of this program would be cut. Staff hours would also be cut as well as hours of operation.

4. What other organization/s provide/s the same or similar services/programs?

There is a not a service center in our area that mirrors what we assist with. The closest service centers are In Wooster. (People to People, Community Action)

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

With the other organizations in Wooster, we co-pay on many utility bills if they are more than what we can assist with. We also use them as a resource if consumers have more than one disconnect.

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

None really, if we need to collaborate with other agencies it is to because we could not support the full cost of what is needed to be paid.