

**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

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

Add Management & General (Part IX, Line 25, Column C)		\$ <u>145,454.00</u>
Fundraising (Column D)	+	\$ <u>316,333.00</u>
	=	\$ <u>461,898.00</u>
<b>TOTAL</b>		
Divide total by Part VIII, Line 12, Column A (Total Revenue)		<u>15</u> %

**Program Funding Requests:**

1) Seasonal Assistance New Request? No

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

2) Strive 2 Thrive New Request? No

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

3) Emergency Assistance New Request? No

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

\$ 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 or Treasurer's 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: Seasonal 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**:

\$9,800.00 + \$12,419.00 = \$22,219.00  
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?

N/A

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?**

There would be possible cuts to the program like capping the age of kids for the gifts they get from the Angel Tree Project. The amount of food given (usually around 100lbs of food) would decrease. Items like milk and the holiday meat we give could possibly be cut. The amount of school supplies given 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:**

Any child, family or individual that falls under the 175% Federal Poverty guidelines is eligible for Seasonal Programs.

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

There are not any other programs that are similar to the Seasonal programming. Agencies in Wooster like People to People Ministries offer similar services but we work together in serving our collective areas. We also share list to diminish "double dipping"

## 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**

- Angel Tree Project- 3 Christmas gifts per child ages birth-12<sup>th</sup> grade.
- Christmas Food Box- 100lb + of food. Also includes "holiday meat" milk, bread, fruit and staple items.
- Back to School – Basic school supplies (10-15 items) for readiness of school.

Resources: communications w/ the local newspapers, school, flyers and letters to business around our area, families and churches.

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

Tools measured on this program are based on the satisfaction and feedback we get from the consumer and from community members that may have volunteered or made donations for these programs. Tools are used to measure our outcome is an intake form and application for the programs offered.

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

Challenges for this program would be late sign up's from consumers. We give about a 5-7 week window for sign up's for all programs. Many will sign up after the cutoff date and we face the challenge of getting extra supplies or gifts for these kids. Other challenges would be follow through and pick up these gifts/supplies that they have signed up for. We have specific dates for pick up and many times they will come after the pickup date or not come at all.

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

The recorded outcomes achieved are the number of consumers we served. From year to year, no one is denied services. There are timeline restrictions but there will be exceptions made.

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

Our outcome was met this year. to us as an organization of those that come and assist on the days of distribution or packing days to those that donates gifts, school supplies, food and monetary donations. It amazes us from year to year to see the community rally behind us. It's powerful to see from year to year consumers that may have fallen on hard times participate in the services offered and then the next year or two turn around and give back once they are up on their feet again. Outcomes are always met with the seasonal assistance programs

## 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 child receiving school supplies, and individuals receiving/benefiting from Christmas gifts (Angel Tree Project) and or the Christmas Food Box.\_\_\_\_\_

**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
<b>2016 Actual</b>	1,628	1,641	0
<b>2017 Projected</b>	1,900	1,900	0
<b>2018 Projected</b>	1,900	1,900	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)
<b>2016 Actual</b>	1,641	\$21,760.00	\$13.26
<b>2017 Projected</b>	1,900	\$22,455.00	\$11.81
<b>2018 Projected</b>	1,900	\$22,219.00	\$11.69

**14. Individuals served**

Last year (actual): 1,641\_\_\_\_\_

This year (projected): 1,900\_\_\_\_\_

## Client Demographics

14.

	<b>NUMBER</b>
<b>Types of Clients: Individuals</b>	1,641
Information & Referral, Brochures	
Organizations	

PLEASE COMPLETE THE INFORMATION FOR INDIVIDUAL CLIENTS ONLY	
<b>Age Group:</b> Under 5	217
6 thru 12	450
13 thru 17	287
18 thru 34	287
35 thru 54	289
55 thru 64	71
65 thru 74	22
75 thru 84	18
85 and over	
Unknown	
<b>TOTAL INDIVIDUALS</b>	<b>100%*</b>
<b>Gender:</b> Male	735
Female	906
Unknown	
<b>TOTAL INDIVIDUALS</b>	<b>1,641</b>

	NUMBER		NUMBER
<b>Household Income:</b>		<b>Ethnic/Racial Background:</b>	
\$0 thru \$11,999	654	White	1190
\$12,000 thru \$14,999	200	Black or African American	136
\$15,000 thru \$24,999	509	Hispanic or Latino	145
\$25,000 thru \$49,999	277	American Indian or Alaska Native	
\$50,000 thru \$74,999	1	Asian	
More than \$75,000		Native Hawaiian or Pacific Islander	
Unknown		Unknown	170
<b>TOTAL INDIVIDUALS</b>	<b>1,641</b>	<b>TOTAL INDIVIDUALS</b>	<b>1,641</b>

\*NOTE: All TOTALS should be the same number

**Orrville Area United Way  
Supplemental Agency Questions**

The Orrville Salvation Army- Malwurm Service  
Center

September 2017

<i>Agency Name</i>	<i>Date</i>	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**

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Date: September 2017

Agency: The Orrville Salvation Army- Maiwurm Service Center

Program: Seasonal Assistance

Please respond in writing to the following questions:

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

Programs like Back to School would be cut and portions of the Christmas food baskets would decrease in the amount given. The Angel Tree project would decrease in the amount of gifts given as well.

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

Portions of the seasonal programming would be limited. We would have to rely heavily on donations during these seasonal times.

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

- a. 25% decrease?

Less school supplies would be given. The amount of food given at Christmas would decrease.

- b. 50% decrease?

A limited amount of children would be assisted. Possible only children K-6<sup>th</sup> would be eligible for the Back to School Program. Certain food that is given out with the Christmas Food basket like the "holiday" meat and Milk would be limited or cut.

- c. 75% decrease?

Only children 2-12yrs old would be eligible for the Angel Tree Project and portions of the Christmas Food Basket would decrease. We would cap how many food baskets would be handed out. The Back to School

program would most likely be cut or limited to a specific amount of children served or only a certain amount of children would be eligible.

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

Locally there are not agencies that in the manner we do during the seasonal programming time. In Wooster, there are agencies that assist Wayne County as a whole. We collaborate with these agencies and share lists so there is not duplication of services.

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

Year to year we have an open dialog with other agencies in our county that offer similar programs. We have an open line of communication on both ends and work hand in hand to serve our local area and our county.

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

We rely heavily on our community members to help and assist with these programs by donations of in-kind gifts and of their time. We work with area churches, business and families/individuals that take time out of their busy schedules to assist us with these programs.