

**AGENCY FUNDING
HEARING SCHEDULE
Monday - November 4, 2019**

6:30 Northwest Suburban Day Care

6:45 Glenkirk

7:00 FISH

7:15 The Children's Advocacy Center

7:30 The Harbour

7:45 *Break*

8:00 Leyden Family Service and Mental Health Center

8:15 Center of Concern

8:30 PEER Services

8:45 The Josselyn Center

9:00 WINGS

Northwest Suburban Day Care Center

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2013	\$50,000	\$40,000	0%
2014	\$50,000	\$40,000	0%
2015	\$50,000	\$40,000	0%
2016	\$50,000	\$42,000	+5%
2017	\$50,000	\$42,000	0%
2018	\$50,000	\$41,790	-0.5%
2019	\$55,000	\$42,600	+2%

2020 REQUEST	\$50,000
2020 RECOMMENDATION	

COMMENTS

RETURN SHEET TO KRISTINA CHRISTIE, AGENCY & PROGRAM COORDINATOR

MAINE TOWNSHIP APPLICATION FOR FUNDING 2020-2021



Agency Name Northwest Suburban Day Care Center

Address 1755 Howard Avenue, Des Plaines, IL 60018-3025

Phone (847) 299-5103 **Fax** (847) 299-5103 **Email** nwsdcc1970@att.net

Contact Person Kate Uyechi **Title** Executive Director

Grant Contact Person Kate Uyechi **Title** Executive Director

Phone (847) 299-5103 **Email** nwsdcc1970@att.net

Brief Description of Agency

The Northwest Suburban Day Care Center is a not-for-profit organization established in 1970 to provide high-quality, affordable pre-school to low income families through the IL Department of Human Services Child Care Assistance Program. Our services are provided year round, on a sliding fee scale to children ages 15 months to five years, thus enabling the parents to maintain full time employment or attend school. We promote a community-wide referral system to help parents and children in time of need.

Agency Total Budget \$414,000 **Amount requesting from Maine Township** \$50,000
(Please provide a copy of your budget.)
Agency Fiscal Year (e.g. March 2018-February 2019) July 1, 2019 – June 30, 2020

Total number of all unduplicated clients directly served during your last fiscal year 38

Total number of unduplicated Maine Township clients directly served during your last fiscal year 28

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? N/A

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 19

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. Executive Director	\$55,952	4. Cook	\$28,180
2. Program Director (part-time)	\$30,149	5. Teacher	\$26,684
3. Teacher Assistant	\$29,320		

1. Is your agency not for profit? (If so, attach Certificate of Good Standing). Yes No
2. Has your organization been in business for at least one year? Yes No

3. Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township? Yes No
4. Describe how your organization's services are currently promoted to the residents of Maine Township. Brochures are available at local organizations such as the Maine Township, the City of Des Plaines, the Des Plaines Public Library, etc... We have also posted signs at local businesses, and of course, word of mouth by our clients. There has been an increase of people "finding" us through the internet and therefore they are able to view our website for additional information, even before they call us. In addition, we are listed on the ExceleRate IL website, with a Silver Circle of Quality, which is a State-wide quality rating program, as well as the websites for Department of Children and Family Services and IL Action for Children.
5. Has your organization ever received funding from Maine Township? Yes No
If yes, list all years and the allocation amount.

1977-84	\$5,000	1992	\$33,000	2005	\$45,900	2016-17	\$42,000
1985	\$7,500	1993	\$25,000	2006	\$45,000	2018	\$41,790
1986-87	\$10,000	1994-96	\$30,000	2007	\$44,000	2019	\$42,600
1988	\$15,000	1997-99	\$32,500	2008-09	\$45,000		
1989	\$19,000	2000-03	\$37,000	2010	\$38,250		
1990-91	\$20,000	2004	\$42,000	2011-15	\$40,000		

6. Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).
Over 65% of the clients we served each month, lived in Maine Township. With the financial support from Maine Township, we were able to offset our daily costs that the government programs did not cover, which was over \$9,500 per month this past year.
7. Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.
Township funds will be used to help us maintain our program of high-quality child care to low income families. On an average, we receive approximately \$20,000 each month from IDHS and the Federal Food program. This does not cover the average \$27,500 in expenses we incur each month. Maine Township funding is therefore crucial in our Center's ability to serve children and their families each month by helping us with the expenses that the government funding does not cover.
8. Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)
- Public safety
 - Environmental protection
 - Public transportation
 - Health
 - Other (please explain):
 - Recreation
 - Library
 - Social services for youth
 - Social services for the aged

9. Describe how your organization meets the eligibility requirements for the requested funding.

The Northwest Suburban Day Care:

- Was established in 1970
- Is a 501(c)(3) charitable organization
- Provides high-quality, affordable child care to low income Maine Township residents
- Is governed by the IL Dept. of Children and Family Services, the Des Plaines Public Health Department, the State of IL and City of Des Plaines Fire Prevention Bureaus
- Is governed by a Board of Directors that oversees the program and the staff
- Provides timely and accurate reports to all funding agencies
- Has an annual financial audit prepared by an independent auditor
- In addition to providing social services for youth in our community, we also help the parents of these children, who are economically challenged.

10. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.

We are currently housed, rent-free, in the Cambodian Buddhist Temple, formerly the First Presbyterian Church. Upon purchasing the church, the Buddhist's agreed to let us remain on the premises with the stipulation that we eventually build our own addition onto the building. While we estimate this undertaking to cost \$600,000, no set time table has been established as to when we would even consider breaking ground. We plan to fund this expansion through grants and donations.

11. Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures? Yes No

12. If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.) Yes No

13. Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability? Yes No

14. Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body? Yes No

**15. If requested, do you agree to provide the following to Maine Township?
(Please note: You do NOT need to include these items with your application.)**

- A. Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs
- B. At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.)
- C. A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:
 - I. A description of each program, service, activity or facility you provided or offered
 - II. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder
 - III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled
 - IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and
 - V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion

Yes No

16. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?
 Yes No
17. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization? Yes No

18. **What is the geographic service area of your organization?** We do not have any boundaries, but the majority of our clients live in Des Plaines.
19. **Does your organization charge for services?** **Yes** **No** We use State guidelines for subsidized families. A separate sliding fee scale for families who do not qualify for the child care subsidy program is attached. Currently, all of our families are on the subsidy program.
If yes, does your organization offer a sliding fee scale?
 Yes. Attach 14 copies of the sliding fee scale.
 No. Please explain how charges are determined.
20. **If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance?** **Yes** **No**
21. **Are volunteers used within your organization?**
 Yes. Please indicate how many volunteers you have and how they are utilized.
Our Board of Directors are all volunteers.
 No. Please give specific reasons for not using volunteers.
22. **Does your organization provide any bilingual services?**
 Yes. Please indicate languages. Spanish
 No
23. **Does your organization request proof of U.S. citizenship from its clients?**
 Yes. Please describe briefly. The State's child care application asks if the child receiving care is a citizen.
 No
24. **Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.**
 Yes **No**
Yes - Child and Family Connections, Districts 62 Early Learning Screening, the Des Plaines Public Library, District 207's Career Pathways internship program, and Maine Township Student Government Day. Most of these agencies are referred to on an as needed or available basis throughout the year. The Dist. 207 internship program has been throughout the school year and the Des Plaines Public Library provides a summer reading program and story times throughout the year. And, of course, Maine Township Student Government Day is 3 times a year!
25. **Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain.** **Yes** **No**
Yes - Kiwanis and the Park Ridge Community Fund. Most years, some of our staff participates in the Kiwanis Peanut Day.

26. Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No

Yes - OmniCare Health Care Systems and Illinois Tool Works Senior Outreach. Each year, OmniCare provides Christmas gifts for the children. IL Tool Works holds a Christmas Party for the children and provides gifts for them as well as the Center. During the summer the same generous people also hold an Ice Cream Party for the children.

27. List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support.

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township	42,060	Monthly throughout the year	13
Foundations	2,000	Once, annually	.5
Private Donors	12,126	Various times throughout the year	4
Federal	22,015	Monthly throughout the year	7
State	182,269	Monthly throughout the year	59
Municipalities	15,250	Once, annually	5
Other Townships	5,000	Once, annually	1.5
Other (list all)	26,640	Monthly + various times throughout the year	10
Total	307,360	<i>Other = client fees & interest income</i>	100%

28. What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for.

***ALL fund raiser monies were used to support our entire program.*

	Total Earned	Total Cost	Profit
Catalog Fund Raiser - Dips	\$1,085.00	\$540.00	\$545.00
Family Christmas Party Raffle	\$402.00	\$ 0	\$402.00
Candy Fund Raiser	\$2,800.00	\$1,260.00	\$1,540.00
Summer Raffle	\$3,585.00	\$900.00	\$2,685.00

29. What fundraising efforts are planned for next year?

World's Finest Chocolates, Choc. Covered Pretzels, Family Christmas Party Raffle, and our Summer Raffle

30. Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).

Upon the completion of recent building construction, we "re-opened" our Toddler classroom earlier this year! Unfortunately, due to a staffing shortage, our classroom for 2-3 year olds was not open and during our search for a new teacher, another teacher moved too far away to continuing working with us. Thankfully, after a very long and difficult search, we recently hired two new teachers! Now, ALL of our classrooms are fully staffed and we have begun bringing in new children.

31. Please provide numerical breakdown of all staff member positions.

- 1. Administration & Administrative Support** 1
- 2. Management of Service Providers** 1
- 3. Direct Service Providers** 6

32. Number of certified staff members All staff members are certified for their positions.

33. What kinds of certifications are required for your service providers? Teachers at a minimum need 60 college credits with at least six hours in Early Childhood Education (ECE) and a minimum level 2 Gateways Early Childhood Credential. Teacher Assistants must have a high school diploma and a minimum level 1 Gateways Early Childhood Credential. The Executive Director and Assistant Directors need 60 hours of college credit with 21 hours in ECE. All staff who work with children must complete the IL Dept. of Human Services required Health and Safety training. In addition, the center pays the cost for the staff to have annual CPR/First Aid training as well as the 20 hours of continuing education required by DCFS licensing and ExceleRate Illinois. Our cook needs to have a State Food Sanitation certificate and all staff have completed IL Public Health Department approved, Food Handler Training.

34. Number of licensed staff members Our entire program is DCFS licensed.

35. What kind of licensing is required for your service providers? Our center and staff undergo yearly inspections from the City of Des Plaines Fire Department and the City of Des Plaines Public Health Department. Every three years we are re-licensed by the Department of Children and Family Services, we undergo an audit from the Federal Food Program, and we are inspected by the State Fire Marshall. We also have a Licensed Registered Nurse that we contract for monthly visits per DCFS requirements. All staff are subject to a background check and fingerprinting prior to hiring.

In addition to these, since receiving our QRS Star Level 2 Certification / ExceleRate Illinois Silver Circle of Quality, we are re-evaluated every three years in order to maintain our standing, which includes on-site assessments along with annual reports to maintain our certification.

36. Please list all accreditations your organization has earned.

ExceleRate Illinois Silver Circle of Quality

37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?

Any significant reduction in Maine Township funding would most likely force us to close our toddler room with the youngest children (15 months to two years). Due to DCFS child/staff ratios, the toddler classroom has higher operating costs than our other classrooms. As a result of this closing, we would have to eliminate the positions of at least two staff members.

The complete elimination of Township funding would definitely force us to evaluate our financial stability. Unless we could obtain significant funding from other sources, we would most likely have to close our entire program.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization Northwest Suburban Day Care Center

By Katherine Uyechi
Its Authorized Representative

Printed Name Katherine A. Uyechi

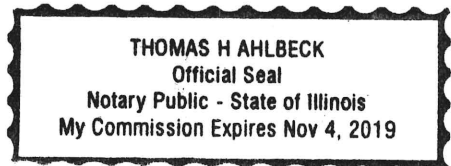
Title Executive Director

Date AUGUST 22, 2019

SUBSCRIBED and SWORN to

before me this 22nd day of AUGUST, 2019.

Notary Thomas H. Ahlbeck
THOMAS H AHLBECK



Northwest Suburban Day Care Center

1755 Howard Avenue ❖ Des Plaines, IL 60018-3025 ❖ (847)299-5103

Private Subsidized Parent Tuition Rates

Current Full-Time Rates (based on classrooms):

(Revised July 1, 2014)

3 years and older	\$205.00 / week
2 years	\$225.00 / week
15 months to 2 years	\$260.00 / week

Northwest Suburban Day Care Center

1755 Howard Avenue Des Plaines, IL 60018

Budget 2020 - 2021

INCOME

IDHS - Child Care Assistance Program (<i>contract & certificates</i>)	223,000
Federal Food Program	25,000
Maine Township	50,000
Elk Grove Township	5,000
City of Des Plaines	15,000
Park Ridge Community Fund	5,000
Client Fees	30,000
Fund Raising and Contributions	11,000
Interest	2,000
In Kind Rent - <i>Cambodian Buddhist Temple</i>	48,000
TOTAL INCOME	\$ 414,000

EXPENSES

Salaries (<i>wages, taxes, health ins., workers comp. ins.</i>)	278,000
Food program (<i>including cook's salary</i>)	40,500
Professional fees	8,000
Insurance	12,500
Classroom and Supplies	3,000
Administration and Supplies	3,000
Occupancy (<i>utilities, trash, repairs, janitor, snow remov., fire alarm</i>)	18,000
Miscellaneous Expenses (<i>Emerg. Contingency Fund, Misc. Admin</i>)	3,000
In Kind Rent - <i>Cambodian Buddhist Temple</i>	48,000
TOTAL EXPENSES	\$ 414,000

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2020-2021**



Agency Name Glenkirk

Address 3504 Commercial Avenue, Northbrook, IL 60062

Phone (847) 272-5111 (switchboard) Fax (847) 272-7350 Email gpetersen@glenkirk.org

Contact Person Greg Petersen Title Chief Executive Officer

Grant Contact Person Bri Cawley Title Grants & Social Media Manager

Phone (847) 414-2342 (Bri's Cell)/(847) 809-2826 (Greg's Cell) Email bcawley@glenkirk.org

Brief Description of Agency

Glenkirk provides innovate and cutting-edge programming to meet the needs of individuals with intellectual and developmental disabilities. Its mission is to provide quality, lifetime supports and services that empower individuals with developmental disabilities to participate fully in all areas of community life. Ultimately, Glenkirk's services help those we serve to **imagine** their best lives, **explore** the opportunities around them, and **connect** with their communities.

Agency Total Budget \$15,026,025 Amount requesting from Maine Township \$10,000
(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2018-February 2019) July 1 2019-June 30 2020

Total number of all unduplicated clients directly served during your last fiscal year 459

Total number of unduplicated Maine Township clients directly served during your last fiscal year 127

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? N/A

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 0

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. Chief Executive Officer \$125,000
2. Chief Operating Officer \$90,000

- 3. Director of Community Relations \$85,000
- 4. Residential Services Division Manager \$78,000
- 5. Life Balance Services Program Director \$75,000

1. **Is your agency not for profit? (If so, attach Certificate of Good Standing).** Yes No
Attached is our Certificate of Good Standing.

2. **Has your organization been in business for at least one year?** Yes No
Yes. We began offering services in 1954.

3. **Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township?** Yes No

4. **Describe how your organization’s services are currently promoted to the residents of Maine Township.**

Community Alternatives Unlimited (“CAU”) is a designated Pre-Admission Screening agent or “PAS Agency” by the Division of Intellectual Disabilities, Department of Human Services, and State of Illinois .The purpose of this program is to make necessary determinations regarding eligibility for services, to educate individuals and families in order to offer a choice of service arrangements, and to provide follow-up in a timely manner. The Pre-Admission Screening process collaborates with the individuals and their family and includes gathering relevant information to document the diagnosis of an intellectual disability, conduct assessments and evaluations, as well as the status of state and federal entitlements, and guardianship status. Once the pre-screening has been completed we cooperate and coordinate placement of individuals. We also work with local school districts for placement in our day programs and services.

5. **Has your organization ever received funding from Maine Township?** Yes No
If yes, list all years and the allocation amount.

2019	\$3,600	2005	\$5,000
2018	\$3,740	2004	\$5,000
2017	\$3,600	2003	\$5,000
2016	\$3,000	2002	\$3,000
2015	\$2,000	2001	\$2,000
2014	\$2,000	2000	\$2,000
2013	\$2,000	1999	\$12,000
2012	\$2,000	1995	\$11,000
2011	\$2,000	1990	\$10,500
2010	\$1,500	1985	\$9,000
2009	\$2,000	1980	\$7,000
2008	\$2,000		
2007	\$0		
2006	\$6,500		

6. Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).

In FY2019 Maine Township funds were used to provide direct services to residents of Maine Township and their family members who have intellectual disabilities. Glenkirk's funding from the State of Illinois, in the form of purchase of care and grant revenues for serving the intellectually disabled, only covers a portion of our individuals' direct care expenses.

The funds we receive from Maine Township, and other townships, as well as corporate, foundation and individual donations, help close the gap between State funding and actual expenses. Specifically, the funds were used to pay for Maine Township residents to attend dances and parties held at Glenkirk as well as activities and outings in the community.

7. Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.

Glenkirk will use funding from the Township to support Maine Township residents attend and participate in community outings and events.

8. Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input type="checkbox"/> Public transportation | <input checked="" type="checkbox"/> Social services for youth |
| <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Social services for the aged |
| <input checked="" type="checkbox"/> Other (please explain): Glenkirk provides supports and services for individuals with intellectual and developmental disabilities. | |

9. Describe how your organization meets the eligibility requirements for the requested funding.

Glenkirk meets Maine Township's eligibility requirements by a) being a 501(c)(3) non-profit organization in operation since 1954; (b) provides direct services to Maine Township residents (127 individuals); (c) has a non-profit infrastructure in place to ensure accountability and performance to clients and funders; and (d) meets more than one of Maine Township's funding priorities (by serving the following populations: developmental disabilities, mental health, seniors and economically challenged families).

10. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.

In the last year, Glenkirk began an ambitious plan to open, renovate, or reconfigure eleven of its twenty-two residential sites. Glenkirk was able to open three new residential facilities serving 12 individuals (two CILAs and one FLA), permanently close one costly rental home, and temporarily close another home so it can undergo full-scale renovations. In addition, Glenkirk reconfigured the occupancy of five homes, including one downsizing from 8-bed capacity to 6-bed capacity, to better balance the support needs, social mix, and therapeutic fit within each home.

Glenkirk has an ongoing strategic initiative to expand technology among individuals served. In the last year, Glenkirk brought its second smart home online, while receiving funding for its third and fourth smart homes. In addition, Glenkirk was able to deploy ten devices in a day services setting, thanks to foundation grant support.

11. Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures? Yes No
12. If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.)
 Yes No
13. Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability? Yes No
14. Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body?
 Yes No
15. If requested, do you agree to provide the following to Maine Township?
(Please note: You do NOT need to include these items with your application.)
- A. Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs
 - B. At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.)
 - C. A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:
 - I. A description of each program, service, activity or facility you provided or offered
 - II. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder
 - III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled

IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and

V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion

Yes No

16. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?

Yes No

17. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization? Yes No

18. What is the geographic service area of your organization?

We provide services in Lake and northern Cook Counties.

19. Does your organization charge for services? Yes No

If yes, does your organization offer a sliding fee scale?

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined.

20. If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance? Yes No N/A

21. Are volunteers used within your organization?

Yes. Please indicate how many volunteers you have and how they are utilized.

Glenkirk currently has 145 volunteers within a tiered volunteer system. Volunteers, often from corporations or social service clubs, paint, landscape or otherwise improve Glenkirk facilities. We also use volunteers for special fundraising events, to assist with client parties/activities, and to help us with large mailings and office work. Our Board of

Directors, Boards of Trustees, and advisory committees are made up exclusively of volunteers.

Activities where volunteers have contact with individuals in a supervised setting require a higher level of scrutiny of the volunteers, including a background check. Volunteers can also have unsupervised contact with individuals though this requires a background check as well as training.

No. Please give specific reasons for not using volunteers.

22. Does your organization provide any bilingual services?

Yes. Please indicate languages.

We offer services in sign language and other forms of alternative communications for intellectually and developmentally disabled persons who are nonverbal. The staff members who work with these individuals are provided with special training.

No

23. Does your organization request proof of U.S. citizenship from its clients?

Yes. Please describe briefly.

No

All State funded services require proof of residency in order to receive State funding as an individual. Acceptable proof includes, but is not limited to: birth certificate; State ID; Social Security documents; and/or Medicaid documents.

24. Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.

Yes **No**

We provide day services and support services to residents of Golfview in Des Plaines and St. Coletta's of Illinois in Tinley Park. We cooperate with other placement agencies such as Community Alternatives Unlimited, which is a designated Pre-Admission Screening agent or "PAS Agency" for the Division of Intellectual Disabilities, Department of Human Services, and State of Illinois. We also work with local school districts for placement in our day programs and services.

Glenkirk has a longstanding relationship with Center for Enriched Living (CEL) in Riverwoods; individuals from Glenkirk are enrolled in various classes and activities there such as Monday Night Bowling, Tuesday Music in the Park, Thursday Ladies Night, etc. Glenkirk also has a contract with Center for Enriched Living to provide activities at four of its group homes through their Center on Wheels (COW) program. Additionally many of Glenkirk's individuals participate in activities through their local park districts including NSSRA and NWSRA.

Opportunity Secure Data Destruction ("OSDD") is a Glenkirk social enterprise managed by Glenkirk and OSDD supervisory staff. OSDD operates shred days where local municipalities allow residents to bring in paper documents to be securely shredded and destroyed; last year we operated 17 shred days

including 12 for Northfield Township, 2 for Vernon Township, 1 for McHenry Township, 1 for Maine Township, and 2 for Port Barrington Township. We also provide services at eight local towns and villages, four park districts, and three libraries.

OSDD has accounts throughout the US. In total, OSDD has 14 subcontractors in the State of Illinois and nationwide. Six of the 14 subcontractors are nonprofit organizations; thus OSDD helps support an additional six organizations with missions similar to Glenkirk.

Glenkirk also is a recipient of funds from the Park Ridge Community Fund.

25. **Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. Yes No**

In the past Glenkirk has received funds and other support from such diverse groups as the Knights of Columbus, Rotary Club, Rebuilding Together, and other community groups. Glenkirk has a long-standing relationship with students from Glenbrook South High School's Interact Club, who help with our parties including our holiday brunch in the winter, Green Eggs and Ham breakfast in March, and Family & Friends picnic in June. The Northeast Illinois Council of the Boy Scouts also has a longstanding connection with Glenkirk. The Boy Scouts volunteer at our Mother's Day Brunch and also offer a camp day at one of their camp sites for our individuals.

26. **Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No**

Glenkirk works with a number of community businesses in a variety of ways. Glenkirk's employment programs work with area businesses to employ people with intellectual and developmental disabilities in competitive jobs in the community. Onsite employment opportunities include packaging, collating, and light assembly for area businesses. Opportunity Secure Data Destruction ("OSDD") has many area businesses as customers and provides document destruction services for a large federal agency as well as for the State of Illinois. OSDD employs people with intellectual and developmental disabilities and provides them with better paying jobs than most individuals with intellectual disabilities can get in community employment. Individuals work 40 hours/week and receive at least minimum wage and, when working on federal projects, receive the federal prevailing rate, which is over \$13/hour. OSDD works in cooperation with several agencies in the area to provide recycling of electronics.

All individuals who participate in any of Glenkirk's Next Generation programs also volunteer at community businesses or organizations, including Feed My Starving Children, Blue Star Woods, Meals on Wheels and Food for Friends. We pick up trash at Blue Star Woods, we deliver food for populations in need for Meals on Wheels and we pack bags of food (usually turkeys) and donate our bags to a local food bank.

Glenkirk continues to partner with Pace. Glenkirk has now been approved for five vehicles from the Advantage Program, which is available to not-for-profit human service organizations, workshops, and/or agencies located in the Pace six-county region that hold a current State of Illinois Developmental Training Certification or equivalent. The Advantage Program provides work-related transportation service to persons with disabilities at the rate of \$250/month per van. The fee paid to Pace covers gas, repairs, and all other costs for operating the vans; Glenkirk is solely responsible for keeping the vans clean and paying for insurance. So far, Glenkirk has been awarded three 15-person

vans as well as two handi-capable vans with a wheelchair lifts. Two years ago, Glenkirk was awarded a 14-seat medium duty wheelchair accessible van through Illinois Consolidated Vehicle Procurement Program. Last year we were awarded a light duty van as well as a minivan. This year we were awarded an additional four vehicles: a minivan, two light-duty vans, and a medium duty van.

Our most recent business endeavor opened in the fall of 2015. Glenkirk opened a café inside Northbrook Park District’s main building on Pfingsten Road. The café is open Wednesday-Sunday from 3-8 with extended hours on the weekends. Three individuals work each shift and a total of 8 individuals work throughout the week. The Café is open from October-May, during skating session at the ice rink.

Glenkirk has numerous affiliations with local businesses. A sampling includes:

- Glenkirk performs contract procurement work for most of the marathons in the Chicago area. The work involves putting together the goody bags for race participants.
- Glenkirk assembles products for Deli Direct, which has a contract with Walmart.
- Glenkirk picks up all of the recycling to the Village of Glenview and drops off items at the appropriate recycling centers.
- Glenkirk individuals volunteer with at Feed My Starving Children.

27. List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support.

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township			0.02%
Foundations			2.05%
Private Donors			3.04%
Federal			0.00%
State			85.54%
Municipalities			0.00%
Other Townships			1.01%
Other (list all)			
Other: Private Pay (0.0%); Sales of Services (8.31%); miscellaneous (0.03%)			8.34%
Total			100.00%

28. What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for.

Glenkirk works to secure funding from many sources. In addition to seeking support from Townships, Glenkirk seeks funding from corporate and foundation grants, donations from individuals, service clubs and organizations, and the families of our individuals. Additionally, we seek gift-in-kind from many sources. Below is a snapshot of our fundraising events during FY2019.

	Gross	Expenses	Net
Benefit Bash	\$259,405	\$29,984	\$229,421

Glenkirk had 6 other smaller fundraisers last year:

- (1) Impact Club/Monthly Giving Club raised \$40,875
- (2) Annual Appeal raised \$121,957
- (3) Donations sent in as memorials or tributes totaled \$74,309
- (4) Donations from Amazon Smile \$355
- (5) Don't Tell Comedy Charity Show raised \$358
- (6) Gino's East Pizza Fundraiser raised \$700

Funds raised from our Benefit Bash go toward program expenses, wherever the need is greatest, and **do not** go toward paying any administrative expenses. Glenkirk receives donations of holiday gifts for every individual in our residential and day programs. Last year (and for several years previously) Fremont Township sponsored two CILAs for the holidays, purchasing gifts for all individuals as well as donating complete ham dinners.

We also received \$280,000 from the Healthcare Foundation of Highland Park to support our Nursing & Wellness Programs and OSDD.

Finally, Glenkirk was awarded an additional three vehicles from IDOT's Consolidated Vehicle Procurement Program bringing our total of vehicles from IDOT to ten. IDOT anticipates that it will deliver these three vehicles in the fall of 2019.

29. What fundraising efforts are planned for next year?

We will continue to seek donations from a variety of sources including corporations, foundations, service clubs, organizations, and individuals. We also anticipate applying to additional townships this year. Glenkirk will hold its annual fundraiser, the Benefit Bash, in October. We will have an end-of-the-year holiday appeal as well as a holiday gift drive.

We will continue to apply to grants from foundations, including the Healthcare Foundation of Highland Park, and hope to increase the number of grants we receive in FY 2020.

30. Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).

Many exciting changes have occurred at Glenkirk in the past year, all of which have added or improved Glenkirk's ability to provide personalized community services:

- Major staff changes in 2019 include Kim Berenberg's promotion from Clinical Services Division Manager to a newly created Chief Operating Officer position, as well as Nicole Zanon-Tocke's promotion from Life Balance Services Program Director to Clinical Services Division Manager. These changes were made to provide additional strategic and program development capacity for Glenkirk's Senior Leadership Team;
- Our Smart Home initiative continues to empower individuals by giving them increased control over their lives, routines, and home environment. Smart refrigerators improve nutritional decision-making and menu planning. Smart, connected devices allow individuals to

communicate in multiple modalities; 35% of those served by Glenkirk do not communicate verbally. Finally, individuals can control their lighting, music, and entertainment choices by the use of typed or voice-issued commands throughout the home. After bringing our first home on-line in early 2018, our second home came online in early 2019. Glenkirk has since received funding for the third and fourth smart home implementations, from Vernon Township and Arlington Heights CDBG.

- Our Plum Grove residence in Palatine is currently under renovation and will re-open in early/mid 2020;
- Our 3504 Commercial Avenue location is currently under renovation. Phase 1 of renovating the first floor is nearing completion;
- We opened our first 4-bed CILA, Laurel, in May of this year. Smaller residential settings allow for improved staffing ratios and support.

31. Please provide numerical breakdown of all staff member positions.

1. Administration & Administrative Support	<u>23</u>
2. Management of Service Providers	<u>18</u>
3. Direct Service Providers	<u>180</u>

32. Number of certified staff members 222

33. What kinds of certifications are required for your service providers?

All direct service staff are required to be trained and certified in CPR, first aid, non-violent Crisis Prevention Intervention (CPI). Each new staff member receives 120 hours of training prior to beginning their job. The required certifications are received during this initial training. Individual staff must then renew the certifications as required and must have at least 6 hours of training each year.

34. Number of licensed staff members 16

35. What kind of licensing is required for your service providers?

Behavior counselors, social workers, nurses and therapists must all be licensed by the state.

36. Please list all accreditations your organization has earned.

Glenkirk is licensed by both the Illinois Department of Human Services and the Illinois Department of Public Health.

37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?

Glenkirk would have to significantly reduce the number of clients served as well as the variety of services provided, if we were to receive a reduction or complete elimination of Township funding.

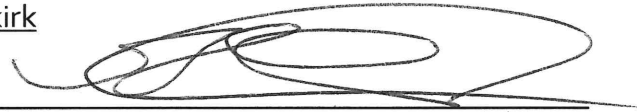
There is still a looming crisis facing agencies caring for individuals with intellectual disabilities in Illinois. With 85.5% of our funding coming from the State of Illinois, similar to all social service agencies that are primarily dependent upon State and Federal funding, Glenkirk is facing unprecedented fiscal challenges.

Support from funding partners such as Maine Township is what allows Glenkirk to rise above the State's challenges and provide a high quality of life to individuals with intellectual and developmental disabilities which helps them imagine their best lives, explore the opportunities around them, and ultimately connect with their community.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization Glenkirk

By



Its Authorized Representative

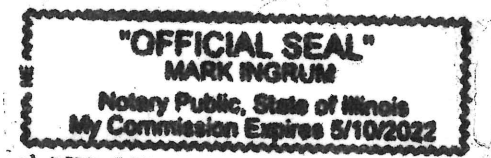
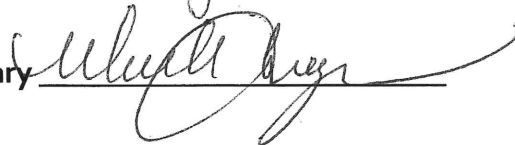
Printed Name Greg Petersen

Title Chief Executive Officer

Date August 23rd, 2019

SUBSCRIBED and SWORN to
before me this 20 day of August, 2019.

Notary



Glenkirk

FY 2020 Operating Budget

FY 2020

Support & Revenues

Maine	3600
IL Dept. of Human Services	9,572,921
IL Dept. of Health & Family Services	1,936,081
Township Funds	151,340
Client/Family/Third Party Payments	1,341,547
Sales of Services	1,248,900
Investment & Interest Income	5,000
Contributions/Other Grants	305,000
Special Event, Net	456,928
Miscellaneous	4,708
Total Support & Revenues	\$ 15,022,425

Expenditures

Salaries and Wages	\$ 7,956,799.65
Payroll Taxes and Fringe Benefits	1,529,121
Management Service Fee	1,046,808
Consultants	1,249,392
Consumable Supplies	511,155
Occupancy	1,157,651
Transportation	746,535
Depreciation and Amortization	476,384
Interest	67,503
Miscellaneous	392,441
Total Expenses	\$ 15,133,790

Operating Surplus (Deficit) \$ (111,365)

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2020-2021**



Agency Name _____ FISH OF PARK RIDGE _____

Address _____ P.O. BOX 86 Park Ridge, IL 60068

Phone: 847 297 2510

Fax: N/A

Email: N/A

Contact Person:

Ed Oken

Title: President

Grant Contact Person:

Ed Oken

Title: President

Phone: 847 696 0761

Email: e.oken@yahoo.com

Brief Description of Agency: Fish is an all volunteer group, providing free transportation to doctor, dental and other medical appointments for residents in Maine Township and all of Park Ridge

Agency Total Budget: \$8,900

Amount requesting from Maine Township \$4,800

(Please provide a copy of your budget.) FISH Fiscal Year Feb 2020 – Jan 31, 2021

Agency Fiscal Year (e.g. March 2020 -February 2021) _____

Total number of all unduplicated clients directly served during your last fiscal year 174

Total number of unduplicated Maine Township clients directly served during your last fiscal year 160

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? _N/A

~~What is the approximate number of Maine Township clients referred to other agencies during our last fiscal year? 25~~

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. \$0.00 FISH is an ALL-Volunteer 501 c3 Organization

1. Is your agency not for profit? (If so, attach Certificate of Good Standing). Yes No
2. Has your organization been in business for at least one year? Yes No
3. Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township? Yes No



4. Describe how your organization's services are currently promoted to the residents of Maine Township.

We have taken out ads in Journal, Park Ridge community resource guide, similar to the attached copy. We have spoken at the Maine Streamers luncheon. Had a table at Park District's Healthy, Well-thy, and Wise expo. Have a membership in PR Chamber of Commerce. Joined HANDS-ON Volunteer Group,

5. Has your organization ever received funding from Maine Township

Yes No

6. If yes, list all years and the allocation amount.

2001 – 600, 2002 – 1000, 2003 – 1200, 2004 – 1500, 2005 – 1500, 2006- 0, 2007 – 1500, 2008 – 1500, 2009 – 1500, 2010 – 1500, 2011 – 2000, 2012 – 2000, 2013 – 2000, 2014 – 2000, 2015 - 2500 2016 – 3000, 2017 – 5500, 2018 – 5600, 2019 - 4800

Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).

We have 2-major expenses – Gas Card reimbursement for Volunteer Drivers and supplemental volunteer accident as well a general liability insurance. Additionally to increase ridership and attract volunteer drivers, we took out ads in Journal, Park Ridge community resource guide, similar to the attached copy. We have spoken at the Maine Streamers luncheon. Had a table at Park District's Healthy, Well-thy, and Wise expo. Have a membership in PR Chamber of Commerce. Joined HANDS-ON Volunteer Group,

7. Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.

Since February 1, 2019, the number of our registered riders has increased considerably. We must seek to attract new volunteer drivers and board members, which will:

- 1) Increase General Liability and Volunteer Liability Insurance premium and
- 2) Increase the cost of the Gas Card Review Program that is effective and attracts new volunteer drivers.

8. Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input checked="" type="checkbox"/> Public transportation (Medical Appt Transport) | <input type="checkbox"/> Social services for youth |
| <input type="checkbox"/> Health | <input type="checkbox"/> Social services for the aged |
| <input type="checkbox"/> Other (please explain): | |

9. Describe how your organization meets the eligibility requirements for the requested funding.

FISH provides a "unique" service for residents of Maine Township; FREE door-to-door rides to doctors, dental, re-hab, physical therapy, dialysis and other medical appointments by volunteer drivers using their own cars.

- appointments by volunteer drivers using their own cars.
10. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.
Due to a large increase in ridership, FISH needs to:
1) Attract additional Volunteer drivers
2) Attract additional Volunteer Board Members to ease the load on existing board members.
11. Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures? Yes No
12. If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.) Yes No NOT APPLICABLE
13. Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability? Yes No
14. Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body? Yes No
15. If requested, do you agree to provide the following to Maine Township?
(Please note: You do NOT need to include these items with your application.)
- A. Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs
 - B. At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.)
 - C. A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:
 - I. A description of each program, service, activity or facility you provided or offered
 - II. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with

Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder

- III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled
- IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and
- V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion

Yes No

16. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?
 Yes No

17. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization? Yes No

18. What is the geographic service area of your organization?
Maine Township and All of Park Ridge

19. Does your organization charge for services? Yes No
If yes, does your organization offer a sliding fee scale?
 Yes. Attach 14 copies of the sliding fee scale.
 No. Please explain how charges are determined.

20. If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance? Yes No NOT APPLICABLE

21. Are volunteers used within your organization?
 Yes. Please indicate how many volunteers you have and how they are utilized.

16 Drivers

FISH is an ALL-Volunteer 501c3 organization providing medical appointment transportation. All volunteers are drivers use their own automobiles to provide this service

No. Please give specific reasons for not using volunteers.

22. Does your organization provide any bilingual services?

Yes. Please indicate languages.

No

23. Does your organization request proof of U.S. citizenship from its clients?

Yes. Please describe briefly.

No

24. Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.

Yes No

25. Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. Yes No

26. Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No

Fish is a member of the Park Ridge Chamber of Commerce

27. List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support.

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township	\$4,800	Yearly Grant	53.9%
Foundations	\$900	Yearly Grant	10.1%
Private Donors	\$1,500	Yearly - Donations	16.9%
Federal			
State			
Municipalities	\$1,500	Yearly Grant	16.9%
Other Townships			
Other (list all)	\$200	Misc Varies	2.2%
Total	\$8,900		100%

28. What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for. N/A

29. What fundraising efforts are planned for next year? N/A

30. Please explain any changes that have occurred in your organization in the past year (i.e. new program(s). expansion or deletion of program(s), personnel, administration, major

purchases or facility, etc.):

Due to our efforts to increase ridership, FISH has experienced a large increase in number of registered clients along with a corresponding increase in ridership. We now find we have to: 1) Attract more Volunteer Drivers and 2) Increase the size of our Volunteer Board

31. Please provide numerical breakdown of all staff member positions. All Volunteer

- 1. Administration & Administrative Support N/A
- 2. Management of Service Providers N/A
- 3. Direct Service Providers N/A

32. Number of certified staff members N/A

33. What kinds of certifications are required for your service providers? N/A

34. Number of licensed staff members N/A

35. What kind of licensing is required for your service providers? N/A

36. Please list all accreditations your organization has earned. N/A

37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?

Fish would continue until the reserve funds are depleted and then dissolve FISH.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization FISH OF PARK RIDGE

By Edward J. Oken
Its Authorized Representative

Printed Name EDWARD J. OKEN

Title PRESIDENT

Date Edward J. Oken - 8/26/19

SUBSCRIBED and SWORN to before me this 26th day of August, 2019.

Notary [Signature]



	A	B	C	E
1				
2	Fish of Park Ridge - Budget			
3	FY 2020 to 2018			
4	Fiscal Year is 2/1/2020 to 1/31/2021			
5				
6	Fiscal Year	FY 2020	FY 2019	FY 2018
7		2/1/20-1/31/21	2/1/19-1/31/20	2/1/18-1/31/19
8		Estimated	Estimated	Actual
9				
10	Beginning Check Book Balance	\$4,306.00	\$4,306.00	\$8,173.00
11	Park Ridge Community Bank			
12				
13	REVENUES			
14				
15	Maine Township Grant	\$4,800	\$4,800	\$5,575
16	Park Ridge Community Fund Grant	\$900	\$900	\$1,000
17	Des Plaines Social Service Grant	\$1,500	\$1,500	\$1,500
18	Donations	\$1,500	\$1,500	\$1,309
19	Misc Revenue	\$200	\$250	\$0
20				
21	Total Revenues	\$8,900	\$8,950	\$9,384
22				
23				
24	EXPENSES			
25				
26	Gas Card Program	\$3,000	\$3,000	\$1,220
27	Insurance	\$2,000	\$1,750	\$1,166
28	Annual Meeting-(Required)	\$165	\$200	\$135
29	Secretary of State Annual Report	\$10	\$10	\$10
30	CD	\$2,700	\$2,900	\$10,000
31	PO Box 86	\$75	\$75	\$0
32	Postage etc	\$200	\$165	\$250
33	Misc.	\$750	\$850	\$470
34				
35	Total Expenses	\$8,900	\$8,950	\$13,251
36				
37	Ending Check Book Balance	\$4,306.00	\$4,306.00	\$4,306.00
38				
39				
40				
41	Maine Township FY Grant Period is 3/1/2020 to 2/28/2021			
42	FISH FY is 2/1/2020 to 1/31/2021			
43				

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2013	\$3,000	\$2,500	0%
2014	\$3,000	\$2,500	0%
2015	\$4,000	\$2,500	0%
2016	\$3,500	\$3,000	+20%
2017	\$4,000	\$3,200	+6.7%
2018	\$4,500	\$3,960	+23.8%
2019	\$4,500	\$3,940	-0.6%

Children's Advocacy Center

2020 REQUEST	\$5,000
2020 RECOMMENDATION	

COMMENTS

RETURN SHEET TO KRISTINA CHRISTIE, AGENCY & PROGRAM COORDINATOR

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2020-2021**



Agency Name: Children's Advocacy Center of North and Northwest Cook County

Address: 640 Illinois Boulevard, Hoffman Estates, IL 60169

Phone: (847) 885-0100 **Fax:** (847) 885-0187 **Email:** info@cachelps.org

Contact Person: Mark Parr **Title:** Executive Director

Grant Contact Person: Mark Parr **Title:** Executive Director

Phone: (847) 885-0100 x226 **Email:** mparr@cachelps.org

Brief Description of Agency: The Children's Advocacy Center (CAC) was established in 1989 to provide direct services for child victims of sexual abuse, severe physical abuse or other crimes and their non-offending family members. The CAC reduces trauma, provides support and helps victims to heal from their abuse by coordinating the multidisciplinary abuse investigation; providing expert child interviews, crisis intervention, court advocacy, case management and referral services; and offering evidence-based, trauma-informed therapy and support groups for children and parents.

Agency Total Budget: \$1,737,506 **Amount requesting from Maine Township:** \$5,000
(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2018-February 2019): July 2019 – June 2020

Total number of all unduplicated clients directly served during your last fiscal year: 1,183

Total number of unduplicated Maine Township clients directly served during your last fiscal year: 108

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? 104

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 34

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. Executive Director, \$100,000
2. Assistant Director, \$75,190
3. Director of Development, \$75,000
4. Program Supervisor, \$58,453

5. Director of Communications, \$56,650

1. **Is your agency not for profit? (If so, attach Certificate of Good Standing). Yes No**
2. **Has your organization been in business for at least one year? Yes No**
3. **Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township? Yes No**
4. **Describe how your organization's services are currently promoted to the residents of Maine Township.**

Most agency clients are referred to the Children's Advocacy Center by local law enforcement agencies or by the Department of Children and Family Services following a child's disclosure of abuse. In addition, the CAC works closely with medical and mental health service providers and with schools to help ensure that children and families are linked with the Children's Advocacy Center.

5. **Has your organization ever received funding from Maine Township? Yes No
If yes, list all years and the allocation amount.**

2005-2006, \$1,200; 2006-2007, \$2,000; 2007-2008, \$3,000; 2008-2009, \$2,000;
2009-2010, \$2,000, 2010-2011, \$2,500; 2011-2012, \$2,500; 2012-2013, \$2,000;
2013-2014, \$2,500; 2014-2015, \$2,500; 2015-2016, \$2,500; 2016-2017, \$3,000;
2017-2018, \$3,200; 2018-2019, \$3,960; 2019-2020, \$3,940.

6. **Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).**

The Children's Advocacy Center used the funding received from Maine Township to support the agency's Bilingual Forensic Interviewer and Therapist providing services for children and families living in Maine Township. In total, 104 children and adults from Maine Township received 729.5 hours of service through the agency's CASI and Family Support Services Programs in FY2019.

7. **Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.**

Funds provided by Maine Township will be allocated for salaries and program supplies associated with the provision of direct services for abused children, and their non-offending family members, living in Maine Township. Specifically, the funds will support the Forensic Interviewer and Therapist positions in the CASI and Family Support Services Programs.

8. Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input type="checkbox"/> Public transportation | <input checked="" type="checkbox"/> Social services for youth |
| <input type="checkbox"/> Health | <input type="checkbox"/> Social services for the aged |
| <input type="checkbox"/> Other (please explain): | |

9. Describe how your organization meets the eligibility requirements for the requested funding.

The Children's Advocacy Center is a not-for-profit organization that meets eligibility requirements by offering immediate and on-going services for child victims of abuse and their non-offending family members. The CAC responds to the immediate crisis of the child's disclosure of abuse by coordinating the multidisciplinary investigation, providing expert child interviews, offering crisis intervention, linking the family with resources for medical evaluations and other needed services, and assisting the family in developing a plan for the safety of the child. After the completion of the investigation, the CAC offers trauma-informed therapy services to help the child and her/his family heal from their abuse experience and provides advocacy with the criminal justice system while the matter is being prosecuted. Families may continue to receive services from the CAC for as long as necessary, and all services are provided for children and families free of charge. The CAC is the only agency in the area offering the services provided through the Coordination, Advocacy and Sensitive Interviewing Program (CASI).

10. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.

The Children's Advocacy Center is completing the expansion of the Safe from the Start Program to the north suburban Cook County area. Safe from the Start provides therapeutic intervention services for young children, birth through age 5, who have been exposed to violence. The Program also serves the non-offending parents and siblings of these children. The agency has hired a full-time therapist to serve these clients from the agency's Evanston location.

11. Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures? Yes No

12. If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.) Yes No

13. Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability? Yes No

14. Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body? Yes No

15. If requested, do you agree to provide the following to Maine Township?
(Please note: You do NOT need to include these items with your application.)

A. Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs

B. At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.)

C. A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:

I. A description of each program, service, activity or facility you provided or offered

II. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder

III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled

IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and

V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion

Yes No

16. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?

Yes No

17. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization? Yes No
18. What is the geographic service area of your organization?
The Children's Advocacy Center serves children and families in 38 communities in north and northwest suburban Cook County.
19. Does your organization charge for services? Yes No
If yes, does your organization offer a sliding fee scale?
 Yes. Attach 14 copies of the sliding fee scale.
 No. Please explain how charges are determined.
20. If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance? Yes No
21. Are volunteers used within your organization?
 Yes. Please indicate how many volunteers you have and how they are utilized.
The Children's Advocacy Center has eight program volunteers and twenty special event volunteers. Program volunteers include master's level social work students who provide direct services for agency clients, under the supervision of program staff members; facility and reception volunteers, and administrative volunteers, who assist with data entry and analysis.
 No. Please give specific reasons for not using volunteers.
22. Does your organization provide any bilingual services?
 Yes. Please indicate languages. Spanish
 No
23. Does your organization request proof of U.S. citizenship from its clients?
 Yes. Please describe briefly.
 No
24. Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.
 Yes No
The Coordination, Advocacy and Sensitive Interviewing Program (CASI) is a multidisciplinary collaboration between the Children's Advocacy Center, local law enforcement agencies, DCFS,

the Office of the Cook County State's Attorney, Advocate Children's Hospital, and local mental health service providers.

The CAC is the lead agency for the Safe from the Start Program, a community-based program designed to help young children (birth through age 5) exposed to violence, and their families. More than 25 agencies and organizations, including domestic violence programs, the local rape crisis center, police, public health, mental health programs, Head Start and early childhood education programs, and others are coalition partners in this collaborative project.

In 2017, the CAC began a Trauma-Informed Consultation Group for local therapists providing treatment services for children and adolescents, and their families. This Peer Consultation Group meets on a quarterly basis. This spring, the CAC began providing Body Safety and Child Sexual Abuse Prevention sessions for children, parents and staff members at the Early Childhood Developmental Enrichment Center in Palatine, Illinois.

25. Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. Yes No

The CAC has partnerships with the Schaumburg AM Rotary Club and the Schaumburg-Hoffman Estates Rotary Club. In addition, the CAC has received support from the Palatine Jaycees, Woodfield Area Children's Organization and the Kiwanis Club of Streamwood. These service organizations assist the CAC during special events and help support free therapy services for child survivors of abuse or family violence.

26. Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No

This past year, Leopardo Construction donated the labor and materials to complete several facility projects at the CAC, including installing doors and railings, tuck pointing and painting exterior walls and trimming trees. In addition, the CAC was the beneficiary of a fundraising event held at Portillo's and a project with Usborne Books.

27. List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support.

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township	\$3,940	Annual	.3%
Foundations	\$187,500	Annual	10.8%
Private Donors	\$408,470	Annual	23.5%
Federal			
State	\$731,927	Annual	42.1%
Municipalities	\$31,650	Annual	1.8%
Other Townships	\$118,560	Annual	6.8%
Other: United Way, Fees and	\$255,459	Annual	14.7%

Fines, Cook County, Interest, Other			
Total	\$1,737,506		100%

28. What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for.

<u>Event</u>	<u>Revenue</u>	<u>Costs</u>	<u>Programs</u>
CAC Golf Outing	\$23,481.85	\$13,501.09	CASI, FSS, SFTS
Casino Night	\$33,430.47	\$17,205.48	CASI, FSS, SFTS
Annual Appeal	\$44,330.56	\$ 3,235.37	CASI, FSS, SFTS
Hope, Heal, Grow Gala	\$170,544.26	\$56,960.05	CASI, FSS, SFTS
Champions 4 Children 5K	\$31,209.99	\$ 5,152.08	CASI, FSS, SFTS

29. What fundraising efforts are planned for next year?

The CAC held its fourth annual golf outing on August 5, 2019. The other events planned for this fiscal year are the 11th Annual Casino Night on October 25, 2019; the Annual Appeal in November of 2019; the Seventh Annual Hope, Heal and Grow Gala on May 2, 2020; and the Champions 4 Children 5K Run/Walk on a date to be determined in June of 2020.

30. Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).

The Center created and implemented a Body Safety and Child Sexual Abuse Prevention Program that was presented to students, parents and staff members at the Early Childhood Developmental Enrichment Center (ECDEC) in Palatine this past Spring. The Center's Prevention Specialist presented the materials in seven sessions for six classrooms at ECDEC. In addition, the Center was invited to present Erin's Law material to students in grades K-4 at Union Ridge School in Harwood Heights, Illinois.

The CAC is working to expand the Safe from the Start Program to reach children and families living in communities in north suburban Cook County. The Program will be based at the agency's Evanston office location and is expected to begin accepting referrals in October of 2019.

31. Please provide numerical breakdown of all staff member positions.

1. Administration & Administrative Support	4 FTE
2. Management of Service Providers	1.75 FTE
3. Direct Service Providers	17.25 FTE

32. Number of certified staff members: 1

33. What kinds of certifications are required for your service providers?

Certified Fund Raising Executive (CFRE)

34. Number of licensed staff members: 9

35. What kind of licensing is required for your service providers?

Licensed Social Worker (LSW)

Licensed Clinical Social Worker (LCSW)

Licensed Professional Counselor (LPC)

Licensed Clinical Professional Counselor (LCPC)

36. Please list all accreditations your organization has earned.

The CAC is fully accredited by the National Children's Alliance (NCA).

37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?

Any reduction in Maine Township funding may have a negative impact on agency staff positions, and ultimately, may lead to reduction in services or increased waiting lists for follow-up therapy services for abused children, and their families, living in the Township. The Children's Advocacy Center relies on support from the Townships and Municipalities it serves. Township funds provide part of the required match dollars for state grants and this support allows the CAC to provide the level of service that child victims of abuse, and their families, need and deserve.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization: Children's Advocacy Center of North and Northwest Cook County

By Mark Parr
Its Authorized Representative

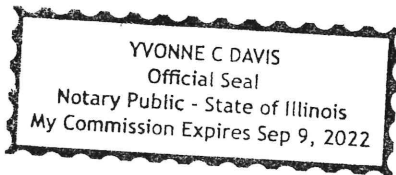
Printed Name: Mark Parr

Title: Executive Director

Date: August 12, 2019

SUBSCRIBED and SWORN to
before me this 13th day of August, 2019.

Notary Y C Davis



**CHILDREN'S ADVOCACY CENTER
AGENCY BUDGET FY2020**

<u>Income</u>		<u>Expenses</u>	
State			
DCFS	\$310,817	Salaries	\$1,283,823
VOCA	\$288,860	Benefits	\$ 254,529
ICJIA	\$121,500	Occupancy/Rent	\$ 46,968
Attorney General (VCVA)	\$ 10,750	Telephone	\$ 23,905
State	\$731,927	Supplies	\$ 9,750
		Staff Travel	\$ 11,800
Cook County	\$108,333	Client Travel	\$ 5,430
		Medical Clinic	\$ 200
Foundations		Consultant/Contract	\$ 11,880
Help For Children	\$ 35,000	Conferences/Training	\$ 6,000
Tribune Charities	\$ 30,000	Equipment	\$ 2,500
Village Treasure House	\$ 6,000	Insurance	\$ 9,053
Blowitz-Ridgeway Found.	\$ 10,000	Accounting/Audit	\$ 13,500
Grant Healthcare Foundation	\$ 15,000	Maintenance	\$ 5,358
Zurich	\$ 7,500	Printing	\$ 1,000
COS Foundation	\$ 15,000	Payroll	\$ 2,040
Fischer Charitable Trust	\$ 15,000	Dues/Memberships	\$ 7,598
Impact 100	\$ 14,000	Legal Fees	\$ 8,436
Northwest Community	\$ 10,000	Postage	\$ 1,200
Other Foundations	\$ 30,000	Program Supplies	\$ 12,570
Foundations	\$187,500	Publications	\$ 750
		Public Relations	\$ 7,245
Fundraising Events	\$290,000	Record Storage	\$ 960
		Conference Line	\$ 1,511
Township	\$122,500	Miscellaneous	\$ 9,500
United Way	\$ 23,370		
General Donations	\$ 30,000		
Major Gifts	\$ 88,470		
Municipal	\$ 31,650		
Fees and Fines	\$ 20,000		
Community Organizations	\$ 2,000		
Interest/Other	\$ 11,402		
From Reserves	\$ 90,354		
Total	\$1,737,506	Total	\$1,737,506

The Harbour, Inc.

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2013	\$10,000	\$4,000	0%
2014	\$8,000	\$4,500	+12.5%
2015	\$8,000	\$4,500	0%
2016	\$8,000	\$5,000	+11.1%
2017	\$8,000	\$3,900	-22%
2018	\$8,000	\$4,160	+6.7%
2019	\$8,000	\$5,800	+39.4%

2020 REQUEST	\$8,000
2020 RECOMMENDATION	

COMMENTS

RETURN SHEET TO KRISTINA CHRISTIE, AGENCY & PROGRAM COORDINATOR

MAINE TOWNSHIP APPLICATION FOR FUNDING 2020-2021



Agency Name The Harbour, Inc.

Address 1440 Renaissance Dr., Ste. 240, Park Ridge, IL 60068

Phone (847) 297-8540 **Fax** (847) 297-8562 **Email** kris@theharbour.org

Contact Person Kris Salyards, LCSW **Title** Executive Director

Grant Contact Person Terri Szewczyk **Title** Government Grants Manager

Phone (847) 893-0619 **Email** terri@theharbour.org

Brief Description of Agency The Harbour serves homeless suburban youth – a population that is often denied and underserved. Of the 25,000 unaccompanied youth that are homeless each year in Illinois, over half are located outside of urban areas. Recent studies illustrate that The Harbour’s service area of north Cook County has the third highest homeless population of the nine regions in the Chicago metropolitan area. To address this need, The Harbour offers a myriad of programs to meet the needs of youth experiencing homelessness in N & NW suburban Cook County. We are a nonprofit, community-based, Licensed Child Welfare Agency with over 45 years of experience serving youth. In addition to short-term shelter and crisis intervention, The Harbour also provides up to 18 months of transitional housing in both supervised group homes and independent apartments with declining rent subsidies. All youth are provided with basic needs provisions (e.g. food/drink, clothing, hygiene products, and immediate safety) and are supported with access to transportation and referrals to medical/mental health providers. Youth in our transitional housing programs receive intensive life skills training, health education, budgeting and financial literacy education, employment skills training, and educational support. Our overarching goal is to ensure that youth are provided with safe and stable housing while being provided with a toolkit to create a positive trajectory for adulthood. In our service area, we are the only agency offering developmentally appropriate, youth-focused shelter services to youth over 17, and the only agency providing residential services to pregnant and parenting youth.

Agency Total Budget \$1,972,108 **Amount requesting from Maine Township** \$8,000
(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2018-February 2019) July 2019-June 2020

Total number of all unduplicated clients directly served during your last fiscal year
102 youth

Total number of unduplicated Maine Township clients directly served during your last fiscal

year 19 youth

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? N/A

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 9 youth

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. Executive Director - \$119,600
2. Program Director - \$65,000
3. Clinical Coordinator - \$50,000
4. Office Manager - \$44,550
5. Residential Manager - \$43,930

1. Is your agency not for profit? (If so, attach Certificate of Good Standing). Yes No
2. Has your organization been in business for at least one year? Yes No
3. Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township? Yes No
4. Describe how your organization's services are currently promoted to the residents of Maine Township. The Harbour's outreach plan is designed to specifically reach homeless suburban youth who are distinct from urban homeless youth in that they are typically not visible on the street. We utilize reports from our local Continuum of Care to identify homeless youth gathering places in the community, as well as anecdotal information provided by youth. We have collaborative relationships with schools and service providers in Maine Township, who frequently refer youth to us. Harbour staff sends pamphlets and letters to all schools and service providers at the beginning and end of each school year and distributes literature about our programs to youth agencies, police, faith organizations, and civic groups. Harbour 24/7 was launched last year as a means to increase visibility and reduce barriers to accessing Harbour services. In addition to opening a Text-4-Help line, this initiative included the creation of a youth-specific microsite (Harbour247.com) as well as increased outreach, social media presence, and transportation to the shelter for those seeking services.
5. Has your organization ever received funding from Maine Township? Yes No
If yes, ***list all years*** and the allocation amount.
Starting FY84-85, then calendar years 88 - \$10,000; 89 - \$11,500; 90 - \$12,000; 91 - \$12,500; 92 - \$12,500; 93 - \$10,000; 94 - \$10,000; 95 - \$10,000; 96 - \$10,000; 97 - \$11,000; 98 - \$11,000; 99 - \$11,000; 2000 - \$11,000; 01 - \$10,000; 02 - \$11,000; 03 - \$12,000; 04 - \$12,000; 05 - \$11,000; 06 - \$10,000; 07 - \$5,000; 08 - \$5,000; 09 - \$5,000; 10 - \$4,000; 11 - \$4,000; 12 - \$4,000; 13 - \$4,000; 14 - \$4,500; 15 - \$4,500; 16 - \$5,000; 17 - \$3,900; 18 - \$4,160; 19 - \$5,800
6. Describe how your organization used the funding received from Maine Township during

the previous funding year (if applicable). Maine Township funds were used to offset cost of service to youth from Maine Township.

7. **Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.** Maine Township funds would be used to offset cost of service to youth from Maine Township.

8. **Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)**

- | | |
|---|---|
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input type="checkbox"/> Public transportation | <input checked="" type="checkbox"/> Social services for youth |
| <input type="checkbox"/> Health | <input type="checkbox"/> Social services for the aged |
| <input type="checkbox"/> Other (please explain): | |

9. **Describe how your organization meets the eligibility requirements for the requested funding.** A 501(c)(3) community-based nonprofit, The Harbour has operated in the community for over 45 years, providing direct services to homeless youth in north and northwest suburban Cook County, including Maine Township. The Harbour is a licensed Child Welfare Agency through the Illinois Department of Children and Family Services (DCFS). Our 11-member Board of Directors provides comprehensive governance and oversight of all of our operations, including administrative, financial, and service delivery. The Harbour has implemented Continuous Quality Improvement within the program team and led by the Program Director. Additionally, a Board-level Program and Personnel Committee reviews outcome data, utilization rate, referral rate, placement and discharge rate, critical incidents, unusual incidents, and turnover reports quarterly with an annual review compared to previous years. Results from each review are used to inform effectiveness, develop new resources to support gaps, and to train and guide staff to work on deficiencies. The Committee also reviews program evolution and development in conjunction with the global Strategic Plan.

10. **Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.** The Harbour recently launched a capital campaign to rebuild our aging Harbour House emergency shelter facility located on East River Road in unincorporated Des Plaines. A 100-year-old farmhouse, our current shelter facility is energy inefficient, built on a rapidly aging infrastructure, and does not meet optimal programmatic needs of our youth population. Additionally, in recent years, we have seen a dramatic rise in the number of youth served in this house, which has led to increased wear and tear. In our recently completed fiscal year, we served 135% more youth in our shelter as compared to our historical 10-year average. The new shelter will be built directly behind our current shelter facility on existing Harbour property to ensure our ability to continue housing youth during the rebuild. Additionally, while The Harbour currently provides transitional housing to parenting youth, our greatest gap in service is that of providing emergency shelter to parenting youth; the new facility will address this unmet need by offering a space for a young woman and her child. We have secured a lead donor and corporate sponsor, and anticipate breaking ground in Spring 2020.

11. **Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures?** Yes No

12. **If your organization is providing services for the benefit of Maine Township residents who**

are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.) Yes No N/A

13. Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability? Yes No

While our services are youth-specific, we provide referral and linkage for those we are unable to serve residentially.

14. Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body? Yes No

15. If requested, do you agree to provide the following to Maine Township?
(Please note: You do NOT need to include these items with your application.)

- A. Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs
- B. At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.)
- C. A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:
 - I. A description of each program, service, activity or facility you provided or offered
 - II. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder
 - III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled
 - IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and

V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion

Yes No

16. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?

Yes No

17. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization? Yes No

18. What is the geographic service area of your organization? The Harbour serves north and northwest suburban Cook County.

19. Does your organization charge for services? Yes No

If yes, does your organization offer a sliding fee scale?

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined.

20. If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance? Yes No N/A

21. Are volunteers used within your organization?

Yes. Please indicate how many volunteers you have and how they are utilized.

No. Please give specific reasons for not using volunteers.

Approximately 100 volunteers annually supplement staff. They range from tutors to one-time project volunteers, to small community groups involved with ongoing activities within the agency, to social media assistance. The members of our Board of Directors are all volunteers that work throughout the year. We also provide student internships for academic credit. We rely upon volunteer support to run our Sew Fun and Read2Me initiatives.

22. Does your organization provide any bilingual services?

Yes. Please indicate languages.

No

We work with families who speak many different languages and utilize interpreters as needed. We have Spanish-speaking staff, and we work with local resources such as Apna Ghar, a domestic violence agency providing comprehensive services to Indian and Southeast Asian clients.

23. Does your organization request proof of U.S. citizenship from its clients?

Yes. Please describe briefly.

No

24. Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.

Yes No

We actively partner with Maine Township High Schools. The Harbour works cooperatively with the five agencies that provide Comprehensive Community Based Youth Services (CCBYS) in our service area, receiving referrals and utilizing them to provide community-based services to minor youth. The Harbour is the lead agency of the Suburban Chicago Homeless and Runaway Program (a federally funded, four agency collaboration), as well as a member of the Chicago Coalition for the Homeless, the Alliance to End Homelessness in Suburban Cook County, the Association of Homeless Advocates in the North/Northwest District (AHAND), Illinois Collaboration on Youth, and the Coordinated Service Referral Network for trafficking victims. We partner with Curt's Cafe and the Youth Job Center of Evanston around pregnancy and parenting support.

25. Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. Yes No

The Park Ridge AM Kiwanis have a longstanding relationship with The Harbour. They sponsor an annual holiday event for youth, and Harbour youth volunteer at their pancake breakfast. The Park Ridge Rotary also provides gifts, small grants, and activities. The Park Ridge Newcomers volunteer with us, and several area civic groups (Park Ridge Community Women and Park Ridge Lions Organization) as well as church organizations (St. John the Baptist, Church Women United of Des Plaines, United Church of Christ, United Methodist Women of Park Ridge, First Congregational Church of Des Plaines, Park Ridge Community Church, and Park Ridge Presbyterian Church) provide us with small grants. The Park Ridge Lions Organization will be holding a "micro marathon" on October 5th, of which The Harbour will be the beneficiary.

26. Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No

We have a cooperative partnership with Omron in Schaumburg around facility support for our transitional housing site located there, as well as capital support for our Safe Harbour Emergency Shelter in Des Plaines. Additionally, a local contractor is a long-time supporter and assists with repairs and remodeling work at cost. We have had a strong partnership with Coyne Insurance Company (located in Park Ridge) for many years, with both Ed and Matt Coyne serving as community advocates for The Harbour. In partnership with Park Ridge Rotary Club and Judy and John Barclay of Ianelli Studios in Park Ridge, Ed Coyne held an art show and reception, with a portion of the sales of his

selected works benefitting The Harbour. Additionally, within the past year, Ed Coyne has organized a partnership board for The Harbour for those interested in advancing the knowledge of The Harbour in the community, assisting in existing projects, and expanding the number of volunteers. BOMA in Schaumburg has provided both monetary and in-kind support, including a volunteer day of service at our Emergency Shelter.

27. **List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support.**

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township	\$4,570	Quarterly	0.25%
Foundations	\$138,915	Throughout year	7.45%
Private Donors	\$190,471	Throughout year	10.21%
Federal	\$423,847	Monthly	22.73%
State	\$848,019	Monthly	45.47%
Municipalities	\$47,575	Quarterly	2.55%
Other Townships	\$35,500	Monthly	1.90%
Other (list all)			
CCBYS	\$33,918	Quarterly	1.82%
Special Events	\$135,996	Throughout year	7.29%
Interest	\$6,051	Throughout year	0.33%
Total	\$1,864,862		100%

28. **What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for.**

	<u>Revenues</u>	<u>Costs</u>	<u>Purpose</u>
Spring Gala	\$102,070	\$22,915	Proceeds towards all programs
Fall Casino Night	\$25,747	\$20,873	Proceeds towards all programs
Adopt-A-Night	\$5,650	\$0	Emergency Shelter

29. **What fundraising efforts are planned for next year?** The Harbour will hold a fall casino event and spring benefit, along with several smaller fundraising and “friend-raising” events. Our fall event is a lower-cost, more casual fundraising alternative to our annual spring benefit, with the goal of introducing young supporters to our mission and offering ways to support The Harbour for any budget. Our spring benefit serves as our chief fundraising event, and offers the opportunity to honor our youth and those who have invested in their futures. This event features a live and silent auction, as well as a paddle raise to fundraise for our mission.

30. **Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).** In November of 2018, we added a second community (non-ward) supervised group transitional housing site in Des Plaines to complement our existing supervised group transitional housing site in Schaumburg. This 2,000 square foot leased facility has the capacity to house 5 youth at any given time. While the transitional housing facility on the west side of our service area is geared for minor youth, this facility is geared for youth ages 18 and over.

31. Please provide numerical breakdown of all staff member positions.
- | | |
|--|--|
| 1. Administration & Administrative Support | <u>5</u> |
| 2. Management of Service Providers | <u>5</u> |
| 3. Direct Service Providers | <u>40 (11 full-time; 29 part-time)</u> |
32. Number of certified staff members 45
33. What kinds of certifications are required for your service providers? All direct care service staff must be certified in CPR and First Aid, and be certified in Therapeutic Crisis Intervention.
34. Number of licensed staff members 6
35. What kind of licensing is required for your service providers? Executive Director, Program Director, Clinical Coordinator, Therapeutic Case Managers, and Emergency Services Manager must be Licensed Child Welfare Specialists.
36. Please list all accreditations your organization has earned. The Harbour is licensed as a Child Welfare Agency by the Illinois Department of Child and Family Services (DCFS).
37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?
If funding from Maine Township were eliminated or reduced, we would try to replace the funds from other sources. As part of our strategic plan, we are aggressively working to increase revenues from private sources in order to diversify funding and mitigate the impact of potential loss of government funds. However, funding from our local government supporters such as Maine Township works to leverage private revenues by illustrating that our community leaders value the services we provide. While Maine Township funding is not a large portion of our budget, similar cuts from other funding sources would have a cumulative effect and would impact service delivery. We would hope to continue to offer all of our programs, however with funding reductions we would anticipate longer waiting times and perhaps some reduction in services.
-

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization The Harbour Inc.

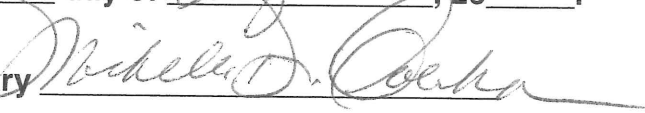
By 
Its Authorized Representative

Printed Name Kris Salyards, LCSW

Title Executive Director

Date 8/27/2019

SUBSCRIBED and SWORN to
before me this 27th day of August, 20 19.

Notary 



THE HARBOUR
AGENCY REVISED BUDGET
6/30/2020

REVENUES

DCFS	660,072
CCBYS	23,500
TOWNSHIPS	45,480
CITIES INCL COUNTY CDBG, ESG	69,500
DHHS FEDERAL FUNDS	500,000
DHS GRANT	192,006
CIVIC GROUPS & ORGANIZATIONS	20,000
CORPORATE ORGANIZATIONS	30,000
FOUNDATION CONTRIBUTIONS	180,550
INDIVIDUAL CONTRIBUTIONS	71,000
SPECIAL EVENTS/FUND RAISING	180,000
TOTAL REVENUES	<u>1,972,108</u>

EXPENDITURES

PERSONNEL

SALARIES	
ADMINISTRATIVE	242,693
PROGRAM	932,388
FICA:	
ADMINISTRATIVE	18,566
PROGRAM	71,328
UNEMPLOYMENT	5,000
403B CONTRIBUTION	10,000
HEALTH INSURANCE	32,435
WORKMEN'S COMPENSATION	18,537
DIRECTOR'S LIABILITY INSURANCE	3,794
NURSE	5,408
TOTAL PERSONNEL	<u>1,340,149</u>

OCCUPANCY

MORTGAGE INTEREST	1,873
RENT	117,000
INSURANCE	30,148
HOUSE DEPRECIATION	16,553
HOME IMPROVEMENT DEPRECIATION	5,148
UTILITIES	26,000
MAINTENANCE & REPAIRS	8,000
TELEPHONE	7,620
TELEPHONE-CELLULAR	6,000
GROUNDS MAINTENANCE	10,275
TOTAL OCCUPANCY	<u>228,617</u>

PROGRAM SERVICES

FOOD	35,147
------	--------

MEDICAL SUPPLIES	750
TRANSPORTATION FOR RESIDENTS/STAFF	16,901
VAN INSURANCE	2,398
VAN MAINTENANCE	350
FUEL	800
OFFICE RENT	48,439
HOUSEHOLD SUPPLIES	5,300
HOUSEHOLD FURNITURE	2,250
ALLOWANCES/CHILD CARE	10,220
RECREATION ACTIVITIES	2,150
RECRUITING	440
SUBCONTRACT PROGRAM SERVICES	83,340
GIFTS	180
CLOTHING	5,455
STAFF RECOGNITION	1,000
SCHOLARSHIP AWARDS/educ	550
TOTAL PROGRAM SERVICES	<u>215,670</u>

ADMINISTRATION

DUES	5,205
POSTAGE	4,384
OFFICE SUPPLIES	4,192
PRINTING	2,868
EQUIPMENT DEPRECIATION	1,836
OFFICE EQUIPMENT	2,960
LEGAL/ACCOUNTING	52,800
AUDITING	15,000
COMPUTER SUPPORT	10,302
OTHER CONSULTING	475
PAYROLL SERVICES	8,520
MEETING & CONFERENCE EXPENSE	1,600
OFFICE RENT	16,145
BANK CHARGES	1,500
TOTAL ADMINISTRATION	<u>127,787</u>

DEVELOPMENT

NEWSLETTER	500
COMMUNITY EDUCATION	400
BOARD/STAFF TRAINING	8,485
FUND RAISING/SPECIAL EVENTS	48,000
CREDIT CARD FEES	2,500
TOTAL DEVELOPMENT	<u>59,885</u>

TOTAL EXPENDITURES	<u>1,972,108</u>
NET REVENUE OVER EXPENDITURES	<u>0</u>

Leyden Family Service and Mental Health Center

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2013			
2014			
2015	n/a	\$58,542	New Agency
2016	\$65,000	\$60,000	+2.5%
2017	\$63,000	\$60,000	0%
2018	\$60,000	\$59,000	-1.7%
2019	\$60,000	\$56,200	-4.7%

2020 REQUEST	\$60,000
2020 RECOMMENDATION	

COMMENTS

RETURN SHEET TO KRISTINA CHRISTIE, AGENCY & PROGRAM COORDINATOR

MAINE TOWNSHIP APPLICATION FOR FUNDING 2020-2021



Agency Name: Leyden Family Service and Mental Health Center

Address: 10001 W. Grand Ave., Franklin Park, IL 60131

Phone: 847-451-0330

Fax: 847-451-1652

Email: bsewick@leydenfamilyservice.org

Contact Person: Bruce Sewick

Title: CEO

Grant Contact Person: Brenda Parzygnat

Title: Controller

Phone: 847-451-5091

Email: bparzygnat@leydenfamilyservice.org

Brief Description of Agency:

Leyden Family Service is a 501c3 Joint Commission accredited Community Mental Health Center in existence since 1950 providing a broad array of Behavioral Health Services to adults, adolescents and children. Leyden provides Crisis services for adults and children, Outpatient Mental Health and Substance Use Disorder services as well as Psychosocial Rehabilitation and Transitional Living, and Peer Support Center Programs for those with serious and persistent mental illness. Case Management and Benefit Assistance Programs are available to all clients we serve as well as a Food Pantry for anyone in need. We are also an Agency that collaborates with the Greater Chicago Food Depository. This allows us to provide perishable food in addition to canned and packaged food. Our Senior Program is dedicated to helping elders maintain independent living. We currently have one psychiatrist and an APN providing tele-psychiatry to Crisis Mobilization for children (the program was formerly SASS). They also provide psychotropic medication management. Additionally, Leyden's SHARE Program has a 69 bed Inpatient Detoxification and Residential Rehabilitation Program for adult male and females with substance abuse disorders.

Agency Total Budget \$6,398,688 **Amount requesting from Maine Township** \$60,000.00
(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2018-February 2019): July 1, 2019 – June 30, 2020

Total number of all unduplicated clients directly served during your last fiscal year 11,452

Total number of unduplicated Maine Township clients directly served during your last fiscal year 483

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? Not applicable

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 21

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. Bruce Sewick – CEO \$140,000.00
2. Brenda Parzygnat – Controller \$90,100.00
3. Jill Delarco – Director of SHARE \$90,173.00
4. Jen Hamilton – Aftercare Manager \$78,000.00
5. Rocio Reyes – Manager of MH \$74,500.00

1. Is your agency not for profit? (If so, attach Certificate of Good Standing). Yes No
2. Has your organization been in business for at least one year? Yes No
3. Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township? Yes No
4. Describe how your organization’s services are currently promoted to the residents of Maine Township.

Public presentations, response to referrals, outreach to hospitals and other agencies

5. Has your organization ever received funding from Maine Township? Yes No
If yes, list all years and the allocation amount.

2016 - \$60,000, 2017 - \$60,000, 2018 - \$59,000, 2019 - \$56,200

6. Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).

Maine Township funds were used to cover the cost and supplement the cost of services to Maine Township residents seeking services.

7. Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.

The Maine Township funds will be used to cover the cost and supplement the cost of services to Maine Township residents seeking services.

8. Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input type="checkbox"/> Public transportation | <input checked="" type="checkbox"/> Social services for youth |
| <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Social services for the aged |
| <input checked="" type="checkbox"/> Other (please explain): Social Services for Adults. Substance abuse inpatient and Outpatient. Social Services and skill building for those with chronic and persistent mental illness. | |

9. Describe how your organization meets the eligibility requirements for the requested funding.

Residents should live in the Maine Township area.

10. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.

None currently

11. Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures? Yes No

12. If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.) Yes No Not applicable

13. Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability? Yes No

14. Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body? Yes No

15. If requested, do you agree to provide the following to Maine Township?
(Please note: You do NOT need to include these items with your application.)

A. Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs: Yes

B. At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.): Yes, except when such information would violate HIPPA

C. A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:

I. A description of each program, service, activity or facility you provided or offered: Yes

II. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder: Yes

III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled: All are accessible.

IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and

V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion

Yes No Not applicable: All are accessible.

16. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?

Yes No

17. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization? Yes No

18. What is the geographic service area of your organization?

Leyden serves all of Leyden, Norwood Park and Maine Townships and our SHARE Program primarily serves Cook, Suburban Cook, Lake, DuPage, Kane and Kendall Counties. Although, clients come from all over the State of Illinois and from other states as well. Our SASS/MCR Program serves Rosemont, Harwood Heights, Norridge, Schiller Park, Franklin Park, River Grove, Elmwood Park, Melrose Park, Northlake, Berkley, Bellwood, Maywood, River Grove, Forest Park, Hillside, Westchester, Broadview, Brookfield and LaGrange Park. No actual service boundaries exist as anyone can seek services anywhere with the Affordable Care Act and Medicaid expansion. Some funding sources do restrict the use of funds and we abide by those parameters.

19. Does your organization charge for services? Yes No

If yes, does your organization offer a sliding fee scale?

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined.

20. If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance? Yes No

21. Are volunteers used within your organization?

Yes. Please indicate how many volunteers you have and how they are utilized.

93 12 step volunteers run on-site Alcoholic Anonymous, Narcotics Anonymous, Cocaine Anonymous and our Bridging the Gap meetings at our residential substance abuse facility. Our Board of Directors is an all-volunteer board with 8 members. Our Senior Program uses volunteers from Triton's RSVP program and we are currently waiting for one to be assigned.

No. Please give specific reasons for not using volunteers.

22. Does your organization provide any bilingual services?

Yes. Please indicate languages.

Spanish and Polish for the Seniors programs.
Spanish, Russian, and Polish for the Outpatient program.
Spanish and Polish for the Aftercare programs.

No

23. Does your organization request proof of U.S. citizenship from its clients?

Yes. Please describe briefly.

No

24. Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.

Yes **No**

Yes, the agency participates in cooperative programs with many other social service agencies, hospitals, senior programs and municipalities. For example, we do enrollment events at multiple local sites (i.e., libraries, churches, community centers). This includes the HACC property, Henrich House in Des Plaines. At our SHARE program, we coordinate services with Northwest Center Against Sexual Assault to help clients that have been victims. We also work closely with Impact Behavioral Health Partners, who provides supported employment services to our clients. In addition, we serve as members of our local Continuum of Care, the Alliance to End Homelessness in West Suburban Cook County. We are also owners and providers in the new IHPA (Illinois Health Practice Alliance). This is a joint venture between provider agencies and Centene Corporation.

25. Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. Yes No

Yes, the agency belongs to several Chambers of Commerce, including the Chamber by O'Hare, Grand Corridor, Rosemont, and Hoffman Estate Chambers. We also attend and present at Rotary and Kiwanis meetings.

26. Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No

The agency collaborates with the Leyden High Schools, which supports our food pantry. The agency also collaborates with the Greater Chicago Food Depository and the USDA. We are exploring a partnership with Scot Forge to possibly expand our Food Pantry and to also provide internship opportunities to our participants. We are also in communication with Sloan Valve regarding providing healthy meals to participants in our Psychosocial Rehabilitation Program. We are also exploring a partnership with Digital Realty in Franklin Park.

27. List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support.

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township		Included with the Budget	
Foundations			
Private Donors			
Federal			
State			
Municipalities			
Other Townships			
Other (list all)			
Total			100%

28. What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for.

On October 19, 2018 we hosted our 16th Annual Dinner/Silent Auction Dance Gala “Sweet 16th” at White Eagle Banquets in Niles IL.

Revenue \$104,399.00

Costs \$21,661.00

29. What fundraising efforts are planned for next year?

On October 4, 201 we hosted our 17th Annual Dinner/Silent Auction Dance Gala “Handing Out Hope” at Marriot Chicago Northwest Hoffman Estates, Illinois.

30. Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).

The Agency now has a certified 16-bed MAT (medication assisted treatment) unit for males at our SHARE location.

We also provide service in schools under the ELMhOS program.

Our residential program (Transitional Living Program) has increased by 2 apartments, which provides housing for 4 additional adults with sever and persistent mental illness.

We provide senior support at Henrich House in Des Plaines.

31. Please provide numerical breakdown of all staff member positions.

- | | |
|--|-----------|
| 1. Administration & Administrative Support | <u>25</u> |
| 2. Management of Service Providers | <u>9</u> |
| 3. Direct Service Providers | <u>80</u> |

32. Number of certified staff members 17

33. What kinds of certifications are required for your service providers?

CADC, CANS, CRSS, NCC, CSPI

34. Number of licensed staff members 39

35. What kind of licensing is required for your service providers?

LPC, LCPC, LSW, LCSW

36. Please list all accreditations your organization has earned.

The Agency is Joint Commission accredited. We are also certified by DMH and SUPR.

37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?

If funding is reduced, there may be longer wait times to see psychiatrists and to receive services in other programs.

If funding is completely eliminated, the agency would have a reduced capacity to serve Maine Township residents.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization Leyden Family Service and Mental Health Center

By 
Its Authorized Representative

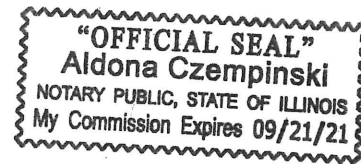
Printed Name Bruce Sewick

Title CEO


Date 08/30/2019

SUBSCRIBED and SWORN to
before me this 30 day of August, 2019.

Notary Aldona Czempinski



Leyden Family Services Aftercare

A Program of Leyden Family Services 

10200 W. Grand Avenue
Franklin Park, Illinois 60131
Phone: (847) 455-5688
Fax: (847) 455-0744

DONNA CHIARIELLO SANTORO, LCSW
Chief Executive Officer

Annual Income Thresholds for Sliding Fee Discount						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
		IND DR	IND Charge DR	IND DR	IND DR	IND DR
Family Size	Nominal Fee (\$)	20% pay	40% pay	60% pay	80% pay	100% pay
		22/15 13	44/30 26	66/45 39	88/60 52	110/75 65
1	0-\$11,770	\$11,771-\$14,713	\$14,714-\$17,655	\$17,656-\$20,598	\$20,599-\$23,540	\$23,541+
2	0-\$15,930	\$15,931-\$19,913	\$19,914-\$23,895	\$23,896-\$27,878	\$27,879-\$31,860	\$31,861+
3	0-\$20,090	\$20,091-\$25,113	\$25,114-\$30,135	\$30,136-\$35,158	\$35,159-\$40,180	\$40,181+
4	0-\$24,250	\$24,251-\$30,313	\$30,314-\$36,375	\$36,376-\$42,438	\$42,439-\$48,500	\$48,501+
5	0-\$28,410	\$28,411-\$35,513	\$35,514-\$42,615	\$42,616-\$49,718	\$49,719-\$56,820	\$56,821+
6	0-\$32,570	\$32,571-\$40,713	\$40,714-\$48,855	\$48,856-\$56,998	\$56,999-\$65,140	\$65,141+
7	0-\$36,730	\$36,731-\$45,913	\$45,914-\$55,095	\$55,096-\$64,278	\$64,279-\$73,460	\$73,461+
8	0-\$40,890	\$40,891-\$51,113	\$51,114-\$61,335	\$61,336-\$71,558	\$71,559-\$81,780	\$81,781+
For each additional person, add	\$4,160	\$5,200	\$6,240	\$7,280	\$8,320	\$8,320



United Way
Agency

Leyden Family Services and Mental Health Center

Budget

Fiscal Year Ended June 30, 2020

Revenue

DHS - Department of Mental Health	252,558	Meds, Crisis, & TLP
DHS - DMH Medicaid	803,976	HFS Mental Health
DHS - DMH MMC & MMAI	1,096,901	Managed Care
DHS - DASA	612,335	Global & Gambling
DHS - DASA Medicaid	375,616	HFS DASA
DHS - DASA MMC & MMAI	1,022,625	Managed Care
Local Townships	380,000	Hanover, Leyden & Maine
DHS - Supportive Housing Grant	120,368	
Fees & Insurance	636,829	Client, Private Ins.
Title III	163,154	Seniors
CEDA	10,200	
DCFS Revenue/IPS	257,924	IPS
ICG	-	
SASS	371,833	SASS
Westlake Revenue	75,000	
Interest Income	26,131	
Cash Contributions	37,428	
Other Revenue	155,810	

Total Revenue 6,398,688

Expenses

Personnel Services	4,988,265
Consumable Supplies	459,387
Occupancy	410,053
Local Transportation	36,192
Specific Assistance	5,856
Minor Equipment	11,764
Lease	5,112
Depreciation	259,276
Interest Expense	126,276
Miscellaneous	96,507

Total Expenses 6,398,688

NET SURPLUS/(-

Leyden Family Services and Mental Health Center

Budget Revenue

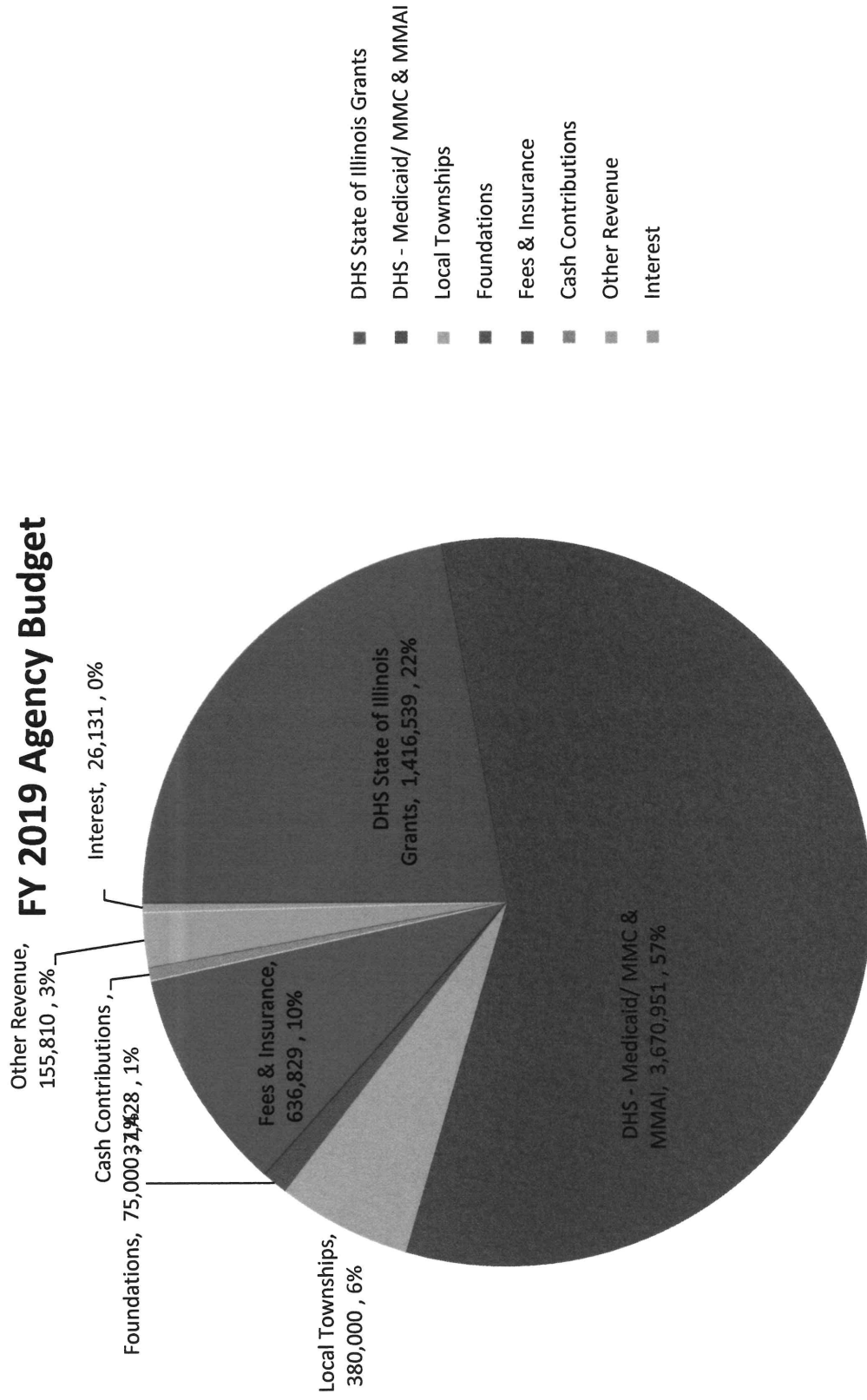
Fiscal Year Ended June 30, 2020

Revenue

DHS State of Illinois Grants	1,416,539
DHS - Medicaid/ MMC & MMAI	3,670,951
Local Townships	380,000
Foundations	75,000
Fees & Insurance	636,829
Cash Contributions	37,428
Other Revenue	155,810
Interest	26,131

Total Revenue	<u><u>6,398,688</u></u>
---------------	-------------------------

FY 2019 Agency Budget



- DHS State of Illinois Grants
- DHS - Medicaid/ MMC & MMAL
- Local Townships
- Foundations
- Fees & Insurance
- Cash Contributions
- Other Revenue
- Interest

Leyden Family Services and Mental Health Center

Budget

Fiscal Year Ended June 30, 2020

Revenue		%
DHS State of Illinois Grants	1,416,539	22.14%
DHS - Medicaid/ MMC & MMAI	3,670,951	57.37%
Local Townships	380,000	5.94%
Foundations	75,000	1.17%
Fees & Insurance	636,829	9.95%
Cash Contributions	37,428	0.58%
Other Revenue	155,810	2.44%
Interest	26,131	0.41%
Total Revenue	<u>6,398,688</u>	<u>100%</u>

Leyden Family Services and Mental Health Center

Contracts

Fiscal Year Ended June 30, 2020

Contract

DHS - Department of Mental Health	252,558
DHS - DASA	612,335
Hanover Township	50,000
Leyden Township	270,000
Maine Township	60,000
Schaumburg Township	37,255
DHS - Supportive Housing Grant	120,368
Title III	163,154
DCFS/SOC	257,924
Westlake Revenue	75,000

Total Contracts 1,898,594

Other Revenues:

Client Rent
FP - Senior Tax Deferral Program
FP - Social Service Grant
Medical Records Copies
Park Ridge Community Fund
Payphone Commission
Schaumburg Township
Vending Machine Commissions
Washer/Dryer Funds

Center of Concern

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2013	\$45,000	\$30,000	+15%
2014	\$45,000	\$30,000	0%
2015	\$45,000	\$32,000	+6.6%
2016	\$40,000	\$35,000	+9.4%
2017	\$45,000	\$35,000	0%
2018	\$40,000	\$38,800	+10.9%
2019	\$40,000	\$40,100	+3.4%

2020 REQUEST	\$45,000
2020 RECOMMENDATION	

COMMENTS

RETURN SHEET TO KRISTINA CHRISTIE, AGENCY & PROGRAM COORDINATOR

1665 Elk Boulevard •• Des Plaines, IL 60016
847.823.0453 •• www.centerofconcern.org

August 28, 2019

Laura Morask, Supervisor
David A. Carrabotta, Esq., Trustee
Kimberly Jones, Trustee
Claire R. McKenzie, Trustee
Susan Kelly Sweeney, Trustee
Maine Township
1700 Ballard Rd
Park Ridge, IL 60068-1006

Dear Supervisor Morask and Trustees Carrabotta, Jones, McKenzie and Sweeney,

Please find the enclosed proposal requesting funding in the amount of \$45,000 to continue our important services supporting the residents of Maine Township.

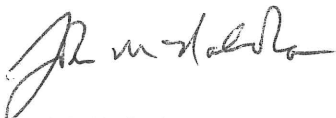
With our ongoing partnership, the Center of Concern will continue to provide essential community services and timely responses to the urgent needs of the growing number of older adults, frail elderly, and persons in need of housing assistance, especially the nearly homeless and homeless.

An additional funding request of \$5,000 will assist the expanding Older Adult "Lunch with Us" program providing balanced nutrition meals and life enrichment activities meals to older adults each weekday throughout the year. As the population of older adults continues to grow, 12,000 people turn 60 each day; we will continue serve more older adults every year.

Please contact me if I can be of any assistance with reviewing our application for funding or arranging a visit to our office, I can be reached directly at 847-823-0453 or by email at jmcnabola@centerofconcern.org.

Thank you for your consideration.

Sincerely,



John McNabola
Executive Director

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2020-2021**



Agency Name: Center of Concern

Address: 1665 Elk Blvd., Des Plaines, IL 60016

Phone: 847-823-0453 Fax: 847-824-0453 Email: concern@centerofconcern.org

Contact Person: John McNabola Title: Executive Director

Grant Contact Person: Greg Eklund Title: Director of Development

Phone: 847-823-0453 x1011 Email geklund@centerofconcern.org

Brief Description of Agency

For over 42 years, the Center of Concern has responded to the special needs of Maine Township residents, providing timely services, assistance, and resources to help them remain in their homes, connected to their community, yet living as independently as possible for as long as possible with services that are safe and secure.

The mission of the Center of Concern is to provide Housing Solutions, Support services, and Counseling for older adults, persons with disabilities, and others in need; enabling them to live with Dignity and Independence. The Center is a 501(C) 3 not-for-profit organization established in 1978 by a Park Ridge woman and four friends who saw the need for a "listening post" a central information service for local seniors. It quickly expanded to meet this area's growing elderly needs.

Today, the Center of Concern offers integrated senior support, affordable housing options, and community counseling services.

**Agency Total Budget: \$1,683,300 Amount requesting from Maine Township: \$45,000
(Please provide a copy of your budget.)**

Agency Fiscal Year (e.g. March 2018-February 2019): July 1, 2019 – June 30, 2020

Total number of all unduplicated clients directly served during your last fiscal year: 2,703

Total number of unduplicated Maine Township clients directly served during your last fiscal year: 1,576, an increase of 90 from last year. (19,793 service hours; an increase of 5,054 hours from last year, and 16,180 units of service; an increase of 2,746 from last year).

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? No restrictions.

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 84

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

- 1. Executive Director, \$95,000
- 2. Director of Development, \$72,500
- 3. Director of Programs, \$57,000
- 4. Director, Senior Companion Program, \$47,500
- 5. Senior Life Enrichment Manager, \$43,000

- 1. **Is your agency not for profit? (If so, attach Certificate of Good Standing). X Yes No**
- 2. **Has your organization been in business for at least one year? X Yes No**
- 3. **Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township? X Yes No**

Describe how your organization's services are currently promoted to the residents of Maine Township.

A constant and active presence in the Maine Township Community provides us a great opportunity to provide service information and assistance. Press releases to media outlets; outreach to partner agencies which include churches, libraries, ministerial groups and community service organizations, local governments and business organizations; social media presence including programs and services, area resources, volunteer opportunities and, most importantly, testimonials from the clients we serve (Facebook, Twitter, YouTube, Instagram and LinkedIn); online monthly newsletters, semi-annual mailed newsletter.

- 4. **Has your organization ever received funding from Maine Township? X Yes No**
If yes, list all years and the allocation amount.

2019	\$40,100						
2015	\$32,000	2016	\$35,000	2017	\$35,000	2018	\$38,800
2014	\$30,000	2007	\$30,000	2000	\$9,000	1993	\$5,000
2013	\$30,000	2006	\$30,000	1999	9,000	1992	4,500
2012	\$ 30,000	2005	\$22,500	1998	8,000	1991	2,400
2011	\$26,000	2004	\$20,000	1997	7,000	1990	2,500
2010	\$26,000	2003	\$20,000	1996	6,000	1989	2,500
2009	\$25,500	2002	\$20,000	1995	6,000	1988	2,500
2008	\$30,000	2001	\$10,000	1994	5,000	1987	7,750

- 5. **Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).**

The Maine Township Grant Award was used for services that benefited Maine Township residents with direct service and support within all our programs (**Senior Support; Housing Solutions** to prevent homelessness, provide shelter and secure resources to stabilize residents, a daily nutrition/life enrichment program for older adults, and **Community Services**; Employment, Financial and Money Management Counseling, Income Tax Assistance, Legal Counseling, and Medicare and Senior Health Insurance Counseling (SHIP).

- 6. **Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.**

If awarded, the Center of Concern will use the funds to support and service the residents of Maine Township with Seniors Services, Housing Options and Community Services (listed below):

Senior Services

Alzheimer's Caregiver Support Group: Assists caregivers in learning effective strategies for managing difficult behavior and coping with the stress of their responsibilities as a caregiver

Case Management: Provided by experienced staff who conduct assessments in clients' homes in order to evaluate their needs, arrange for services to meet those needs, and monitor their situations

Friendly Visitors: Regular home visits to lonely/isolated older adults to improve their well being

Intergenerational Programs: Engages older adults with younger generations for mutual benefit

Memory Cafe: Supports residents living with dementia and their care partners through a variety of activities and access to effective community resources.

Referral to Resources: Experienced staffs provide residents with valuable, unbiased referrals to resources to address short and long term needs of older adults in the community

Senior ASK: Effective and unbiased answers by phone or online that provide valuable insights, solutions, and information gathered from our long history of serving the needs of area residents.

Senior Housekeeping: Assistance with light household cleaning and maintenance projects

Senior Companion Program: Matches older adults who are homebound with volunteers earning an income stipend.

Senior Lunch: Lunch program provides a daily meal on weekdays to promote the health and well-being of older adults with a nutritional meal and informative and educational programs. The meal is available to all persons 60 years of age and older, and to their spouses

Shopping Service: Help for the homebound and disabled persons with grocery shopping

Successful Aging Workshops: Education workshops for older adults and caregivers

Telephone Reassurance: Telephone check-ins at specified times to assure that older adults are safe/secure and reduce isolation.

Senior Humanities: Older adults' discussion group

Housing Services

Case Management: Provided by experienced staff who conduct assessments to evaluate needs, arrange for services to meet those needs, and monitor situations

Home Sharing: Matches homeowners seeking to share their homes with individuals needing low-cost housing

Homelessness Prevention: Financial assistance (rent/utility) and counseling to families who are homeless or facing eviction

Referral to Resources: Experienced staff provides residents with valuable, unbiased referrals to resources to address short and long term needs adults in the community.

Transitional/Rapid Re-Housing: Housing with supportive services to help homeless individuals and families reach self-sufficiency within two years

Community Services

Employment Counseling: Assists job seekers of all ages to develop resumes, improve interviewing skills, and job search techniques

Financial and Money Management Counseling: Debt and money counseling addresses financial concerns, and helps to develop a plan for living financially secure

Income Tax Assistance: Available throughout the year: Income tax questions, preparation of basic tax returns

Legal Counseling: Powers of Attorney, Wills, and general legal advice

Medicare, Insurance and Senior Health Insurance Counseling (SHIP): Provides assistance with Medicare, Senior Health Insurance Program (SHIP), insurance options, and aids in selecting Medicare Supplement, Medicare Prescription and Long-Term Care policies

7. Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Public safety | <input checked="" type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input checked="" type="checkbox"/> Public transportation | <input checked="" type="checkbox"/> Social services for youth |
| <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Social services for the aged |
| <input checked="" type="checkbox"/> Other (please explain): Housing and Homeless Prevention Services | |

8. Describe how your organization meets the eligibility requirements for the requested funding.

The Center of Concern is a 501(c)(3) non-profit organization that has been in operation for a minimum of one fiscal year, provides direct services to Maine Township residents, has a strong proven non-profit infrastructure in place, ensures accountability and performance to both our clients and funders, and meets Maine Townships identified funding priorities that include: mental health, developmental disabilities, seniors, youth, and economically challenged families.

9. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.

The Center of Concern added a new program called the “Memory Café. The café is welcoming place for Maine Township individuals with Alzheimer’s or any type of the dementias and their care partners.

The Memory Café encourages caregivers and those with dementia to spend more time out and about in our community. The Memory Café provides opportunities for adults impacted by dementia and the family members/caregivers to engage with others within their community and provides a safe and comfortable space where caregivers and their loved ones can socialize, listen to music, play games, and enjoy other appropriate activities. Participants provide mutual support and exchange information during the café.

The Center of Concern also created a new volunteer program for Maine Township teens. It will provide a framework for high school students to plan, organize and participate in opportunities to serve older adults and the less fortunate. The program will be providing the opportunity gain leadership skills, community involvement and meet other likeminded teens.

“Lunch with Us”- The number of older adults attending the lunch program has increased by 50% in the last year. We’ve expanded the program to accommodate 30- 40 older adults each weekday and added a Saturday lunch that will begin in the fall of 2019. The lunch is available to all persons 60 years of age, and older, and to their spouses, regardless of age. The lunch promotes the health and well-being of older adults in the community by providing nutritional meals and a variety of informative and educational programs. Lunch is provided Monday through Friday, from 11:00 am to 1:00 pm. at the Des Plaines Public Library.

10. Do you certify that the funds that you are requesting from Maine Township will be used for your organization’s ordinary and necessary maintenance and operating expenses

and not for any capital expenditures? Yes No

11. If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.) Yes No
12. Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability? Yes No
13. Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body? Yes No
14. If requested, do you agree to provide the following to Maine Township?
(Please note: You do NOT need to include these items with your application.)
- A. Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs
 - B. At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.)
 - C. A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:
 - I. A description of each program, service, activity or facility you provided or offered
 - II. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder
 - III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled
 - IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and

V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion

Yes No

15. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?
 Yes No

16. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization? Yes No

17. What is the geographic service area of your organization?

The primary service area of the Center of Concern is Maine Township. Some Cook County and Federal grant awards provide services to Suburban Cook County.

18. Does your organization charge for services? Yes No

(For two services: Tax preparation (Sliding-Fee) and Home sharing (Standard background check fee of \$15.00))

If yes, does your organization offer a sliding fee scale?

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined.

19. If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance? Yes No

20. Are volunteers used within your organization?

Yes. Please indicate how many volunteers you have and how they are utilized.

Last fiscal year the Center of Concern's 320 volunteers provide 9,293.19 hours of volunteer time that equaled \$275,468.85 of in-kind volunteer support.

Volunteers are utilized to increase the efficiency of the agency and help reduce agency costs, increase community support and provide quality volunteer opportunities for Maine Township residents. Volunteers are trained and supervised by the Center of Concern Volunteer Coordinator who regularly consults with program staff in regards to specific needed assistance.

Specific volunteer positions include Medicare/SHIP Counselors, attorneys, employment and

financial counselors, office reception and data entry, friendly visitors, telephone reassurance callers, shoppers, transportation drivers, and intergenerational volunteers. The Center of Concern also has civic minded volunteers serving as members of the Board of Directors, Advisory Board, Teen Board and Auxiliary Board.

No. Please give specific reasons for not using volunteers.

21. Does your organization provide any bilingual services?

Yes. Please indicate languages.

The Center of Concern is responsible for ensuring that all residents of Maine Township, including those who are limited English speaking, are provided equal access to available services and information at the Center of Concern. All programs shall deliver services in ways that recognize individual differences and are sensitive to cultural differences and languages.

Effective communication with consumers who are non-English speaking shall be achieved through bilingual staff, translated written materials, and contracted interpreter/translation services if needed. The Center has employees who speak Spanish, Romanian, and Polish.

No

22. Does your organization request proof of U.S. citizenship from its clients?

Yes. Please describe briefly.

Some government funded programs require proof of legal status if mandated by the federal government granting agency. For our employment services, we require documents indicating the client is legally allowed to work in the United States.

Our protocol is to always offer timely assistance to residents of Maine Township seeking assistance.

No

24. Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.

Yes **No**

Yes, the Center of Concern actively networks with Maine Township area agencies to ensure we do not duplicate programs and services. The Center has developed strong working relationships over several decades with community-based organizations providing cooperative programs and advocating for the well-being of residents.

The Center of Concern considers cooperative arrangements with local social services agencies, ministerial groups, educational institutions, government agencies imperative to providing successful community services in Maine Township. We work closely with Cook County, Maine Township and the cities of Park Ridge, Niles, Des Plaines and Glenview. As well as local ministerial associations, area churches, North Shore Senior Center, Open Communities, Northwest Side Housing Center, Resources for Community Living, NW Compass, Inc., Catholic Charities, Alliance to End Homelessness in Suburban Cook County, Chicago Behavioral Hospital, Turning Point, and advocates with area organizations including: WINGS, NAMI, The Harbor, and Connections for the Homeless. We also work closely with area senior centers, hospitals, nursing and retirement homes and numerous health care

providers.

25. **Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. Yes No**

Yes, The *Center of Concern* works closely with service organizations in Maine Township to help support the services provided to the residents of Maine Township. Not only are service organizations important in regard to volunteer activities but are also financial supporters of the Center of Concern.

The Center's "Connecting for Good" program is a cooperative effort with the Park Ridge Rotary Club and the Maine Township School District. The intergenerational program pairs seniors with area students to help communicate with their families and utilize today's online technology for everyday needs.

The Park Ridge Garden Club takes an active role in providing visits to seniors while delivering poinsettias donated to the Center of Concern during our "Adopt-a- Senior" event each winter.

We also work closely on project and programs with the Park Ridge 20th Century Club and the Park Ridge Juniors, the Rotary Club and Kiwanis Clubs of Des Plaines and Park Ridge, high school athletic programs and Rotary Interact student programs of area high schools. A government service day is provided to Maine township students explaining the impact or partnerships with local government to address human service needs.

Community Service projects engage high school instructors and their students to assist seniors in maintaining their home with light housekeeping and yard work.

26. **Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No**

Yes, the Center of Concern works closely with Maine Township businesses that include providing service information, community events and volunteer opportunities. The Center of Concern networks and is in contact regularly with Chambers of Commerce in Maine Township to increase visibility and awareness of the programs and resources we provide to the community.

The Center of Concern organizes business sponsored Successful Aging Workshops that are free and open to the public to increase awareness and provide helpful advice about issues that are of importance to local residents.

The Center has established relationships with local doctors, attorneys, and dentists to assist with interventions for Maine Township residents.

27. **List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support.**

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township	\$40,100	Once, Yearly	3.2
Foundations	\$399,000	Ongoing, Yearly	9.09
Private Donors	\$284,686	Ongoing, Daily	22.9

Federal	\$635,200	Once, Yearly	59.8
State	\$47,200	Once, Yearly	3.79
Municipalities	\$14,000	Once, Yearly	1.1
Other Townships	0	na	0
Other (list all)			
Total	1,420,186		100%

28. **What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for.**

Event	Income	Expense	Program
40 th Anniversary Event	\$42,944.44	\$15,700.00	All Program Services
Blarney Bash	\$48,155.26	\$16,850.00	All Program Services
Bunko	\$20,279.00	\$10,120.00	All Program Services
Other Events	\$2,780.00	\$500.00	All Program Services
Pinwheel Palooza	\$8,663.00	\$1,054.00	All Program Services
Total:	\$122,821.70	\$44,224.00	All Program Services

29. **What fundraising efforts are planned for next year?**

The following events are planned for Fiscal Year 2020 (July 1, 2019 through June 30, 2020); Spring and Holiday Appeals, Blarney Bash, Bunko, Coffee, Classics and Connections, Hidden Hops and Wild Grapes, Adopt-a Senior (GivingTuesday), Spring Event, and smaller events as needed to meet budget goals and program needs.

30. **Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).** Addition of a Memory Café to serve family caregivers and persons impacted by memory loss, 1,738 hours of intern support through partnerships with educational institutions which provides valuable learning opportunities for students and assists our case managers with responding more effectively to community needs, (ISEIF) Illinois State Education.

31. **Please provide numerical breakdown of all staff member positions.**

1. Administration & Administrative Support	1.5
2. Management of Service Providers	1
3. Direct Service Providers	12

32. **Number of certified staff members 3**

33. **What kinds of certifications are required for your service providers?**

Some programs are specific in regards to certifications (see below). Generally licensing is not required, but Center of Concern staff has degrees in: Therapeutic Recreation, Education, Social Work, Gerontology, Psychology and Nursing. As well our staff has certificates in:

- Certified Rehabilitation Counseling (CRC)
- Certified Clinical Military Counselor (CMCC)
- Certified to teach Financial Literacy to families "in need" and homeless families

- Infant/Toddler/Family Studies Certificate
- Senior Health Insurance Program (SHIP)
- SOAR (Medicare, Social Security training)
- Food Service Sanitation Manager Certification

34. Number of licensed staff members 2

35. What kind of licensing is required for your service providers?

In-home assessments and ongoing case management services are provided by licensed social workers and licensed counselors. Senior Health Insurance Program (SHIP) trained counselors assist residents with Medicare Enrollment, Benefits and Insurance counseling. Experienced attorney volunteers provide free legal assistance with residents addressing challenges related to aging and general legal concerns including debt relief, eviction or foreclosure.

Staff has the following licenses:

- Licensed Professional Counselor (LPC)
- Licensed Social Worker (LSW)
- Licensed Paraprofessional (LPP)

36. Please list all accreditations your organization has earned.

- Registered staff with the Illinois Department of Public Health: Health Care Worker Registry.
- Staff trained for Domestic Violence Awareness and Response

37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?

A reduction in Township funding would significantly reduce the number of Maine Township residents receiving services which could escalate local social service support if left unaddressed. Reduced funding may require a loss in service hours and/or staffing and a potential addition of fee's to support services provided to Maine Township residents. It would also seriously reduce the Center of Concern ability to serve our existing and limit the amount of new clients we could support/help especially the frail elderly and disabled whose options are limited or nonexistent.

Many of the services provided by the Center of Concern are not available elsewhere in Maine Township and many individuals and families facing a crisis count on the Center of Concern to receive timely help, resources and assistance before costlier assistance becomes necessary to provide effective intervention.

If all Maine Township funding is eliminated essential services would be reassessed and in some cases eliminated. As well as a reduction in service hours and the addition of fee's to support services provided to Maine Township residents.

The Center of Concern has a strong record of measurable, widely recognized and awarded success offering needed effective services not available elsewhere or affordable to those on limited or fixed incomes. The Center of Concern's goal is to provide assistance to older adults and those in need in Maine Township. The timely services provided gives us the opportunity to reduce the risks of a larger program in the future and ultimately helps the Township avoid more costly and complex interventions today and in the future.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization Center of Concern

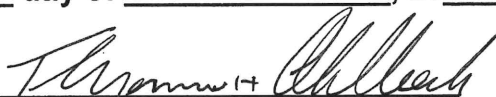
By 
Its Authorized Representative

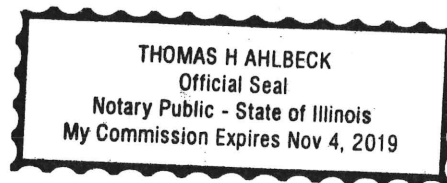
Printed Name John McNabola

Title Executive Director

Date 8/29/2019

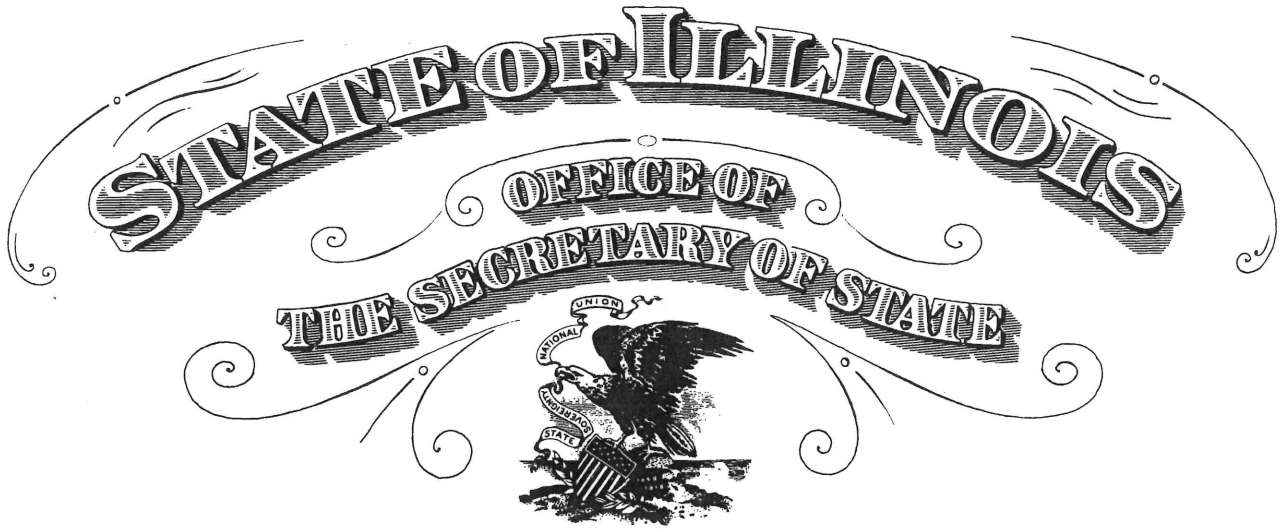
SUBSCRIBED and SWORN to
before me this 29th day of AUGUST, 2019.

Notary 



File Number

5145-953-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

THE CENTER OF CONCERN, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 24, 1978, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 26TH
day of MARCH A.D. 2019 .

Jesse White

SECRETARY OF STATE

**Center of Concern
Board of Directors Approved Budget
July 1, 2019 – June 30, 2020**

Income

Dividends	\$8,200.00
Donations	145,500.00
Events	164,000.00
Foundations	399,200.00
Grants	635,200.00
In-Kind	25,000.00
Service Fees	6,200.00
Volunteer Hours	300,000.00
<u>Total Income</u>	<u>1,683,300.00</u>

Expenses

Administration	\$4,500.00
Advertising/Outreach/Promotion	\$10,000.00
Background Checks	\$2,500.00
Bank charge	\$4,500.00
Depreciation	\$900.00
Direct Client Assistance	\$490,220.00
Employee Medical Insurance	\$57,600.00
Employee Salaries	\$566,080.00
Employer Taxes/ FICA & /SUI	\$51,900.00
Events Expense	\$55,900.00
In-Kind	\$25,000.00
Insurance	\$9,000.00
Meetings/Training	\$3,500.00
Postage	\$8,400.00
Printing	\$7,500.00
Prof/Services	\$12,500.00
Rent/Office	\$40,000.00
Supplies	\$5,650.00
Technology	\$11,000.00
Telephone	\$4,000.00
Travel	\$3,150.00
Utilities	\$8,000.00
Volunteer Hours	\$300,000.00
Volunteer--Recognition	\$1,500.00
<u>Total Expenses</u>	<u>\$1,683,300.00</u>

Net Income/Loss \$- 0

Sliding Fee Scale

Income Tax Appointment - The Center of Concern – 1665 Elk Boulevard, Des Plaines, IL 60016

Date Appointment Made: _____, 2018

Date/Time of Appointment: _____, 2018

Date Appointment confirmed: _____, 2018

Ms/Mr./Mrs. First name: _____ Last name: _____

Address: _____ # _____ Des Plaines: Inc. Un

City: _____ State: _____ Zip: _____ Gender: Male Fem

Phone: _____ Email: _____

Birth Date: Month _____ Day _____ Year _____ Number in Household: Adults _____ Children (17yrs & under) _____

"Our government funding requires us to ask the following questions: "

Ethnicity: Hispanic/Latino | Non Hispanic/Latino

Marital status: Married | Widowed | Separated | Divorced | Single | Never Married

Veteran: Yes | No

Race: White | Black/African American | Asian | Indian/Alaska Native | Native Hawaiian/Pacific Islander

Type of Housing: Rents | Owns | Homeless

Gross Annual Income, including Social Security: _____

	No Fee	Fee: \$10.00	Fee: \$20.00	Fee: \$30.00	Fee: \$40.00	Fee: \$50.00
Family Size						
1 0 - \$12,060	\$12,061 - 16,039	\$16,040 - 18,089	\$18,090 - 24,119	\$24,210 - 30,149	\$30,150 - 36,179	
2 0 - \$16,240	\$16,241 - 21,598	\$21,599 - 24,359	\$24,360 - 32,479	\$32,480 - 40,599	\$40,600 - 48,719	
3 0 - \$20,420	\$20,421 - 27,158	\$27,159 - 30,629	\$30,630 - 40,839	\$40,840 - 51,049	\$51,050 - 61,259	
4 0 - \$24,600	\$24,601 - 32,717	\$32,718 - 36,899	\$36,900 - 49,199	\$49,200 - 61,499	\$61,500 - 73,799	
5 0 - \$28,780	\$28,781 - 38,276	\$38,277 - 43,169	\$43,170 - 57,599	\$57,560 - 71,949	\$71,950 - 86,339	

For each additional person, add \$4,180

Certain qualifications may apply; Center of Concern is not responsible and will be held harmless for any and all errors.

*** Signature of Consultant: _____

*** Signature of Client: _____

Donation/Fee received: _____ Check -- Cash

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2013	\$5,000	\$2,000	0%
2014	\$5,000	\$2,500	+25%
2015	\$5,000	\$3,000	+20%
2016	\$35,000	\$6,000	+100%
2017	\$15,000	\$7,600	+26.7%
2018	\$15,000	\$7,840	+3.2%
2019	\$15,000	\$9,500	+21.2%

2020 REQUEST	\$15,000
2020 RECOMMENDATION	

COMMENTS

RETURN SHEET TO KRISTINA CHRISTIE, AGENCY & PROGRAM COORDINATOR

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2020-2021**



Agency Name PEER Services, Inc.

Address 906 Davis Street, Evanston, IL 60201

Phone (847) 492-1778 Fax (847) 492-0320 Email mmcdonnell@peerservices.org

Contact Person Maureen McDonnell Title Executive Director

Grant Contact Person Maureen McDonnell Title Executive Director

Phone (847) 492-1778 Email mmcdonnell@peerservices.org

Brief Description of Agency

PEER Services has been providing substance abuse prevention, early intervention and treatment services to residents of northern Cook County since 1975. We are licensed to provide substance abuse treatment by the Illinois Department of Human Services Division of Alcoholism and Substance Abuse. We are also accredited by the Joint Commission.

Services include substance abuse adolescent, young adult, older adult substance abuse treatment, intensive outpatient treatment for adolescent and adults, drug education, parenting training and support, assessment, early intervention, DUI risk education, gender-specific treatment for women and girls, prevention services for local schools and communities, and drug testing services.

Agency Total Budget \$1,909,328 Amount requesting from Maine Township \$15,000
(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2018-February 2019) July 2019 – June 2020

Total number of all unduplicated clients directly served during your last fiscal year 1,086

Total number of unduplicated Maine Township clients directly served during your last fiscal year 185

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? n/a

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 45

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. Executive Director \$123,000
2. Nursing Supervisor \$72,500

- 3. Office Manager \$68,000
- 4. Program Coordinator \$57,700
- 5. Program Coordinator \$57,500

- 1. Is your agency not for profit? (If so, attach Certificate of Good Standing). Yes No
- 2. Has your organization been in business for at least one year? Yes No
- 3. Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township? Yes No
- 4. Describe how your organization’s services are currently promoted to the residents of Maine Township.

We receive referrals from courts, health care providers and agencies including but not limited to Maine Township, Park Ridge Court, Maine East High School, TASC, DCFS Skokie Court, Skokie Behavioral Health, Cook County Court, and the Secretary of State’s Driving Under the Influence (DUI) program. Additionally, a portion of our clients are self-referred, hearing about us through resource fairs, through our website, or through previous clients.

- 5. Has your organization ever received funding from Maine Township? Yes No
If yes, list all years and the allocation amount.

For the period of 3/1/04 – 2/28/05 in the amount of \$2,000.
 For the period of 3/1/05 – 2/28/06 in the amount of \$2,500.
 For the period of 3/1/06 – 2/28/07 in the amount of \$4,000.
 For the period of 3/1/08 – 2/28/09 in the amount of \$1,000.
 For the period of 3/1/09 – 2/28/10 in the amount of \$1,000.
 For the period of 3/1/10 – 2/28/11 in the amount of \$1,000.
 For the period of 3/1/11 – 2/28/12 in the amount of \$2,000.
 For the period of 3/1/12 – 2/29/13 in the amount of \$2,000.
 For the period of 3/1/13 – 2/28/14 in the amount of \$2,000.
 For the period of 3/1/14 – 2/28/15 in the amount of \$2,500.
 For the period of 3/1/15 – 2/28/16 in the amount of \$3,000.
 For the period of 3/1/16 – 2/28/17 in the amount of \$6,000.
 For the period of 3/1/17 – 2/28/18 in the amount of \$7,600.
 For the period of 3/1/18 – 2/28/19 in the amount of \$7,840.
 For the period of 3/1/19 – 2/28/20 in the amount of \$9,500.

- 6. Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).

Funding from Maine Township was used to cover the costs of care for low-income Maine Township youth and adults who need substance abuse treatment services. PEER Services places a priority on serving individuals who otherwise would not be able to afford treatment due to being uninsured or underinsured. Funds help offset the unreimbursed costs of providing high-quality treatment to Maine Township residents, which includes clinical supervision, psychiatric consultation, and case management. In FY19, more than 50% of costs were unreimbursed for Maine Township clients.

7. Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.

In FY19, we served 185 Maine Township clients, up from 141 in FY 18. As the nation continues to grapple with a substance abuse crisis, trends indicate that services like those PEER provides are not only critical but require immediate expansion. As a result, we believe we will continue to serve more Maine Township residents. Additionally, medical costs continue to outpace general inflation rates, leaving more individuals uninsured or unable to pay for their deductibles. Our sliding scale fees allow many people who would not otherwise be able, to afford life-saving treatment and prevention services.

8. Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input type="checkbox"/> Public transportation | <input checked="" type="checkbox"/> Social services for youth |
| <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Social services for the aged |
| <input type="checkbox"/> Other (please explain): | |

9. Describe how your organization meets the eligibility requirements for the requested funding.

In accordance with Maine Township eligibility criteria for agency program funding, PEER Services:

- (1) is a 501(c)(3) organization in operation since 1975
- (2) provides direct substance abuse services to Maine Township residents
- (3) has an EHR infrastructure and board-approved policies/procedures in place to ensure accountability and performance to our clients and funders
- (4) meets Maine Township's identified funding priorities of: substance abuse, economically-challenged families, mental health, youth, and seniors. We are the safety net substance abuse treatment and prevention provider for Maine Township residents of all ages.

10. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.

PEER Services is committed to expansion of our already extensive services on the North Shore, providing services in Evanston, Wilmette, and Glenview. To that end, we are meeting with Maine Township and other school districts to discuss added substance abuse prevention and early intervention services for their students. We also support development of the North Shore prevention coalition which is in formation now across New Trier Township.

We are also strengthening referral relationships with local hospitals and first responders who come across many cases of intoxication and overdose. With a grant from the Evanston Community Foundation, we recently completed a pilot program to reach people appearing in local hospital emergency departments after overdose. Our staff engaged patients and their family members in life-saving steps towards recovery during their hospital visit. We look forward to valuable insight from this pilot program so that we can develop continuing services in this hospital and expand the practice to other hospitals in our service area.

11. Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures? Yes No
12. If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.) Yes No
13. Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability? Yes No
14. Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body? Yes No
15. If requested, do you agree to provide the following to Maine Township?
(Please note: You do NOT need to include these items with your application.)
- A. Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs
 - B. At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.)
 - C. A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:
 - I. A description of each program, service, activity or facility you provided or offered
 - II. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder
 - III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled
 - IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific

steps and plans (including timetables for completion) to be taken to achieve accessibility and

V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion

Yes No

16. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?
 Yes No

17. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization? Yes No

18. What is the geographic service area of your organization?
PEER Services provides substance abuse assessment, education, early intervention and treatment services to individuals and families in northern Cook County. We have offices in Glenview and Evanston. While we do not have a specific catchment area, most of our clients live in Northern Cook County. We work to make services as accessible as possible.

19. Does your organization charge for services? Yes No
If yes, does your organization offer a sliding fee scale?
 Yes. Attach 14 copies of the sliding fee scale.
 No. Please explain how charges are determined.

20. If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance? Yes No

21. Are volunteers used within your organization?
 Yes. Please indicate how many volunteers you have and how they are utilized.
Last year, we used approximately 50 volunteers in a variety of ways, including fundraising, special projects, technical assistance such as marketing, mailings, clerical help and cleanup projects. We also have an extensive intern program. We train interns and use them to assist in direct services including intake, assessment, individual and group counseling.

No. Please give specific reasons for not using volunteers.

22. Does your organization provide any bilingual services?

Yes. Please indicate languages.

We have staff members that are bilingual/bicultural in Spanish, French and Creole. Additionally, we have a linkage agreement for social service interpreters in a broad range of languages through Heartland Alliance.

No

23. Does your organization request proof of U.S. citizenship from its clients?

Yes. Please describe briefly.

No

24. Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.

Yes **No**

PEER Services believes that collaborations are cost-effective tools for building on the strengths of multiple organizations to help individuals and families. This is why we are involved in collaborative projects with schools, law enforcement, hospitals and other social service agencies and community coalitions. We have a collaborative youth early intervention program, dual diagnosis treatment program and school outreach program. We also are part of several local networks and coalitions, including the Resilient Skokie project, Evanston Cradle to Career, the Empowering Evanston Collective, and several substance abuse prevention coalitions across the area. We staff and serve as fiscal agent for the Glenview Northbrook Coalition for Youth (GNCY). In 2017 and 2018, we provided parent presentations and educational training through the GNCY about adolescent prescription drug misuse, how to talk to kids about not using drugs/alcohol, adolescent binge drinking, and vaping/e-cigarettes. We work with schools/communities looking to expand their prevention coalitions and funding by assisting them in building coalitions and seeking federal funding. At the present time, we are working on this with the North Shore Substance Abuse Prevention Coalition (New Trier Township) and a group of concerned agencies in Niles Township that are focusing on increasing prevention resources for high school students in Niles Township.

25. Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. Yes No

The Women's Club of Evanston and the Northend Mother's Club provided contributions this year and the Rotary, Kiwanis and Optimist Clubs have done so in the past.

26. Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No

We provide education on identifying fake IDs and safe serving training (BASSET) to liquor sales businesses including convenience stores, bars and restaurants. We provide education on avoiding driving under the influence to Driver's Education schools. We encourage

businesses to join community substance abuse prevention coalitions.

We also provide drug-testing services for some local businesses. In the past, we provided speakers for employee brown bag lunches on topics such as raising drug-free kids, stress management and developing resilient families in uncertain times. We also received direct referrals from Human Resource Directors and Employee Assistance Programs (EAPs). There have been times when employers have allowed an employee to keep his/her job based on a commitment to completing our treatment program. We are interested in expanding this work in Maine Township.

27. List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support.

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township	8,393	Every 2 months	0.5%
Foundations	64,951	Primarily annual grants	3.5%
Private Donors	41,952	Primarily annual contributions	2.3%
Federal	20,497	Per service reimbursement	1.1%
State	1,148,864	Per service reimbursement & monthly grant payments	64.4%
Municipalities	60,254	Once/twice per year	3.4%
Other Townships	217,243	Quarterly	11.7%
Other (list all)			
United Way	40,000	Quarterly	2.2%
Insurance*	93,391	Per service reimbursement	5.1%
Client Fees	90,590	Per service payment	5.2%
Interest, etc.	10,459	Varies	0.6%
Total	\$1,785,202		100%

*Commercial Insurance payments, primarily from Blue Cross Blue Shield PPO

28. What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for.

	REVENUE	COSTS	Purpose
Annual Appeal	\$15,357	\$250	Unfunded operating support & treatment scholarships
Step Up for Recovery	\$26,568	\$2,862	Unfunded operating support & treatment scholarships

29. What fundraising efforts are planned for next year?

Recognizing that increased fundraising is essential to meeting our organizational goals, our Board of Directors voted to increase our FY20 fundraising goal by 45%, from \$111,500 to \$161,500. We increased our goals in each area including our yearly fundraising event, Step Up for Recovery, and our Annual Appeal. We will be adding several smaller events such as

community teas (hosted at a supporter's home) and events at small music venues.

Our goals are threefold: 1) to raise awareness about addiction as a critical health issue impacting our community, 2) to reduce the stigma associated with addiction and build support for people living in recovery, and 3) to raise funds for treatment scholarships to support care for low-income individuals and families.

- 30. Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).**

The most significant change for PEER Services is the number of people we served in FY19. We served 31% more Maine Township residents in FY19 and our clients served increased by 10% overall. No other significant changes have occurred at PEER Services in the last year. Our programs, facilities, and personnel remain steady and we continue to work on expanding and improving our services.

- 31. Please provide numerical breakdown of all staff member positions.**

1. Administration & Administrative Support	<u>2</u>
2. Management of Service Providers	<u>2</u>
3. Direct Service Providers	<u>18.5</u>

- 32. Number of certified staff members** 16

- 33. What kinds of certifications are required for your service providers?**

According to the state regulations which govern drug treatment programs, all treatment director service staff must be licensed by the State Department of Professional Regulations or certified as addiction counselors by the Illinois Alcohol and Other Drug Abuse Professional Certification Association within two years of employment.

- 34. Number of licensed staff members** 10

- 35. What kind of licensing is required for your service providers?**

Our physician, nurses, social workers and professional counselors must all be licensed by the Illinois Department of Professional Regulation in their profession's scope of work.

- 36. Please list all accreditations your organization has earned.**

PEER Services is licensed to provide substance abuse treatment by The Illinois Department of Human Services Office of Alcoholism and Substance Abuse. We are a certified Medicaid provider. We are also accredited by The Joint Commission.

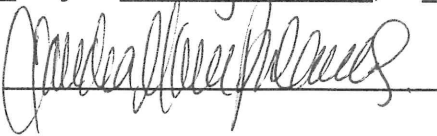
37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?

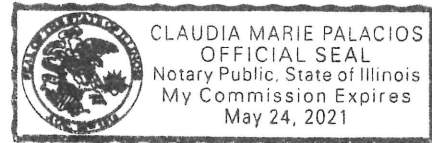
We may have to reduce staff hours and may have to put Maine Township clients on a waiting list. We would be forced to limit or even eliminate our sliding scale services to clients.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization PEER Services, Inc.
By Maureen McDonnell
Its Authorized Representative
Printed Name Maureen McDonnell
Title Executive Director
Date 8/28/19

SUBSCRIBED and SWORN to
before me this 28 day of August, 2019.

Notary 



**Level 1 INDIVIDUAL Outpatient Treatment (Adult and Adolescent)
Treatment Scholarship Guidelines FY 2020**

Annual Income	\$ 0- \$24,980	\$24,980- 33,820	\$33,820- 42,660	\$42,660- 51,500	\$51,500- 60,340	\$60,340 - 69,180	\$69,180 - 78,020	\$78,020 - 86,860	\$86,860 - \$100,000	\$100,001- 120,000	\$120,001- 140,000	\$140,001- 180,000
Number of Dependents	Shaded Areas Show Family Income Eligibility Criteria Contract Reimbursed (Non-Medicaid)											
1	15	20	30	40	50	60	90	100	100	120	140	140
2	10	15	25	35	40	50	80	90	90	120	140	140
3	10	15	20	30	35	40	70	80	80	120	140	140
4	10	10	20	25	25	30	60	70	70	100	140	140
5	5	10	15	20	20	20	50	60	60	100	120	140
6	5	5	10	15	15	15	40	50	50	90	120	140
7	5	5	10	10	10	10	30	40	40	80	100	140
8 or more	5	5	5	5	10	10	20	20	30	70	100	140

1 Hour Individual Therapy = \$140.00

PEER SERVICES FY 20 BUDGET	APPROVED BY BOARD 7/3/19
Direct Service Revenue	1,234,482
Prevention + Grants	513,346
TOTAL	1,747,828
Fundraising	161,500
TOTAL REVENUE	1,909,328
Expenses	1,932,875
Net	\$ (23,547)

PEER SERVICES BUDGET		
FY 20		
Approved 7/3/19		
REVENUE	ACCT #	
IDHS-METHADONE	400	253,582
IDHS-COMP PREVENTION	401	182,450
IDHS-HIV COUNS & TEST	402	-
IDHS-OPIOD-STR OMT	403	-
IDHS-GLOBAL	404	189,996
IDHS-DASA/DCFS	405	23,378
IDHS-DASA/DFI	406	-
EVANSTON MENTAL HTLH	411	80,000
NORTH/NORTHWEST U/W	413	32,800
VILLAGE OF SKOKIE-ADOL TX	416	5,000
VILLAGE OF SKOKIE-CDBG	418	6,000
EVAN TOWN HIGH SCHOOL	419	10,000
NILES H S DIST 219	420	-
NS SPEC EDUC DIST INCOME	421	-
NORTHFIELD TOWNSHIP	423	7,400
NEW TRIER TOWNSHIP	424	102,000
MANAGED CARE ORG (MCO)	430	473,230
ALLOW DOUBTFUL ACCTS	430A	-
MAINE TOWNSHIP	431	9,500
EVAN TOWN SCHOOL DIST 65	433	1,444
NILES TOWNSHIP GOV'T	435	15,000
GLENBROOK HIGH SCHOOL	436	31,752
MAINE TOWNSHIP HIGH SCH	438	-
IDOT-PREVENTION	439	30,000
MEDICAID FEES	440	68,454
CLIENT FEES	441	87,813
OTHER THIRD PARTIES	442	106,846
ALLOW DOUBTFUL ACCTS	442A	-
CLIENT DUI SERVICES	445	6,072
MEDICARE	446	25,111
ALLOW DOUBTFUL ACCTS	446A	-
CORP, FND GRANTS	451	82,000
INDIVIDUAL CONTRIBUTIONS	452	29,000
SPECIAL EVENTS INCOME	461	49,000
INTEREST	484	500
MISCELLANEOUS	499	1,000
TOTAL REVENUE		1,909,328

PEER SERVICES BUDGET	
STATEMENT OF EXPENSE	
FY 20	
Approved 7/3/19	
EXPENSES	
SALARIES	1,133,672
HLTH & LIFE INS	140,424
UNEMPLOYMENT	24,400
FICA	86,726
WORKER'S COMP	6,000
CLIN. CONSULT	30,000
MED CONSULT	28,720
PROG CONSULT	102,000
SUBCONTRACT-BILLING VENDOR	36,000
ACCT/AUDIT/LEGAL	33,300
ACC VAC & FICA	-
D10 - PERSONNEL SUBTOTAL	1,621,242
OFFICE SUPPLIES	7,200
MEDICAL SUPPLIES	34,580
PROGRAM SUPPLIES	7,800
PREMISE SUPPLIES	8,301
D22 - CONSUMABLE SUPPLIES	57,881
INS-PROPERTY	10,100
ELECTRICITY/GAS	10,000
BUILDING MAINT	25,000
SECURITY SYSTEM	3,000
EQUIP REPAIR/MAINT	9,082
D30 - OCCUPANCY	57,182
LOCAL TRAVEL	4,600
CLIENT TRAVEL	-
D35 - TRAVEL	4,600
OFFICE FURNISHINGS	-
EQUIP PURCHASES	2,500
EDUCATION EQUIP PUR	-
D49 - EQUIP PURCHASE	2,500
EQUIPMENT RENTAL	12,500
RENT	47,000
PARKING RENTAL	1,700
D55 - LEASE/RENT	61,200
D61 - DEPRECIATION	14,000
D66 - INTEREST/BANK CH/CC	4,400
LAB FEES	-
TELEPHONE	49,000
CONF/MEETINGS HELD	-
SUBS & PUBS	186
POSTAGE	1,100
OUTSIDE PRINTING	1,800
FEES	15,000
DUES	400
INS - D & O	3,524
INS - GENERAL LIAB	11,900
PERSONNEL RECRUITMENT	500
BOARD/STAFF TRAIN & DEV	1,500
CONF/MEET ATTENDED	500
OUTREACH/ADVERTISING	500
BAD DEBTS EXPENSE	-
SPECIAL EVENTS EXPENSE	3,950
OTHER MISCELLANEOUS	20,010
D80 - MISCELLANEOUS	109,870
TOTAL EXPENSE	1,932,875



**THE
JOSSELYN
CENTER**

Mental Health For Clients
Hope For Families
Healing For Communities

405 Central Avenue
Northfield, IL 60093
847.441.5600
Fax 847.441.7968
www.josselyn.org

**BOARD OF
DIRECTORS**

- Daniel Gill*
Chair
- Pam Martin*
Vice Chair
- Mary Campobasso*
Secretary
- Frederic Coppieters*
Treasurer
- Kitty Bliss*
- Kenneth Fishman*
- Gaillee Fitzpatrick*
- Neil Fitzpatrick*
- Amy Gertler*
- Cynthia Helle*
- Ruth Kraus, PhD*
- Richard Lauter*
- Janice MacVicar*
- Mary Mages*
- Eric G. Matlin*
- Denise Nash*
- Sherwin Shenfeld*
- Claudia J. Teich*
- Clyde Andrew Walter*
- Adrienne*
- Hepworth-Weisenberger*
- Mary Womsley*
- Susan Resko*
President

HONORARY TRUSTEES

- Mark M. Anderson*
- Jeanette Beavers*
- Linda Blumberg*
- Dr. Gil Bowen*
- M. Gail Fitzpatrick*
- Susan Garrett*
- Mari Gimbel*
- David Langenbach*
- Dania Leemputte*
- Richard D. Liebman*
- Nancy Meyers*
- Robert J. Moran*
- Harriet H. Perrin*
- Kathy Coffin-Piegras*
- Deborah D. Ross*
- Anne C. Ruzicka*
- Lois Sachs*
- Regina Siske*
- Joanne Steinback*
- Susan S. Stewart*
- Marty Stiffler*
- Christine Stoll*
- Jackie Waldstein*
- Ann S. Wolff*

August 28, 2019

Maine Township Trustees
1700 Ballard Road
Park Ridge, IL 60068

Dear Township Trustees,

Thank you for your consideration of The Josselyn Center's request. As the only provider of outpatient psychiatry services to Medicaid recipients in a 375-square-mile area from Skokie to Libertyville, and Lake Michigan to Arlington Heights, and in the face of increased demand for services from residents of Maine Township, we respectfully request a \$115,000 grant for Fiscal Year 2020.

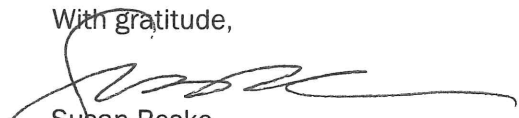
Psychiatric services, in addition to therapy and our other services, act as integral parts of Maine Township's safety net—helping those in need heal before the point of crisis. Through our psychiatry services on-site in Park Ridge for MaineStay, and our comprehensive services at our clinic, we provided more than 2,500 hours of services in FY 2019 for people living in Maine Township. As detailed in our application, these services cost Josselyn \$138,886. We have worked to fill large gaps in Medicaid reimbursement and keep services strong, while holding township funding needs steady. In 2016, the township provided *more* financial support than in 2019, despite our decision to partner and provide Park Ridge on-site psychiatry services in that period of time.

Access to comprehensive mental health care, including scarce psychiatry services, is critical to the health of township residents. Mental health treatment allows these individuals and families to heal, recover from mental illness, attend school and work, and strengthen community participation. These services also reduce the duration and severity of symptoms, and reduce overreliance on costly ER visits.

Funding for 2020 will help us continue to provide affordable outpatient services to vulnerable township adults and children. We hope our application provides you with helpful context about what we do, and how we can afford to do it.

We deeply appreciate your consideration and your review of our application. We welcome your questions and next steps.

With gratitude,



Susan Resko
President



Accredited for Outpatient Mental Health
Services for Adults, Children & Adolescents

United Way
of Metro Chicago



MAINE TOWNSHIP APPLICATION FOR FUNDING 2020-2021



Agency Name The Josselyn Center

Address 405 Central Avenue, Northfield, IL 60093

Phone 847-441-5600 Fax 847-441-7968 Email info@josselyn.org

Contact Person Caryn Fliegler Title External Affairs Manager, Grants and Communications

Grant Contact Person See Above Title _____

Phone 224-505-5284 Email cfliegler@josselyn.org

Brief Description of Agency

The Josselyn Center was established in 1951 by community leaders to provide affordable outpatient mental health services to those who cannot financially access treatment. As a certified Community Mental Health Center, our mission is to provide quality mental health services that make lives better for our clients, their families and the community. Our vision is a community without barriers to mental health. Our goal is to be there for people with mental illness BEFORE the point of crisis.

Our clients have no other options for comprehensive and affordable mental health care services. The Josselyn Center is the only provider of outpatient psychiatric services to Medicaid recipients for 375 sq. miles; from Skokie to Libertyville, Lake Michigan to Arlington Heights. This is due to a severe national shortage of psychiatric providers; the scarcity is even worse for those willing to work for below-market Medicaid rules. A third of our services are provided to children and teens.

Josselyn Center clinical services for children, teens and adults

- Psychiatric Services
- Individual, Couple, Family and Group Therapy/Counseling
- Walk-in Services
- Community Support Services
- Case Management Services
- Pathways to Employment (adults)

Josselyn Center community programming

- The Living Room - an alternative to the ER for a mental health crisis
- Drop-In Center - for adults seeking support, social skills training, community.
- Camp Neeka - therapeutic summer day camp for children ages 8-12
- Art Therapy - uses the creative process and artwork in therapy

Agency Total Budget \$3,467,330 Amount requesting from Maine Township \$115,000
(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2018-February 2019) July 1, 2019-June 30, 2020

Total number of all unduplicated clients directly served during your last fiscal year 1,542

Total number of unduplicated Maine Township clients directly served during your last fiscal year 193

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? N/A

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? N/A

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. President \$159,135
2. Director of Operations \$105,730
3. Director of Clinical Programs \$96,460
4. Director of External Affairs \$92,000
5. Clinical Supervisor \$69,010

1. **Is your agency not for profit? (If so, attach Certificate of Good Standing).** Yes No
2. **Has your organization been in business for at least one year?** Yes No
3. **Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township?** Yes No
4. **Describe how your organization's services are currently promoted to the residents of Maine Township.**

Most importantly, we are in the community each week through our on-site psychiatry service at MaineStay Youth & Family Services. This ensures that residents do not need to travel far or face long wait times for affordable psychiatry.

We also conduct outreach to ensure agencies are aware of Josselyn, and can refer residents to us when appropriate. We reach out to school districts, local police and fire departments, and area hospitals as a community resource for people of all income levels and ages, from the age of 3 to senior adults. The Park Ridge Community Fund lists Josselyn in its resource materials and will highlight us this fall. The City of Des Plaines supports Josselyn as a mental health agency and provides our brochures at city offices.

In addition to these outreach channels, Josselyn conducts online and print outreach. We gratefully recognize the support of Maine Township on our website.

5. **Has your organization ever received funding from Maine Township?** Yes No
If yes, list all years and the allocation amount.

2015-16	\$43,062
2016-17	\$111,500
2017-18	\$112,000
2018-19	\$110,440
2019-20	\$103,800

6. **Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).**

As a certified Community Mental Health Center providing mental health services to residents, including those who receive Medicaid, Josselyn provided outpatient psychiatric, therapy, case management and community support to township residents at our Northfield location. Through our partnership with you, Josselyn provided psychiatric services and case management at MaineStay Youth & Family Services. By partnering, we have been able to provide this scarce and expensive psychiatry service at an overall lower cost, leveraging the back office billing support of Josselyn's staff, and the intake, reception, assessment and Medicaid compliance work of MaineStay's staff.

A significant portion of Josselyn's clients and service hours come from Maine Township. In FY2019, 193 Maine Township residents received 2,503 hours of mental health services through Josselyn (13% of our total for the year). Details are included below.

Maine Township and Josselyn Partnership: Mental Health Services for Residents in Need					
Year	2016		2019		Notes
<i>On-Site in Park Ridge</i>					
Psychiatry Services	\$67,655		\$60,863	300 service hours	
Total Park Ridge Costs	\$67,655		\$60,863		2016: MD costs \$140/hour, 2019: APN Costs \$116/hour
Medicaid reimbursement	(\$34,000)		(\$35,020)		
<i>Net Park Ridge Costs</i>	<i>\$33,655</i>		<i>\$25,843</i>		
<i>Northfield</i>					
Therapy Services	\$91,238	931 hours	\$174,734	1,783 hours	Must fundraise \$33 cost gap for each hour of therapy
Psychiatry Services	\$70,080	219 hours	\$134,400	420 hours	Must fundraise \$180 cost gap for each hour of psychiatry
Total Northfield	\$161,318	1,150 hours	\$309,134	2,203 hours	92% increase in service hours for Maine Township residents since 2016. 70 township residents served in 2016, 193 in 2019 (176% increase).
Medicaid reimbursement	(\$102,347)		(\$196,091)		
<i>Net Northfield Costs</i>	<i>\$58,971</i>		<i>\$113,043</i>		
<i>Park Ridge and Northfield Costs</i>	<i>\$92,626</i>		<i>\$138,886</i>		<i>50% increase in costs (ameliorated by a focus on efficiency across operations, and staffing a quality Advanced Practice Nurse)</i>
<i>Maine Township Grant</i>	<i>\$111,500</i>		<i>\$103,800</i>		<i>7% decrease in funding since 2016</i>
In-kind MaineStay contribution	\$35,000		\$35,000		

Your prior year funding went to fund mental health services for Maine Township clients. Township residents have few if any other options for comprehensive and affordable mental health care services, including psychiatry without long wait times. This access to care is essential to mental health – which, in turn, is important to a productive community. When healing, people are better able to maintain and develop relationships, attend school and work.

We are proud to provide on-site psychiatry at MaineStay in partnership since 2016. The cost to us is significant, yet we are pleased to partner and provide this essential care as a service to the township.

Finally, we wish to share several reasons The Josselyn Center is a strong steward of township funds:

- **Innovation:** We are one of the early adopters of tele-psychiatry in Illinois; this tele-health service not only results in high satisfaction, but allows us to ensure access to outstanding psychiatrists. In addition, our Josselyn Champions program brings four leading local psychiatrists to Josselyn as volunteers to see clients who are children. This year, we added Walk-in Services M-F 9-3; this streamlines access and helps minimize community members' costly reliance on the ER as mental health provider (unless best suited).
- **Medicaid Billing Expertise:** Josselyn is the only licensed Medicaid provider in our area. Our superior Medicaid billing capabilities allow us to leverage these Federal and State funds allocated to youth and adult healthcare, thereby reducing the financial burden of human service expenses on the Township.
- **Quality Outcomes:** Josselyn receives strong results from our clients relating to the care they receive from therapists and psychiatrists at our center. We maintain a Quality Dashboard to track measures. Josselyn is accredited by the Commission on Accreditation for Rehabilitation Facilities (CARF), a gold standard for outpatient mental health care providers. Josselyn is also a certified IL Dept. of Human Services provider, which holds us to a high standard of care.
- **Collaboration:** We continue to incorporate partnership and collaboration into our work, which better services our organizational efficiency and our clients.
- **Organizational Efficiency:** While our client and service hours have increased this year due to increased demand, we maintain a low ratio of clinical to administrative staff, pushing this ratio from 1.5:1 in 2016 to 2:1 in 2018. Further, we are careful to refer clients who need medication management to primary care physicians (PCP), unless use of a psychiatrist is a more suited option.

7. Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.

We have seen a significant increase in client numbers and service hours in recent years from township residents; based on several trends, we expect this to continue in 2020. We respectfully request \$115,000 in funding from the township to align with the quality, effective services we will provide to Maine Township residents this year, on site in Park Ridge and at our center in Northfield. It is our hope that you agree with the importance of our presence in Park Ridge, after the Maine Center closed. We can sustain this partnership, and serve Maine Township residents who come to Northfield, with your much appreciated support.

8. Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input type="checkbox"/> Public transportation | <input type="checkbox"/> Social services for youth |
| <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Social services for the aged |
| <input type="checkbox"/> Other (please explain): | |

9. Describe how your organization meets the eligibility requirements for the requested funding.

As a 501©3 organization with a focus on community mental health, regardless of a client's income status, Josselyn is part of the safety net for residents of Maine Township. We maintain policies relating to a range of topics including equal opportunity employment. We maintain accessible facilities and we are installing a new elevator with support from Cook County CDBG, to replace an outdated stair chair. Township residents can access all of our services.

Josselyn provided \$138,886 of therapy and psychiatry services to Maine Township residents last year. Due to our Medicaid billing competency, we were able to leverage State funding of \$142,340. It is costly to maintain our Medicaid license, but we see it as our responsibility to the township and municipalities to maximize every available dollar.

10. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.

As we look ahead to years 2020 and 2021, we are expecting demand to continue to increase. We attribute these increases to continued need for mental health services, our affordable services for individuals in low-income situations, a decreasing stigma around obtaining mental health treatment, and community awareness of the quality of treatment at The Josselyn Center. In the past year we piloted Walk-in Services; we plan to operationalize this intake process to become ongoing. We also expect to continue to focus on efficiencies in operations and staffing as demand grows.

11. **Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures?** Yes No
12. **If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.)** Yes No
13. **Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability?** Yes No
14. **Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propaganda purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body?** Yes No
15. **If requested, do you agree to provide the following to Maine Township?**
(Please note: You do NOT need to include these items with your application.)
 - A. **Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs**
 - B. **At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by this application (Information relating to personal, medical and financial data will be treated as confidential.)**
 - C. **A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:**
 - I. **A description of each program, service, activity or facility you provided or offered**
 - II. **A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder**

III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled

IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and

V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion

Yes No

16. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?

Yes No

17. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization? Yes No

18. What is the geographic service area of your organization?

We serve clients from approximately 65 communities largely in Cook and Lake Counties. The comprehensive nature of our services (meaning both therapy and psychiatry in one location), and our commitment to affordability mean we serve residents who have few options.

19. Does your organization charge for services? Yes No

If yes, does your organization offer a sliding fee scale?

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined.

20. If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance? Yes No

We have a long-standing agreement with another Township for such cases. When this Township is made aware of a resident who needs mental health services but can't afford the reduced fee, the Township covers the client's fees. We would be happy to arrange a similar agreement with Maine Township.

21. Are volunteers used within your organization?

Yes. Please indicate how many volunteers you have and how they are utilized.

Approximately 90 volunteers contribute time and skills to Josselyn as members of our three Boards: Governing, Auxiliary, and Junior. We also welcome one-time volunteers to support our events.

No. Please give specific reasons for not using volunteers.

22. Does your organization provide any bilingual services?

Yes. Please indicate languages. Spanish, Polish, Mandarin.

No

23. Does your organization request proof of U.S. citizenship from its clients?

Yes. Please describe briefly.

No

24. Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.

Yes **No**

Organization	Collaboration
Connections for the Homeless	Josselyn provides counseling in Evanston for individuals who are housing insecure.
Youth Services of Glenview/Northbrook	Hosts Camp Neeka, our therapeutic day camp for children ages 8-12.
Fenix Family Health Center	A Josselyn bilingual (Spanish) clinician provides therapy at Fenix's Highwood clinic.
Crisis Response of the Northshore	Josselyn has been a member for more than 30 years.
Foundation, Township, United Way, and Municipal Grants	Through grants, Josselyn collaborates with other agencies at annual meetings and in developing ongoing relationships. We are constantly seeking opportunities to collaborate, and in some cases, formally partner to best serve clients and maximize efficiencies and strengths.
Cook County	CDBG funds allowed Josselyn to purchase/install a new elevator and entry, improving accessibility at our Northfield clinic.
Illinois Department of Human Services	State grants to implement The Living Room and Crisis Staffing; state milestone contract to implement Supported Employment service.

25. Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. **Yes** **No**

We have been grateful for partnerships with Rotary Clubs in Northbrook, Glenview, Evanston, and Wilmette. We are pleased to have the support of many area religious organizations, contributing financial grants as well as volunteer interest. Our sensory garden, new this year, was donated and created by area garden clubs.

26. Does your organization participate in cooperative programs with any community businesses? Please explain. **Yes** **No**

Several businesses have chosen to sponsor our events, such as Orange Theory Fitness, Wags on Willow, and more. Precision Multisport chose to recognize Josselyn as the benefitting charity of this year's North Shore Triathlon on

Sept. 15th. Racers can donate to Josselyn as part of their participation in the Tri; this also helps promote the importance of both mental and physical health. As noted above, our sensory garden was sponsored by area organizations and businesses.

27. List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support.

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township	\$103,800	Annual	3%
Foundations	\$228,000 (Includes foundations, corporations, and United Way.)	Annual	7%
Private Donors	\$582,011 (Includes individual donors and event revenue.)	Ongoing	18%
Federal	\$0	N/A	0%
State	\$188,407 (Includes new milestone contract for an employment program)	Annual	6%
Municipalities	\$65,000	Annual	2%
Other Townships	\$219,350	Annual	7%
Other (list all)	\$1,775,585 (Client insurance and sliding fee scale fees.)	Ongoing	56%
Total	\$3,162,153		100%

Please find the list of funders as an addendum to our application. We have included 15 copies with our packet.

28. What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for.

- Early May: Annual Spring Luncheon Supporting Camp Neeka & Children's Services (revenue \$81,000, costs \$20,255, net \$60,745)
- Mid May: The Josselyn Junior Board Hosts the 5K for Mental Health (revenue \$15,000, costs \$1,340, net \$13,650)
- Mid June: Annual Golf Outing (revenue \$50,020, costs \$17,175, net \$32,844)
- Mid September: North Shore Triathlon, featuring The Josselyn Center as benefiting charity (TBD – this is the first time we are being honored by the Triathlon)
- Mid November: A Night for Josselyn Annual Benefit (revenue \$201,844, costs \$43,960, net \$157,884)

29. What fundraising efforts are planned for next year?

We anticipate all of the above fundraisers for 2020, except the Triathlon (this is our first year being honored).

30. Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).

2019 Updates

- In January 2019, we opened our Walk-in Services for same day assessments and easier access to treatment, akin to a “minute clinic” in a Walgreens. Faster access to treatment improves outcomes.
- In 2019, we improved on our staffing to meet growing client needs, while maintaining high levels of client satisfaction with care. We experienced a 66% increase in service hours over the past two years.
- We received an \$86,000 contract from the State of Illinois to assist our clients in finding and maintaining employment. The program is an evidenced-based model of employment for people with a mental health condition. We launched this program because most of our clients want to work. Employment is a valuable

part of recovery and can reduce substance abuse and alienation.

- We expanded our hours for children and families. A third of our service hours this year were for children and teens. We increased enrollment in Camp Neeka, our therapeutic day camp, to 25 campers, and hired counselors studying in areas related to mental health or child development. The camp leadership both have advanced degrees.
- We are near completion of a new elevator and entryway, and other renovations.

31. Please provide numerical breakdown of all staff member positions.

1. Administration & Administrative Support	11
2. Management of Service Providers	3
3. Direct Service Providers	28

32. Number of certified staff members N/A

33. What kinds of certifications are required for your service providers?

The Josselyn Center requires its clinical staff to be licensed, as noted below.

34. Number of licensed staff members 26

35. What kind of licensing is required for your service providers?

- Licensed Clinical Social Worker (LCSW)
- Licensed Clinical Professional Counselor (LCPC)
- Licensed Family & Marriage Therapist (LFMT)
- Licensed Doctor of Psychology (Psy.D)
- Licensed Medical Doctor Psychiatrist (MD)
- Advance Practice Nurse Practitioner (APRN)*
- Licensed Registered Nurse (RN)
- Peer Specialist

Note: Our Supportive Employment Specialists are service providers for our employment program. Licensing is not required for this role.

**Should you wish to learn about the role of the Advanced Practice Nurse (APN or APRN) in meeting psychiatry needs, we recommend the following report:*

https://www.apna.org/files/public/Resources/Workforce_Development_Report_Final_Draft_6_25.pdf

36. Please list all accreditations your organization has earned.

Josselyn holds accreditation from the Commission on Accreditation for Rehabilitation Facilities (CARF), and certification as an IL Dept. of Human Services provider. These both hold us to the highest standards of outpatient mental health care. We have a three-year CARF accreditation, which is a gold standard indicator.

Josselyn's Quality Dashboard, which was reviewed in 2018 by the Pratt Richards Group through the support of the Healthcare Foundation of Northern Lake County, has outcomes and indicators of success for our work across six core areas:

- **IMPACT:** Josselyn will positively impact the lives of clients, provide compassionate care thereby helping clients achieve progress in their recovery.
- **SATISFACTION:** Clients will report satisfaction of services.
- **ACCESS:** Clinicians will respond to requests for new services for new and current clients.
- **EXPERTISE:** Josselyn's clinical team will be skilled in their field, using evidence-based models when able.
- **COMMUNITY / PARTNERSHIPS:** Josselyn maintains strong community referral relationships.
- **SAFETY & COMPLIANCE:** Josselyn meets the highest quality standards established by accrediting bodies.

37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding?

Simply put, Maine Township funding is the bedrock of our ability to provide therapy and psychiatry services to township residents—who comprise a significant proportion of our clients in total. In particular, we provide much-needed, and rare, psychiatry services, which can be quite difficult to access from providers in our service area. Psychiatry is costly to provide due to low state reimbursement rates for Medicaid and other factors, yet it is essential to ensuring residents can access the mental health treatment that is best suited for them, as agreed upon by their team.

As noted in our application, we have seen a considerable increase in clients and service hours. We value the opportunity to serve mental health care needs. We deeply appreciate our partnership with you. Thank you for helping us close cost gaps, and provide mental health services to township residents in need.

much-needed, and rare, psychiatry services, which can be quite difficult to access from providers in our service area. Psychiatry is costly to provide due to low state reimbursement rates for Medicaid and other factors, yet it is essential to our mission of ensuring residents can access the mental health treatment that is best suited for them, as agreed upon by their team. We thank you for your funding to help us close these significant cost gaps, and therefore provide the mental health services your residents need.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization The Josselyn Center

By 
Its Authorized Representative

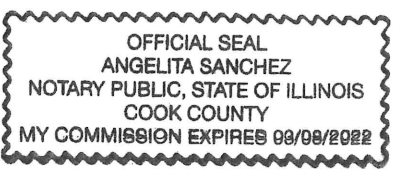
Printed Name Susan Resko

Title President

Date August 29, 2019

SUBSCRIBED and SWORN to
before me this 28 day of August, 2019.

Notary 



THE JOSSELYN CENTER
Catchment Area, Maine Township and Out of Area
Fee Schedule
Effective January 1, 2017

Client Name: _____ Client ID#: _____

Sliding Scale Categories – Client's Responsibility*:

	<i>Assessment, Therapy and Consultation</i>	<i>Psychiatric Assessment</i>	<i>Psychiatric Med Monitoring up to 1/2 Hour</i>	<i>Group Therapy</i>	<i>Psychological Testing Services</i>	<i>Case Management</i>
Out of Area or \$150,000+	130	300	150	25	150	50
\$125,000 - \$149,999	130	260	130	10	130	50
\$100,000 - \$124,999	130	230	115	10	125	50
\$70,000 - \$99,999	130	200	100	10	116	50
\$65,000 - \$69,999	120	200	100	10	116	50
\$60,000 - \$64,999	115	200	100	10	111	50
\$55,000 - \$59,999	100	200	100	10	99	50
\$50,000 - \$54,999	90	200	100	10	88	50
\$45,000 - \$49,999	85	200	100	10	74	50
\$41,601 - \$44,999	80	200	100	10	61	50
\$35,000 - \$41,600	75	190	100	10	53	50
\$30,000 - \$34,999	70	170	100	10	46	50
\$25,000 - \$29,999	65	160	100	10	38	50
\$20,000 - \$24,999	60	150	80	10	33	50
\$15,000 - \$19,999	55	120	70	10	26	50
\$11,881 - \$14,999	50	90	60	10	21	50
\$0 - \$11,880	50	75	50	10	14	50

**If a client has insurance, the insurance payment is applied towards the difference between the client's responsibility and the full fee for service. If the client's responsibility and the insurance reimbursement is greater than the full fee, the client's account will be credited the difference.*

JOSELYN CENTER NFP
Profit & Loss Budget Overview
 July 2019 through June 2020

		Draft
		Budget
		Jul '19 - Jun 20
Ordinary Income/Expense		
Income		
CONTRIBUTIONS - UNRESTRICTED		305,250.00
CONTRIBUTIONS- RESTRICTED		228,306.00
BENEFITS (NET)		281,000.00
GOVERNMENT FUNDING		188,407.00
TOWNSHIPS		314,650.00
UNITED WAY		20,000.00
CONNECTIONS		48,955.00
CLIENT & INSURANCE FEES		1,775,585.00
Total Income		3,162,153.00
Gross Profit		3,162,153.00
Expense		
Total 60000 · SALARIES & CONSULTANTS		2,471,570.00
Total 61000 · HEALTH INSURANCE		151,410.00
Total 62000 · PAYROLL TAXES		170,690.00
Total 63000 · RETIREMENT PLAN		57,630.00
Total 65000 · PROFESSIONAL FEES		84,855.00
Total 66000 · SUPPLIES		58,460.00
68000 · TELEPHONES		22,350.00
Total 69000 · POSTAGE		3,740.00
Total 70000 · OCCUPANCY - 405 Cental		60,085.00
Total 70001 · OCCUPANCY - 1779 Maple		12,165.00
Total 72000 · PRINTING		22,125.00
Total 73000 · TRANSPORTATION		4,790.00
75000 · MEMBERSHIP		15,000.00
76000 · EQUIPMENT MAINTENANCE		
Total 76000 · EQUIPMENT MAINTENANCE		21,970.00
77000 · CHARGE CARD FEES		11,760.00
Total 78000 · INSURANCE (ACCRUED)		66,460.00
Total 79000 · STAFF DEVELOPMENT		
Total 80000 · OTHER		77,040.00
84000 · INTEREST EXPENSE		64,000.00
85000 · DEPRECIATION		91,230.00
Total Expense		3,467,330.00
Net Ordinary Income		(305,177.00)
Other Income/Expense		
Total 47000 · INVESTMENT INC.		75,000.00
Total Other Income		75,000.00
Net Other Income		75,000.00
Net Income		(230,177.00)

*Income was recognized in a previous fiscal year for expenses incurred in FY2020.

Josselyn Grants

Foundations, Civic Organizations, Religious Organizations		
	Abra Prentice Foundation	\$ 10,000.00
	Alison Tobey Smart	\$ 4,400.00
	Blowitz Ridgeway	\$ 10,000.00
	Chicago Community Trust	\$ -
	Christ Church Benevolence Committee	\$ 2,500.00
	City of Des Plaines	\$ 4,000.00
	City of Highland Park Cultural Arts Commission	\$ 1,500.00
	City of Highland Park Human Relations Commission	\$ 2,250.00
	First Congregational Church of Wilmette	\$ 1,000.00
	Gil Bowen - Kenilworth Union	\$ 10,000.00
	Glenview Community Church	\$ 2,500.00
	Glenview Sunrise Rotary	\$ 350.00
	Glenview Women of Today	\$ 1,000.00
	Gorter Family Foundation	\$ 10,000.00
	Grainger Foundation	\$ 25,000.00
	HealthCare Fdtn - Highland Pk	\$ 40,000.00
	Highland Park Community Foundation	\$ 50,000.00
	Kenilworth Union Church	\$ 16,000.00
	Kenilworth United Fund	\$15,000
	Northfield Lions Club	\$ 300.00
	Park Ridge Community Fund	\$ 7,000.00
	Rotary Club of Evanston Lighthouse	\$ 500.00
	Rotary Club of Northbrook	\$ 2,500.00
	St. Augustine	\$ 500.00
	William Hales Fdtn.	\$ 2,500.00
	Winnetka-Northfield Rotary Charitable Foundation	\$ 1,000.00
	Woman's Club of Saints Peter and Paul Greek Orthodox Church	\$ 2,000.00
	Women's Soc. - Winnetka Cong.	\$ 6,200.00
	Foundation/Civic/Religious Total	\$ 228,000.00
Government - State (IDHS)	Illinois Dept. of Human Services	\$ 188,407.00
Government - Townships		
	New Trier Township	\$ 175,850.00
	Northfield Township	\$ 15,000.00
	West Deerfield Township	\$ 7,500.00
	Moraine Township	\$ 7,000.00
	Niles Township	\$ 14,000.00
	Maine Township	\$ 103,800.00
	Government - Township Total	\$ 323,150.00
Government - Local	Village of Glenview	\$ 20,000.00

	Village of Northbrook	\$ 45,000.00
	Government - Local Total	\$ 65,000.00
Cook County CDBG	CDBG Total	\$ 31,500.00
United Way - Restricted	United Way Total	\$ 20,500.00
Total Grants		\$ 856,557.00

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2013	\$6,000	\$3,000	0%
2014	\$10,000	\$3,000	0%
2015	\$10,000	\$3,000	0%
2016	\$10,000	\$4,500	+50%
2017	\$10,000	\$4,500	0%
2018	\$10,000	\$4,660	+3.6%
2019	\$10,000	\$5,800	+24.5%

WINGS Program, Inc.

2020 REQUEST	\$10,000
2020 RECOMMENDATION	

COMMENTS

RETURN SHEET TO KRISTINA CHRISTIE, AGENCY & PROGRAM COORDINATOR

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2020-2021**



Agency Name WINGS Program, Inc.

Address P.O. Box 95615 Palatine, IL 60095

Phone 847-519-7820 Fax 847-519-7821 Email lfiorito@wingsprogram.com

Contact Person Luticia Fiorito Title Government Relations Manager

Grant Contact Person Luticia Fiorito Title Government Relations Manager

Phone 847-519-7820 X232 Email lfiorito@wingsprogram.com

Brief Description of Agency

WINGS is a nonprofit social service agency that provides housing and supportive services to adults and children who are homeless due to domestic violence or other causes. WINGS operates two emergency domestic violence shelters, apartments, and 4 houses. WINGS also provides counseling to non-residents around Domestic Violence.

Agency Total Budget \$8,170,968.62 Amount requesting from Maine Township \$10,000
(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2018-February 2019) July 1 – June 30

Total number of **all unduplicated clients** directly served during your last fiscal year 719
unduplicated clients received emergency shelter, housing, and community based services.

Total number of **unduplicated Maine Township clients** directly served during your last fiscal year 21 Maine Township residents received emergency shelter and housing and 4 Maine Township residents received community based services.

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served during your last fiscal year in the program(s) we fund? It is not restricted.

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? Not Applicable.

Annual salary and title of the five highest paid full-time (if applicable) employees. Salary ranges are not acceptable.

1. Rebecca Darr, CEO \$181,380
2. Denise Urban, CFO \$159,688
3. Sylvia Zaldivar, CDO \$150,000
4. David Kahan, COO \$130,000
5. LaTanya Walker, Senior Director of Program Services \$99,769

1. **Is your agency not for profit? (If so, attach Certificate of Good Standing).** Yes No
 Yes, please see attached.

2. **Has your organization been in business for at least one year?** Yes No
 WINGS has been in business since 1985.

3. **Are all your programs, services, activities and facilities provided by your organization available to the residents of Maine Township?** Yes No
 All of WINGS' programs and services are available to Maine Township residents.

a. **Describe how your organization's services are currently promoted to the residents of Maine Township.** WINGS works with a multitude of community based agencies to ensure Maine Township residents are connected to a vast array of services. WINGS partners with Alexian Brothers, AMITA Health, and St. Alexius to offer on-call bedside services to patients who have been identified as domestic violence victims. WINGS deliver domestic training to community partners so they can easily identify someone needing assistance. Additionally, WINGS has three different mentoring programs: ALAS, Project Life Line and Career Services. Each provide resources and services to clients affected by domestic violence who live in the community and would not otherwise come into emergency shelter allowing access to a support system, thereby increasing isolation. WINGS' programs and services are also promoted at local Starbucks. WINGS also sits on two community Boards, AHAND and the Alliance to End Homelessness to advocate for our specific population's needs.

4. **Has your organization ever received funding from Maine Township?** Yes No
 If yes, list all years and the allocation amount.

1988/89 - \$6,000	1998/99 - \$13,500	2009/10 - \$4,000
1989/90 - \$7,000	1999/00 - \$13,500	2010/11 - \$3,000
1990/91 - \$8,000	2000/01 - \$11,000	2011/12 - \$3,000
1991/92 - \$10,000	2002/03 - \$7,000	2012/13 - \$3,000
1992/93 - \$10,000	2003/04 - \$9,000	2013/14 - \$3,000
1993/94 - \$12,000	2004/05 - \$9,000	2014/15 - \$3,000
1994/95 - \$12,000	2005/06 - \$12,000	2015/16 - \$4,500
1995/96 - \$12,500	2006/07 - \$4,000	2016/17 - \$4,500
1996/97 - \$13,500	2007/08 - \$4,000	2017/18 - \$4,660
1997/98 - \$13,500	2008/09 - \$4,000	2018/19 - \$4,660

5. **Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).** Funding from Maine Township provided emergency housing, food, counseling, and supportive service for adults and children fleeing domestic violence.

6. **Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.** Funding from Maine Township would be used to support the costs required to provide emergency and transitional housing, adult and child counseling, and supportive services. Due to an increased need WINGS anticipates increasing our visibility and services to patients with our hospital partners.

7. Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)
- | | |
|---|---|
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Environmental protection | <input type="checkbox"/> Library |
| <input type="checkbox"/> Public transportation | <input checked="" type="checkbox"/> Social services for youth |
| <input type="checkbox"/> Health | <input type="checkbox"/> Social services for the aged |
| <input checked="" type="checkbox"/> Other (please explain): <u>Social services for single adults and their children who are fleeing domestic violence or other individuals experiencing homelessness.</u> | |
8. Describe how your organization meets the eligibility requirements for the requested funding. There are no requirements.
9. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization. Due to an increased need of direct and community based services we have increased the part-time position, which was hired in June 2018, to a full-time position as the Supervisor of Clinical Services. This position will continue to enhance and expand mental health counseling for program participants.
10. Do you certify that the funds that you are requesting from Maine Township will be used for your organization's ordinary and necessary maintenance and operating expenses and not for any capital expenditures? Yes No
11. If your organization is providing services for the benefit of Maine Township residents who are persons with a developmental disability, do you certify that said services shall only be provided to such Maine Township residents who are not eligible to participate in any program conducted under Article XIV of the School Code? (Applies only to persons under 22 years of age.) Yes No Not Applicable.
12. Do you certify that no person shall be excluded from participation in, denied benefits of, or be subjected to discrimination under, any service, facility or activity offered or provided by your organization on the grounds of race, color, national origin, sex, gender identity, age, religion, sexual preference, marital status or disability? Yes No
13. Do you certify that your organization will not expend any of the funds requested from Maine Township, either directly or indirectly, for any partisan political activity, or to further the election or defeat of any candidate for any office, or for lobbying or propagandist purposes designed to support or defeat any legislation, either pending or proposed, before any governmental body? Yes No
14. If requested, do you agree to provide the following to Maine Township?
(Please note: You do NOT need to include these items with your application.)
- A. Quarterly statements or reports setting forth the services rendered and programs provided for Maine Township residents, along with the associated costs to provide such services and programs
 - B. At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by

this application (Information relating to personal, medical and financial data will be treated as confidential.)

C. A written report signed by your organization's executive director, or whomever else is deemed to be in charge of your organization's activities, programs, services and facilities, including the following:

I. A description of each program, service, activity or facility you provided or offered

II. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder

III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled

IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and

V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion

Yes No

15. If you receive any requested funds from Maine Township, do you certify that your organization will maintain general liability insurance coverage in an amount not less than \$1 million, naming Maine Township as a co-party insured, and do you further agree to provide Maine Township with a certified copy of said policy of insurance, along with the declaration sheet, binder and any exclusions related to said policy of insurance?

Yes No

16. If you receive any requested funds from Maine Township, do you certify that your organization will indemnify and hold harmless, protect and defend, at its own cost and expense, Maine Township, its property, officers, agents, employees, assigns, successors, transferees, licensees, invitees and/or any other persons or property standing in the interest of Maine Township, from any and all risks, suits, damages, expenses, including without limitation reasonable attorneys' fees and court costs, or claims due to any acts or omissions of your organization? Yes No

17. What is the geographic service area of your organization? WINGS' service and community based efforts are emphasized in the North and Northwest suburbs covering, but not limited to, Cook, Lake, DuPage or Kane County. In February 2016, WINGS opened a second domestic violence shelter in Chicago.

18. Does your organization charge for services? Yes No

If yes, does your organization offer a sliding fee scale?

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined. There is no charge for any supportive services that WINGS offers. Residents in Transitional Apartments or Permanent Supportive Apartments pay 30% of their adjusted gross income toward housing expenses. Shared living residents and Safe House residents do not contribute toward expenses.

19. If your organization does charge fees, would you be willing to wave application, program and other fees on a case by case basis for Maine Township residents whom we refer directly to your organization for assistance? Yes No Not Applicable.

20. Are volunteers used within your organization?

Yes. Please indicate how many volunteers you have and how they are utilized.

Approximately 500 volunteers are utilized each year for building and maintenance, child care, resale store support, fundraiser assistance, committees, tax-preparation aid, organizational skills, mentors, etc. Masters-level and Psy.D. interns provide counseling to WINGS residents under the supervision of licensed staff.

No. Please give specific reasons for not using volunteers.

21. Does your organization provide any bilingual services?

Yes. Please indicate languages. Spanish and Polish. Additionally, we utilize the 1-800 Domestic Violence hotline for other language referrals including ASL each on an as-needed basis.

No

22. Does your organization request proof of U.S. citizenship from its clients?

Yes. Please describe briefly.

No

24. Does your organization participate in cooperative programs with any other community agencies? (e.g. social service, not-for-profits, municipal agencies, etc.) Please explain.

Yes No WINGS works closely with other agencies through networking groups and individual partnerships. WINGS is an active member of AHAND and the Alliance to End Homelessness in Suburban Cook County. WINGS also works with Northwest Community Hospital and St. Alexius Hospital on a domestic violence outreach program, and WINGS partners with National Able Network around job readiness and employment training.

25. Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. Yes No Many Rotary, Kiwanis, women's groups, schools, and faith-community groups work with WINGS on a

volunteer basis and provide necessary in-kind and financial resources.

26. Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No WINGS receives volunteer and monetary support from a variety of community businesses including Sysco Chicago, Inc., Avery Dennison, ZOTOS Professional, Glenview Park Golf Club, AON, Capital One, Zurich and many small businesses.

27. List all sources of funding or support that your organization currently receives, including the total amount, frequency, duration, and percentage of any such support.

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township	\$4,945.00	Annual, 12-months	<1%
Foundations	\$438,670.30	Annual, 12 months	7.7%
Private Donors	\$421,575.70	One-time, monthly, annually	7.3%
Federal	\$550,714	Annual, 12 months	10%
State	\$952,060.33	Annual, 12 months	16.6%
Municipalities	\$366,387.30	Annual, 12 months	6.4%
Other Townships	\$41,961.28	Annual, 12 months	<1%
Other (list all)	\$2,955,060.89	United Ways, Resale, In-Kind, Other Contributions	51.5%
Total	\$5,731,374.80		100%

28. What type of fund-raising efforts has your organization had this year? Please list event names and specify the REVENUE and COSTS for fundraiser(s) and what program(s) the money was raised for.

Event	Revenue	Expense Total	Net Total
Purple Tie Ball	\$382,400.26	\$72,071.63	\$310,328.63
Road to Freedom Luncheon	\$967,981.66	\$99,201.34	\$868,780.32
Sweet Home Chicago	\$818,857.37	\$72,357.37	\$746,500.00
Fashion Show	\$413,246.40	\$34,162.60	\$379,083.80
Purple Rain	\$74,859.68	\$18,268.68	\$56,591.00
Men in the Movement	\$1,000	\$0	\$1,000.00
Miscellaneous	\$50,027.69	\$0	\$50,027.69
Total	\$2,708,373.06	\$296,061.62	\$1,844,395.61

29. What fundraising efforts are planned for next year?

1. Purple Tie Ball, 10/5/19
2. Sweet Home Chicago, 12/8/19
3. Spring Luncheon, Date TBD
4. Faces of Hope, Date TBD

30. Please explain any changes that have occurred in your organization in the past year (i.e. new program(s), expansion or deletion of program(s), personnel, administration, major purchases or facility, etc.).

WINGS hired a Chief Development Officer with over 25 years of fundraising and nonprofit management experience.

31. Please provide numerical breakdown of all staff member positions.

- | | |
|--|-------------|
| 1. Administration & Administrative Support | <u>10</u> |
| 2. Management of Service Providers | <u>6</u> |
| 3. Direct Service Providers | <u>33.5</u> |

32. Number of certified staff members 36

33. What kinds of certifications are required for your service providers?

- REQUIRED: 40-Hour Domestic Violence Training (NOTE: This is the 36 and includes managers.)
- STRONGLY ENCOURAGED: ICDVP – 20 (includes managers)

34. Number of licensed staff members 20

35. What kind of licensing is required for your service providers? Not required, but strongly encouraged – Licensed Clinical Professional Counselor (LCPC) and Licensed Clinical Social Worker (LCSW)

36. Please list all accreditations your organization has earned. Not Applicable.

37. How would your organization be affected if it received a reduction in Township funding or if there was a complete elimination of Township funding? WINGS relies on funding from Townships in order to serve the residents of each Township, and we are extremely appreciative of the 30 years of Maine Township support. A reduction in funding would need to be compensated for through funding from other Townships and could lessen WINGS' scope of services to Maine Township clients.

I hereby certify that I am authorized to execute this application on behalf of the organization listed below and that the statements contained herein are true and accurate.

Name of Applicant Organization WINGS PROGRAM, INC.

By Leticia M. Fiorito
Its Authorized Representative

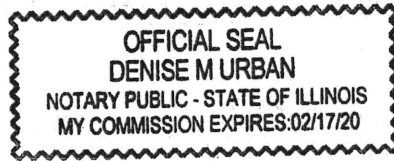
Printed Name Leticia M. Fiorito

Title Gov. Relations Manager

Date August 27, 2019

SUBSCRIBED and SWORN to
before me this 27th day of August, 20 19.

Notary Denise M Urban



WINGS Program, Inc.
WM Initiatives LLC
FY20 Budget
 Adopted June 2019

INCOME

Fed'l & State Contracts

FEMA	\$ 70,000.00
OVAW	132,620.00
HUD Housing Placement	35,000.00
HUD PSH	107,579.00
HUD TH	363,347.00
IDHS ETH	46,500.00
IDHS DVIP	211,126.00
IDHS ESG	71,135.00
IAG	15,000.00
ICADV-VOCA	377,914.82
ICJIA-VOCA	159,405.00
Total Fed'l & State Contracts	<u>1,589,626.82</u>

Local Government

EGTwp	1,500.00
Hanover Twp	2,400.00
Maine Twp	5,800.00
Sch Twp	15,000.00
Wheeling Twp	10,350.00
Niles Twp	5,000.00
Northfield Twp	4,000.00
Palatine Twp	8,000.00
CDBG-City of Des Plaines	6,250.00
CDBG AH	6,000.00
CDBG Palatine	5,000.00
CDBG Schaumburg	9,500.00
CDBG-Mt Prospect	9,000.00
CDBG Cook County	22,000.00
City of Chicago DFSS	300,000.00
Total Local Government	<u>409,800.00</u>

United Ways

Metro Chicago	<u>72,700.00</u>
Total United Ways	<u>72,700.00</u>

Contributions

Businesses	150,000.00
Religious	60,000.00
Foundations	530,000.00
Individuals	1,115,000.00
Organizations	50,000.00
Total Contributions	<u>1,905,000.00</u>

Released from Restriction

Released	<u>97,000.00</u>
Total Released from Restriction	<u>97,000.00</u>

Special Event Net Income

PTB	275,000.00
Faces of Hope	60,000.00
SHC	750,000.00
Speakers Luncheon	350,000.00
Total Special Event Net Income	<u>1,435,000.00</u>

In-Kind Contributions	
Donated Goods	216,500.00
Donated Facilities	28,226.50
Donated Gift Certificates	20,000.00
Donated Services	13,520.50
Total In-Kind Contributions	<u>278,247.00</u>

Resale	
Niles	659,500.00
Arlington Hts	417,500.00
Schaumburg	677,500.00
63rd Street Thrift	196,800.00
Recycling	193,500.00
Online Sales	29,400.00
Total Resale	<u>2,174,200.00</u>

Other Income	
Program Fees	131,500.00
NWCH	22,399.80
Miscellaneous	2,062.00
Interest Income	53,433.00
Total Other Income	<u>209,394.80</u>

Total INCOME **8,170,968.62**

EXPENSES

Personnel

Personnel (workforce)	
Salaries and Wages	3,808,048.02
Payroll Taxes	291,353.94
Background Checks	4,325.00
Medical and Life Insurance	257,980.76
Workers Comp	47,602.93
Unemployment	75,000.00
Payroll Processing	15,360.46
Recruitment	11,400.00
Staff Training	28,650.00
Vacation Adj	40,826.00
House Advocate Support	24,000.00
Consultants	82,000.00
Total Personnel (workforce)	<u>4,686,547.11</u>

Program

Rent	
Rent Expense	674,924.00
Total	<u>674,924.00</u>

Resident Expense	
Security Deposit Interest	100.00
Background Checks	550.00
Parenting Class	500.00
Res Activities	2,500.00
Utilities Assistance	4,755.00
Housing Assist	142,720.00
Resident Support	25,000.00
Celebration of Courage	5,000.00
Money Mgmt	450.00
Other Assistance	41,000.00
Assistance from Resale	38,000.00

Resident Supplies	59,500.00
Total Resident Expense	<u>320,075.00</u>
Other Program Expense	
Diagnostic Tools	1,000.00
Food	70,000.00
Training	5,000.00
Subrecipient	90,195.00
Graduate Expenses	1,000.00
Non Resident Support	22,500.00
Total Other Program Expense	<u>189,695.00</u>
Total Program	<u>1,184,694.00</u>
Operations	
Technology	
Tech	156,869.00
Total Technology	<u>156,869.00</u>
Supplies	
Supplies	83,302.04
Total Supplies	<u>83,302.04</u>
Other Operations Expense	
Audit	35,000.00
Bank Fees	48,150.00
Periodicals	200.00
Equipment	13,000.01
Equipment Rental	19,685.00
Legal and Accounting	3,600.00
Licenses and Fees	1,475.00
Meetings and Food	13,500.00
Memberships and Dues	8,325.00
Mileage and Travel	41,324.00
Postage	6,275.00
Printing	13,800.00
Miscellaneous	2,584.90
Vehicles	30,500.00
Total Other Operations Expense	<u>237,418.91</u>
Total Operations	<u>477,589.95</u>
Development	
Sales Tax	
Sales Tax	194,200.39
Total Sales Tax	<u>194,200.39</u>
Other Development Expenses	
Advertising	31,000.00
Appeals	20,000.00
Marketing	9,500.00
Community Relations	19,500.00
Total Other Development Expenses	<u>80,000.00</u>
Total Development	<u>274,200.39</u>
Occupancy	
Utilities	
Electric	102,800.00
Gas	56,680.00
Water and sewer	22,270.00

Cable	2,820.00
Trash Removal	22,690.00
Internet	38,565.00
Total Utilities	<u>245,825.00</u>
Telephone	
Location Phones	21,598.00
WINGS Cellphones	7,980.00
Cellphone Reimbursement	11,580.00
Total Telephone	<u>41,158.00</u>
Rent	
Rent	687,616.24
Total Rent	<u>687,616.24</u>
Mortgage Interest	
Mortgage Interest	44,200.00
Total Mortgage Interest	<u>44,200.00</u>
Insurance Expense	
Package	65,567.64
Umbrella	5,915.09
Total Insurance Expense	<u>71,482.73</u>
Maintenance and Repairs	
R&M	142,007.01
Equip R&M	15,850.01
Alarms	4,825.00
Pests	16,400.00
Landscaping	41,200.00
Association Fees	21,240.01
Total Maintenance and Repairs	<u>241,522.03</u>
Total Occupancy	<u>1,331,804.00</u>
Total EXPENSES	<u>7,954,835.45</u>
Non Cash Charges and Extraordinary Items	
Non Cash Charges	
Depreciation & Amortization	
Depr and Amort	(216,133.17)
Total Depreciation & Amortization	<u>(216,133.17)</u>
Total Non Cash Charges	<u>(216,133.17)</u>
Total Non Cash Charges and Extraordinary Items	<u>(216,133.17)</u>
NET SURPLUS/(DEFICIT)	<u>0.00</u>