

COVER SHEET 2018 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: 330-683-0064 E-Mail: d.gogolewski@orrvilledalton-ymca.org

Board President: Name: Tammy Lyons

Address: 1664 Woodlawn Rd City: Orrville E-Mail: coachtammylyons@gmail.com

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

Add Management & General (Part IX, Line 25, Column C)		\$	_____
Fundraising (Column D)	+	\$	_____
	=	\$	_____
TOTAL			
Divide total by Part VIII, Line 12, Column A (Total Revenue)			_____ %

Program Funding Requests:

1) Nurturing Children & Youth New Request? No

Funded 2017 \$30,000 2018 Requested \$25,000

2) Helping In Hard Times New Request? No

Funded 2017 \$15,000 2018 Requested \$15,000

3) Promoting Health & Wellness New Request? No

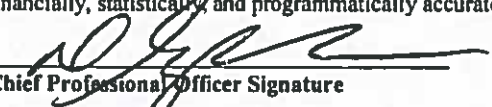
Funded 2017 \$15,000 ^{7,943} 2018 Requested \$15,000

4) _____ New Request? _____

Funded 2017 \$ _____ 2017 Requested \$ _____

\$55,000 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.


Chief Professional Officer Signature

9/7/17
Date

Tammy Lyons
Board President or Treasurer's Name (Please indicate which)


Board President or Treasurer's Signature

9/7/17
Date

2018 Program Information

Please use a separate form for each program.

1. Agency: Orrville YMCA

2. Program Name: Delay the Disease / Livestrong

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:

\$15,000 + \$275,000 = \$290,000
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? This program was only funded at 53% of the \$15,000 request in 2017 (\$7,943) and the efforts to improve people's health and promote wellness were not maximized. The YMCA will initiate two programs under the promoting health and wellness initiative, Delay the Disease™ and LIVESTRONG™. These programs will help individuals struggling with Parkinson's manage their symptoms and maintain a quality of life, and cancer survivors improve their strength and physical fitness, diminish the severity of therapy side effects, develop supportive relationships and improve their quality of life. Full funding of this request is vital for the implementation of these programs to help with this overall goal. We understand that Parkinson's does not always allow people to continue to work because of the severity of the disease and cancer treatment may have the same outcome because of treatments and reactions to treatments so that is why funding is needed to bring this program to fruition.

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? The Orrville YMCA adjusted programming that was offered to promote health and wellness. Some offerings were eliminated due to financial constraints so the potential scope was not reached.

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 the funding request cannot be met, the YMCA will reduce the size of the program by either reducing the number of memberships provided for participants or eliminating one of the programs entirely. If not funded at all, the YMCA would not be able to offer these programs to the community.

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

Fees: 90% of the fees will be designated for 10 participants in the Delay the Disease and 10 participants in the LIVESTRONG™ program. The remaining 10% will be used for staffing and materials specifically for these two programs that they YMCA does not already possess.

Sliding Fee Schedule: Scholarships are award based on a Federal Sliding fee scale, which is based on income and number of the individuals in the household.

Insurance Reimbursement: Members who carry a certain type of insurance can qualify for a membership at no cost to them. The Silver Sneakers® and Silver & Fit® programs are typically an age restricted program utilized by seniors in our community.

Government Subsidies: none

Community Impact

8. Describe the target population and eligibility requirements for the Program: The target population and eligibility requirement will be individuals suffering from Parkinson's or recovering from cancer treatment living in the Orrville, Dalton, Smithville, Marshallville, Rittman areas. Those eligible would be individuals in the community who are financially unable to participate in a health and wellness programs. We understand that sometimes careers are lost due to debilitating effects of these diseases and we want to eliminate that barrier and bring this vital programming to Orrville.

9. What agencies or programs in the community provide similar services? Please be specific about how we can differentiate this program from others. Delay the Disease is not offered in Orrville. The program is offered in Wooster at the Smithville Western Care Center and in North Canton at the North Canton Medical Group according to the Delay the Disease™ website. LIVESTRONG™ is not offered in Orrville or the surrounding area. This program is generally offered at YMCA's across the country but the closest programs are in Cleveland and Columbus according to their website. Because these programs are specifically designed to combat a disease, the task isn't to make it different, the goal is getting the program in Orrville so community members have access to programming to promote health and wellness.

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?

From what was accomplished in 2017, we saw increased cardiovascular health, muscle strength, flexibility, mobility; improved mental and spiritual outlook and provide positive interrelationship with others; provided nutritional information for healthier lifestyles; provide a safe environment for children while their parents are using the fitness facilities; provide lifelong learning through developmental sports programming; provided community programs (which include Healthy Kids Day, Active Older Adult Programs-Euchre Club, Forever Young, etc.) were all provided with a modification to Forever Young listed in 2016 which is now a full Senior Lunch & Learn Series that was started in January and is still going strong.

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**

Exercise and activities were used to building muscle mass and strength, increase flexibility and endurance, and improve confidence and self-esteem. Many that participated stated that they felt they were a little healthier but considered themselves to already be leading a healthy lifestyle. Since some of the programming was not as impactful as we had hoped we are going to implement two new programs to enhance our health and wellness line up. The Delay the Disease™ website and program materials will be essential in training staff to meet the needs of the participants battling Parkinson's. Activities include fine and gross motor activities to increase muscle use and cognitive pathways to help delay the disease. Resources from the LIVESTRONG™ website and partner YMCA's will be used to introduce the LIVESTRONG™ program in Orrville. Exercise and activities will be used to building muscle mass and strength, increase flexibility and endurance, and improve confidence and self-esteem in the fight against cancer.

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

The recorded data from the exercise programs measured improvement in quantifiable areas such as flexibility and strength. Moving forward, the empowering results of our Delay the Disease™ exercise program can help participants move about with ease and confidence, get out of bed or rise from a chair independently, improve handwriting, dress independently, diminish worry that stiffness, slow steps and other symptoms are obvious and regain a sense of moving with normality. This will all be measured by surveys of participants. The LIVESTRONG™ program will use exercise and activities to build muscle mass and strength, increase flexibility and endurance, and improve confidence and self-esteem and again will be measured by surveys of participants. Both will also have quantifiable measurements such as timed activities or number of repetitions that will be determined by instructors and resources.

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

Consistency was the challenge in this program. Some participants did not complete the program of quit recording their self-tracked results. By focusing on specific programs and not trying to be all things to all people, we feel that this will improve knowledge as well as promote health and wellness to everyone involved. Other programs like Group Exercise Classes and Healthy Kids Day were successful.

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

Last year's outcomes were simple attendance plus pre and post measurements which included weight loss, sit and reach measurements and timed exercises on cardio equipment. All participants that completed a session showed improvement in measurements. Participation numbers in other programs all showed growth.

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

We met the outcomes from 2017 that were included on the grant application from 2016 for the 2017 year.

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 will be 1 client served during a program or session

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		4041	-
2017 Projected		4180	-
2018 Projected		4300	

****NOTE:** Not all programs record or track zip code at every session so most are unknown

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	4088	\$274,048	\$67.04
2017 Projected	4240	285,000	\$67.21
2018 Projected	4350	301,000	\$69.20

14. Individuals served

Last year (actual): 4088

This year (projected): 4240

Client Demographics

14.

	NUMBER
Types of Clients: Individuals	4088
Information & Referral, Brochures	
Organizations	

PLEASE COMPLETE THE INFORMATION FOR INDIVIDUAL CLIENTS ONLY	
Age Group: Under 5	
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	
TOTAL INDIVIDUALS:	100%*
Gender: Male	
Female	
Unknown	
TOTAL INDIVIDUALS:	4088

	NUMBER		NUMBER
Household Income:		Ethnic/Racial Background:	
\$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	
TOTAL INDIVIDUALS:		TOTAL INDIVIDUALS:	

*NOTE: All TOTALS should be the same number

***Participant statistics other than attendance are not recorded for group exercise programs so numbers of known subjects would be skewed and therefore left blank.**

**Orrville Area United Way
Supplemental Agency Questions**

Orrville YMCA

Agency Name

9/5/2017

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%		

Tammy Lyons, Chair

Governing board representative (name, title)

Dean Gogolewski, Executive Director

Administrative official (name, title)

**Orrville YMCA
Three Year Budget Analysis**

FISCAL YEAR - JANUARY1 - DECEMBER 31

Revenue

Acct.	Name	2016 Actual	2017 Projected	2018 Proposed
0100	Contributions	50,279.00	45,000.00	350,000.00
0300	Special Events		0.00	6,000.00
0500	Legacies and Bequests			
	Public Support Received Directly	\$50,279.00	\$45,000.00	\$356,000.00
0700	Contributed by Associated Organizations			
0800	Allocated by Federated Funding Org.	57,588.00	55,000.00	58,000.00
0900	Allocated by Unassociated Funding Org.			
1000	Fees and Grants from Govt Agencies	62,315.00	50,000.00	50,000.00
	Public Support Received Directly	\$119,903.00	\$105,000.00	\$108,000.00
1100	Membership Dues	284,523.00	265,000.00	280,000.00
1300	Program Service Fees	156,920.00	160,000.00	165,000.00
1400	Sales of Supplies and Services	1,010.00	1,000.00	1,000.00
1500	Investment Income	3,013.00	2,500.00	2,500.00
1600	Miscellaneous Revenue	19,058.00	17,000.00	17,000.00
1700	Support/Revenue Allocated to National			
1800	Inter-YMCA Allocations of Revenue			
1900	Other Changes in Fund Balances			
	Revenue	\$464,524.00	\$445,500.00	\$465,500.00
	Total Revenue	\$634,706.00	\$595,500.00	\$929,500.00

Expenses

Acct.	Name	Actual	Projected	Projected
2100	Salaries and Wages	339,540.20	314,000.00	325,000.00
2200	Employee Benefits	7,268.87	8,400.00	8,600.00
2300	Payroll Taxes	30,670.54	29,500.00	31,000.00
2400	Purchased, Contract or Donated Services	87,193.91	92,000.00	90,000.00
2500	Supplies	24,794.20	25,000.00	22,000.00
2600	Telephone	2,438.80	2,500.00	2,500.00
2700	Postage and Shipping	1,122.16	1,200.00	1,300.00
2800	Occupancy	90,255.94	89,000.00	90,000.00
2900	Equipment - Expendable or Rented	1,825.36	2,000.00	2,000.00
3100	Printing, Publications and Promotions	3,839.33	4,000.00	5,000.00
3200	Travel and Employee Expenses	1,164.38	1,500.00	1,500.00
3300	Conferences, Conventions and Meetings	241.02	300.00	300.00
3400	Dues & Fees	2,417.22	2,500.00	2,500.00
3500	Awards & Grants	4,733.25	5,000.00	5,000.00
3600	Financing Costs	7,136.01	7,000.00	6,800.00
3700	Other Insurance Premiums	2,050.00	2,000.00	2,500.00
3800	Miscellaneous Expenses	1,728.44	8,000.00	325,000.00
3900	Allocation of Exp	188.51	900.00	750.00
	Expenses	\$608,608.14	\$594,800.00	\$921,750.00
NET		\$26,097.86	\$700.00	\$7,750.00

NOTES

2016 booked approx 60K in deferred income in Membership dues (timing variance)

2018 Capital Campaign to repair pool - contributions - misc expense

2016-17

First	Last	Meetings												Total Attended	
		9/27/16	10/25/16	11/22/16	1/24/17	2/28/17	3/21/17	4/25/17	5/23/17	6/27/17	7/25/17	8/22/17			
Keith	Amstutz*	✓	✓											5	
Angela	Buller*	Joined Board in Feb 2017													7
Tracey	Cook	Joined Board in Feb 2017													4
Ken	Gable*	✓		✓										4	
Eric	Hochstetler*			✓										6	
Harold	Hochstetler*	✓	✓	✓										3*	
David	Jensen	✓	✓	✓										8	
Tammy	Lyons*	✓	✓	✓										11	
Tom	Poulson	✓	✓	✓										11	
Doug	Rawlings	✓	✓	✓										7	
David	Rohrer*	✓	✓	✓										3*	
Tony	Rohrer*													5	
John	Ronccone*	✓		✓										6	
Bill	Seymour*	✓	✓	✓										7	
Daphne	Silichuk-Ashcraft*	✓	✓	✓										8	

* Denotes members of the Y

Grants & Collaborations

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

Date: 09/07/2017

Agency: Orrville YMCA

Program: Delay the Disease / Livestrong (PHW)

Please respond in writing to the following questions:

1. What would happen if your program were to disappear?
If the program were to disappear, individuals in desperate need of programming who cannot travel to Cleveland or even Wooster would not be able to participate.
2. What would happen if you were not to receive the requested amount?
If the program were not to receive the requested amount, one or both programs would not be able to operate
3. Specifically, how would decreases in your grant impact your programming:
 - a. 25% decrease? Limited program supplies but both programs could operate all year.
 - b. 50% decrease? One program would be eliminated and supplies would be limited for the other could not be offered all year.
 - c. 75% decrease? One program would begin with a limited number of participants being serviced with very few supplies and could operate 3 out of 6 possible sessions
4. What other organization/s provide/s the same or similar services/programs?
No other organization in the Orrville Area offer Delay the Disease or Livestrong.
5. Specifically, how are you collaborating with other agencies/organizations?
We are collaborating with senior living organizations to promote health and wellness to seniors in the area through a lunch and learn program at no cost to participants. We have brought Onsite Therapy Solutions in as a tenant to improve rehabilitation services in the community and promote health and wellness to their clients in need of a facility/equipment to maintain their wellness.
6. What services/programs for which you are requesting support are complementary services in collaboration with other entities?
None