

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: Membership 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:

$\frac{\$15,000}{\text{Funds Requested From OAUW}} + \$ \frac{\quad}{\text{Funds Requested/Received From Other Sources}} = \$ \frac{15,000}{\text{Total Program Funds}}$

4. If previously funded program, are you asking for increased dollars of support?

Yes No

5. If yes, why are you requesting more money?

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 the amount of financial assistance that was provided in 2017 to meet the funding provided. To date the YMCA has provided \$12,865 in financial assistance (85.8%) two-thirds of the way through the year.

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 not met then the Y will have to adjust strategies to make available funding last as long as possible while impacting as many individuals as possible.

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

Fees: Membership fees encompass the following positions under the financial assistance program.

- Scholarship coordinator
- Fitness Center Staff
- Fitness Instructors (land and water instructors)
- Health and Wellness Coordinator
- Swim lessons and the Learn to Swim programs for schools

Sliding Fee Schedule: Financial assistance is awarded using the 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 in poverty living in the Orrville, Dalton, Smithville, Marshallville, Rittman and surrounding areas. Those eligible would be individuals in the community who are financially unable to pay full price for a membership or programming and would benefit from participating in some form of regular exercise to improve their overall health and wellness.

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 are unique and we are not aware of any other programs that offer pool, group exercise and wellness center services at a reduced cost to the entire family.

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?

The targeted outcome was and is to involve as many people as possible in any form of wellness program by removing the financial barrier. Beyond the overt physical activities, secondary benefits include emotional and social support through staff and peer interactions. We encourage members to get involved with groups and peers through classes, community activities, which include Volunteer projects around the Y such as the Spring Spruce Up, Garden Gang, Euchre Club and Senior Lunch & Learn to name a few. These interactions develop a sense of accomplishment and positive reinforcement as part of the Financial Assistance Program which promotes a lifetime of health and wellness activity.

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**

- Wellness Center Orientations
 - Members are instructed on fitness center etiquette and proper use of equipment
- Continue to offer numerous group exercise classes.
 - Land and water classes
- Learn to Swim Program in conjunction with Orrville City Schools.
 - 4th grade program
- Continue to offer no cost health fairs to the community.
 - Senior Health Fair
 - Healthy Kids Day

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

Wellness Center Orientation records are kept to gauge participant numbers and is required of every financial assistance awardee. Attendance numbers are kept to measure the usage of group exercise classes. Surveys are used to measure interest in other opportunities. Progress reports are given to quantify progress in swim lesson classes and attendance and surveys are used to measure the success of events like the Health Fairs.

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

The biggest challenge in the financial assistance program is balancing the amount of funds available with the number of applicants each year. The YMCA's promise is that no one is turned away from the YMCA due to an inability to pay. When we calculate our financial assistance award based on factors such as household size and income and apply that to available funding, sometimes the award isn't enough and the applicant does not finalize the award. As secondary challenge is "old habits" getting in the way. When we follow up with participants that quit coming to the Y most are saying they just don't have the time to come or aren't seeing any change. We reassure them that this is a marathon not a sprint and that they should not give up. Staffing is the key to maintaining relationships reassuring members that we are here for them on their journey.

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

We continue to show growth in participants in the Financial Assistance Program. To help stretch our funding the Orrville YMCA implemented a program called On The Spot Financial Assistance which is an easier application but awards a standard amount. For example, if a person is on food stamps and they bring the award letter in, they can receive 60% off of membership or program fees. If that amount is not acceptable to the applicant, they can request a full review to try and increase the amount awarded by providing more information about their situation.

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

We met our outcomes for 2017 and we exceeded the projected number of individuals that received financial assistance.

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 awarded financial assistance per program/period _____

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	377	377	-
2017 Projected	390	390	-
2018 Projected	400	400	-

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	377	\$31,989	\$84.85
2017 Projected	390	\$35,100	\$90.00
2018 Projected	400	\$38,000	\$95.00

14. Individuals served

Last year (actual): 377

This year (projected): 390

Client Demographics

14.

	NUMBER
Types of Clients: Individuals	377
Information & Referral, Brochures	
Organizations	

PLEASE COMPLETE THE INFORMATION FOR INDIVIDUAL CLIENTS ONLY	
Age Group: Under 5	
6 thru 12	43
13 thru 17	18
18 thru 34	208
35 thru 54	29
55 thru 64	
65 thru 74	
75 thru 84	
85 and over	
Unknown	79
TOTAL INDIVIDUALS:	100%*
Gender: Male	161
Female	211
Unknown	5
TOTAL INDIVIDUALS:	377

	NUMBER		NUMBER
Household Income:		Ethnic/Racial Background:	299
\$0 thru \$11,999	59	White	
\$12,000 thru \$14,999	127	Black or African American	35
\$15,000 thru \$24,999	155	Hispanic or Latino	
\$25,000 thru \$49,999	36	American Indian or Alaska Native	
\$50,000 thru \$74,999		Asian	
More than \$75,000		Native Hawaiian or Pacific Islander	
Unknown		Unknown	43
TOTAL INDIVIDUALS:	377	TOTAL INDIVIDUALS:	377

*NOTE: All TOTALS should be the same number

**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	Roncione*	✓												6
Bill	Seymour*	✓	✓											7
Daphne	Silchuk-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: Membership Assistance (HHT)

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 struggling to move out of poverty would pay full price for members. This impediment would cause many to not join the YMCA to improve their wellness.
2. What would happen if you were not to receive the requested amount?
If the program were not to receive the requested amount, financial assistance would be extremely limited which would restrict access for individuals and families in need of YMCA programming
3. Specifically, how would decreases in your grant impact your programming:
 - a. 25% decrease? Financial Assistance would be limited
 - b. 50% decrease? Financial Assistance would be severely reduced.
 - c. 75% decrease? Financial Assistance would be minimal.
4. What other organization/s provide/s the same or similar services/programs?
No other organization in the Orrville Area offers financial assistance for membership to their facility offering wellness programming in the water and on land
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 3rd and 4th graders in the area. 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