



Maine Township
1700 Ballard Road
Park Ridge, Illinois 60068

**Agency Funding Special Meeting
Thursday, November 5, 2020**

NOTICE IS HEREBY GIVEN that the Agency Funding Special Meeting of the Maine Township Board, Cook County, Illinois will be conducted by audio or video conference on Thursday, November 5, 2020 at 6:30 p.m. Pursuant to Senate Bill 2135 of a disaster declaration related to COVID-19 public health concerns affecting the Township, the Township Supervisor has determined that an in-person meeting at the Township building with all participants is not practical or prudent because of the disaster. Physical public attendance at the Township building may be limited or not feasible, so alternative arrangements for public access to hear the Agency Funding Special Meeting are available here: <https://us02web.zoom.us/j/85456409183>. To obtain password to connect to this meeting, please call Richard Lyon at 224-257-4869 prior to 6:00 p.m. on November 5, 2020. The meeting will also be audio or video recorded and made available to the public, as provided by law.

AGENCY FUNDING SPECIAL MEETING AGENDA

Call Meeting to Order
Pledge of Allegiance
Roll Call

1. Public Participation
2. Approval of Minutes of September 22, 2020 Board Meeting.
3. Discussion and Vote on Resolution 2020-6 for Additional Interim Moneys to be Immediately Paid to the Agencies Previously Approved for Funding in December 2019 – Additional Supplemental Corona Virus Relief, as Presented by Trustee Carrabotta
4. 6:30 District 63 Foundation: Expanded Learning
5. 6:45 The Harbour, Inc.
6. 7:00 Resources for Community Living
7. 7:15 Avenues to Independence
8. 7:30 Older Adult Service/Home Delivered Meals
9. 7:45 FISH
10. 8:00 Glenkirk
11. 8:15 Open Communities
12. 8:30 Center of Concern
13. Adjournment

Peter Gialamas
Maine Township Clerk

**MAINE TOWNSHIP
RESOLUTION NO. 2020-6**

**A RESOLUTION FOR ADDITIONAL INTERIM MONEYS
TO BE IMMEDIATELY PAID TO THE AGENCIES
PREVIOUSLY APPROVED FOR FUNDING IN DECEMBER 2019-
ADDITIONAL SUPPLEMENTAL CORONA VIRUS RELIEF**

WHEREAS, on or about December 16, 2019 the Maine Township Board approved certain funding for specific non-profit/501c3/entities/persons/agencies (hereby "Agencies") via "Agency Funding Contracts" for the performing of certain specific services for Maine Township residents for set specific amounts of payment for said services, the overall payout totaling approximately \$435,000.00.

WHEREAS in April 2020 the corona virus pandemic caused a significant growth in need for the services from these Agencies to address the new and or increased numerous challenges to Maine Township residents arising from in part 1) the loss of jobs and employment as both the local and overall economies have now gone through an extended period of a shut-down/partial shut-down as a result of this ongoing pandemic with reported resulting major financial stress and challenges to persons and families including widespread loss of jobs, extensive unemployment and lack of ability to obtain employment, 2) significant increases in use and/or abuse of alcohol, prescription medications and illicit drugs use and abuse, 3) and so forth.

WHEREAS again the Maine Township Board has historically sought to provide assistance to the residents of Maine Township for such challenges and servicing needs by way of selecting paying out certain moneys to each of the said Agencies in December of each year.

WHEREAS, in April 2020 the Maine Township Board by way of resolution/motion debate and action caused an additional amount of spending equal to ten percent (10%) of the moneys so funded back in December 2019, totaling approximately \$43,500.00, to be allocated and paid out to each of the Agencies proportionate to that which each received from the overall December 2019 approved funding (i.e. each receiving an additional 10% of the moneys allocated to that specific entity in December 2019).

WHEREAS, another four plus months have gone by and these same challenges persist and in many ways are even greater premised on all that has taken place and is taking place as a result of the corona virus related challenges and government shut-downs (partial or complete) challenges, in and about the residents of Maine Township.

WHEREAS, further regular funding considerations for such Agencies is not to take place by the Maine Township Board until on or about December 2020, and the anticipated further challenges arising for Maine Township residents including that as noted herein above have caused a further urgent need for an additional duplicate 10% allocated payment (which comes to an estimated \$43,500.00) to be paid to said Organizations by the Maine Township Board mirroring the amount, allocation and means to each of said entities as the Maine Township Board had done in April 2020.

WHEREAS, said allocation and payment to each said entity would act as supplemental funds for the immediate providing of the additional services and assistance aforesaid to Maine Township residents for such needs, present and future.

WHEREAS, the Maine Township Board heard the above issues on September 22, 2020, and was prepared to pass a resolution for the full approximately \$43,500.00, but due to the need of having to go through a procedure to amend the Budget to allow for same if a payout were to be had for an amount over \$22,000.00 at that time, and to avoid delay in disbursement of said funds, the Board decided to agree to a payout of \$22,000.00 with the expressed understanding that this current Resolution would be completed and presented at the October Board Meeting for discussion and vote as to the remaining \$21,500.00, thereby allowing for the procedure to amend the Budget to accommodate this additional distribution to be had.

NOW, THEREFORE, be it is resolved by the Board of Trustees of Maine Township, as follows:

SECTION 1: The Maine Township Board hereby approves and directs an immediate additional payment of \$21,500.00 be immediately remitted to these Agencies proportionate to the moneys allocated to each of the approximate \$435,000.00 by this Board on December 16, 2019.

ADOPTED by the Board of Trustees of Maine Township, Illinois this ____ day of _____, 2020.

LAURA J. MORASK, Supervisor

DAVID A. CARRABOTTA, Trustee

KIMBERLY JONES, Trustee

CLAIRE MC KENZIE, Trustee

Attest:

SUSAN KELLY SWEENEY, Trustee

PETER GIALAMAS, Clerk

**AGENCY FUNDING
HEARING SCHEDULE
Thursday - November 5, 2020**

- 6:30 DISTRICT 63 FOUNDATION: EXPANDED LEARNING**
- 6:45 THE HARBOUR, INC.**
- 7:00 RESOURCES FOR COMMUNITY LIVING**
- 7:15 AVENUES TO INDEPENDENCE**
- 7:30 OLDER ADULT SERVICES/HOME DELIVERED MEALS**
- 7:45 FISH**
- 8:00 GLENKIRK**
- 8:15 OPEN COMMUNITIES**
- 8:30 CENTER OF CONCERN**

**District 63
Education Foundation
– Expanded Learning**

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2014	\$100,000	\$42,000	-16%
2015	\$100,000	\$35,000	-16.7%
2016	\$100,000	\$44,000	+25.7%
2017	\$100,000	\$49,000	+11.4%
2018	\$105,600	\$27,250	-44.4%
2019	\$50,000	\$22,500	-17.4%
2020	\$50,000	\$19,500	-14.3%

2021 REQUEST	\$40,000
2021 RECOMMENDATION	

COMMENTS

RETURN SHEET TO BRANKA MACKIC, AGENCY & PROGRAM COORDINATOR

MAINE TOWNSHIP
APPLICATION FOR FUNDING 2021-2022



Agency Name East Maine School District 63 Foundation : Expanded Learning

Address 10150 Dee Road, Des Plaines, IL 60016

Phone 847.827.4137 Fax _____ Email aschab@emsd63.org

Contact Person Angelica Schab Title Director of Family Services

Grant Contact Person Angelica Schab Title Foundation Liaison

Phone 224-213-8457 Email aschab@emsd63.org

Brief Description of Agency

District 63's out-of-school-time programs are operated by Expanded Learning. This academic year marks the 20th year of providing necessary services to the families of District 63 and Maine Township. The District 63 Education Foundation (hereby referred to as The Foundation) exists to sustain the accessibility of programs delivered by Expanded Learning to the families of District 63 and Maine Township in need of financial assistance.

This program began as TLC – Total Learning Community – and was established because a federal grant was awarded, aiming to provide high quality and safe after-school childcare. In 2017, the program changed its name from TLC to Expanded Learning and today our programs expand beyond after-school childcare. We offer services before-school, after-school, on school days out, early dismissal days, school breaks, summer camp, soccer, ballet, winter basketball league as well as open gym four days a week. Maine Township has continued to support our program and has made it a constant in so many lives, providing scholarship dollars to help families in need secure affordable, safe, and quality childcare for their school-aged children.

The impact of COVID-19, which began at the tail end of the last school year and is still with us today, has been felt by many in our community. It forced us to suspend our programs for the duration of the 2019/2020 school year. During the summer of 2020, we were unable to offer the typical in-person summer camp experience, but wanted to maintain connections with our community. We pivoted to provide virtual summer camp programming with the option of having a Camp Kit delivered to the child's home. We packed and delivered nearly 170 individualized camp kits in the summer of 2020.

The fall of 2020 brought with it additional challenges. As our school district released its plan to start the school year remotely, Expanded Learning recognized the need for full-care childcare in our community. We began planning a program where students could come and do their remote learning in small groups and with adult supervision. In partnership with the District, we were able to offer families where parents had to work a safe place for their children to complete their e-learning at no cost to the families. Anticipating that many parents require care for their children beyond the school day, Expanded Learning is also offering care until 6 p.m.

Expanded Learning has been a constant in the lives of our families, in both District 63 and Maine Township through the COVID-19 pandemic. Our program has adjusted and pivoted to meet the needs of our families in the best and safest ways possible. We believe in the power of enrichment programming and the value our program brings to the community. Especially to those who need us to support them most.

The Foundation's support of Expanded Learning alongside Maine Township's support helps us to bridge accessibility gaps for children in our community. It provides us the opportunities to retain incredible staff, provide enrichment opportunities for students, and build relationships strengthening our community. We hope to increase the amount of support received from Maine Township as we anticipate an increase in the need for scholarships in the year to come.

Agency Total Budget \$45,000 Amount requesting from Maine Township \$40,000

(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2019-February 2020) July 1, 2021-June 30 2022

Total number of all unduplicated clients directly served during your last fiscal year 1245

Total number of unduplicated Maine Township clients directly served during your last fiscal year 1245

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? 5

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

There are currently no paid staff in the Foundation, all volunteers and/or liaison.

1. _____

2. _____
3. _____
4. _____
5. _____

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 utilize a variety of media in promoting our programs. We advertise our programs in the following ways:

- In partnership with EMDS63, we advertise our programs on digital signs at each school building.
 - Send email blasts of newsletters with our brochure to all District 63 residents.
 - Attend community events and fairs to promote our programs to families in the Township.
 - Use social media platforms like Twitter and Facebook to build our online presence.
 - Maintain an updated website.
 - Hand out paper brochures to program attendees/parents.
 - Post brochures and flyers in the Family Resource Center
 - Host a Fall Open House
- Note: some of the activities that would normally gather large groups of people (i.e. open house or community fairs) are suspended due to COVID-19.

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

Year	Amount
2019-2020	\$19,500
2018-2019	\$22,500
2017-2018	\$27,250
2016-2017	\$49,000
2015-2016	\$44,000

2014-2015	\$35,000
2013-2014	\$42,000
2012-2013	\$50,000
2011-2012	\$50,000
2010-2011	\$75,000
2009-2010	\$90,000
2008-2009	\$100,000
2007-2008	\$100,000
2006-2007	\$100,000
2005-2006	\$100,000
Summer 2004	\$3,300
2004-2005	\$1,500

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

The Foundation used the funds received in the prior fiscal year to provide scholarships for those who were in need providing youth with the opportunity to attend Expanded Learning enrichment programs. The funds were also used to support day-to-day operations of our programs to meet the needs of our clients.

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

The Foundation will use the funds received from the Township to continue to help families who are in economic hardships or facing other extenuating circumstances, many of whom will undoubtedly be affected by COVID-19. The scholarship fund is able to offset the cost of programs to those in need of financial assistance. Children whom would otherwise not be able to participate in after-, before-school or other out-of-school-time and enrichment programs will have the opportunity to do so because of the availability of these funds. In addition, we will use some of the award to continue to provide quality services to all youth who participate in Expanded Learning programs by helping to ensure we have quality supplies, support, and staffing.

8. How has the COVID-19 pandemic impacted your organization and what changes have you had to implement as a result?

The COVID-19 pandemic has had a dramatic impact on our programs and organization. Expanded Learning was unable to offer in-person programming to youth starting in mid-March and over the summer months as well. This required a change in program models, shifting to virtual program opportunities. In order to support the families of our community, Expanded Learning (in partnership with EMSD63 and the Foundation) created a full-day program for the fall where youth can come and complete their e-learning

independently, while supervised by adults. Anticipating that many families participating in this program may need childcare beyond the end of the school day, Expanded Learning has been providing care until 6 pm. COVID-19 has impacted our staffing ratios, increasing the number of staff necessary to execute programs. It has increased the amount of supplies necessary due to having to individualize supplies in order to eliminate/limit the sharing of supplies (crayons, paper, glue, etc.). Cleaning and disinfection efforts have been increased, increasing the custodial staff and supply cost, to ensure proper sanitization of the facilities throughout the day as well as after the programs end.

Many of our families have also been impacted. Whether they have lost a job or their children have suffered through the trauma brought on by this pandemic, the needs for mental healthcare and trauma-centered approaches has increased.

9. 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 checked="" 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): | |

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

The Foundation meets the eligibility requirements for the requested funding because we are a nonprofit 501©(3) organization serving Maine Township residents in our youth programs that are available to all families, regardless of their economic situation.

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

Currently, the addition of a full-day childcare program where youth can complete their e-learning during the remote school day with the option of extended care until 6 p.m. is a new program offered at the Family Resource Center by Expanded Learning.

12. 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

13. 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

Our programs are available to all youth where reasonable accommodations can be provided to meet the needs of individuals.

14. 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
15. 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
16. 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

17. 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
18. 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
19. What is the geographic service area of your organization?

The Foundation's service area is the borders of District 63. This includes Central Road to the north; Oakton Avenue, Milwaukee Avenue, and Monroe Street to the south; Lyman Avenue, Potter Road to the west; and Nellie Court, Sherman Road to the east.
20. 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.
21. 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
22. 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.
Currently, due to the safety restrictions brought on by COVID-19 and limiting the number of visitors, we are not permitting volunteers in our facility. If these guidelines change and/or we are able to recover from this pandemic, we will certainly re-evaluate the use of volunteers.
23. Does your organization provide any bilingual services?
 Yes. Please indicate languages.
English, Spanish, Polish.
 No
24. 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 have ongoing partnerships with several organizations in the area. The following is a list of organizations that we have worked, will continue to work with, or plan to work with this year: Niles Family Services, Maine Stay Youth and Family Services, Big Brothers Big Sisters, Village of Niles, Niles Chamber, Des Plaines Chamber, Niles Maine Library, Advocate Health Care, Alliance for Immigrant Neighbors, Junior Achievement, and the Leaning Tower YMCA (though they have recently closed). In addition we work with the Villages of Niles, Morton Grove, Glenview, and Park Ridge, This coming year, we plan to enhance our partnerships with Maine Stay Youth & Family Services and Niles Family Services to make mental health services more accessible to the youth that need them.

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

We have worked with Des Plaines Bank & Trust to provide financial literacy programs to youth and families, with Dance Rio to provide ballet classes to youth, and plan to continue to build relationships with local businesses this year. Closures and COVID-19 have impacted our ability to partner with local businesses in the last 6 months.

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	\$19,500	Monthly, 12 months FY20	
Foundations			
Private Donors	\$2,500		
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.

The organization has participated in minimal fundraising efforts this year, largely due to COVID-19 closures and its subsequent impact.

29. What fundraising efforts are planned for next year?

The Foundation plans to research grants that may be applicable to the programs we offer as well as participate in smaller scale fundraising efforts in partnership with for profit companies where a percentage of a patron's bill will be donated back to the Foundation. The dollars raised through these efforts will go towards general operating costs as well as scholarships to offset costs of programming to families in need of financial assistance. In addition to those efforts, we plan to develop a virtual campaign to build on our fundraising efforts amidst our current circumstances.

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.).

Currently, the addition of a full-day care program for youth to complete their e-learning during the remote school day with the option of extended care until 6 p.m. is the only new program offered at the Family Resource Center. All other program offerings have remained consistent.

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

1. Administration & Administrative Support: Foundation: 0 Expanded Learning Staff 2
2. Management of Service Providers: Foundation: 0 Expanded Learning Staff 1
3. Direct Service Providers: Foundation: 0 Expanded Learning Staff 23

32. Number of certified staff members 4

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

Our direct service providers do not require any sort of formal certification. Though many do hold a teacher certification or paraprofessional license in the state of Illinois, it is not required. We ask that our direct service staff have experience working with youth, have coursework in elementary/early education, or experience that is equivalent in order to be considered for a position with our program. In

addition to the experience/education staff bring to our program, we hold trainings for staff in youth development for school-aged youth as well as First Aid, CPR, & AED training.

34. Number of licensed staff members 4

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

Due to the nature of our program, we do not require licensure for any of our direct service staff.

36. Please list all accreditations your organization has earned.

- National Afterschool Association
- Afterschool Alliance
- The Federation for Community Schools
- IDHS Licensure
- DCFS Licensure Exemption

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 would be negatively affected by an elimination of funding. We would not be able to offer as much assistance to families in need of financial aid. Which would greatly impact the accessibility of our program to both District and Maine Township residents. If there were to be a complete elimination of funding, we would not be able to serve those who need us most. The funds we receive provide scholarship opportunities to families beyond 10% and create affordable program options for both enrichment opportunities and childcare. In the coming year, we anticipate an increase in families that require financial assistance and any cut in funding from Maine Township would dramatically affect families' access to quality and safe childcare and enrichment programming.

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 EAST MAINE SCHOOL DIST. 63 FOUNDATION

By John C. Jekot
Its Authorized Representative

JOHN C. JEKOT

Printed Name JOHN C. JEKOT

Title PRESIDENT

Date 08/31/2020

SUBSCRIBED and SWORN to
before me this 31st day of August, 2020.

Notary *Dina M. Weymouth*





Expanded Learning Fees Structure & Sliding Scale

Program	Fees		
	Tier One	Tier Two	Tier Three
BS 2020-2021 Elementary	\$973.50	\$924.83	\$876.15
BS 2020-2021 Gemini	\$1,106.25	\$1,050.94	\$995.63
BS 2020-2021 Drop In	\$100.00	\$95.00	\$90.00
Early Dismissal Day September 4	\$39.60	\$37.62	\$35.64
Early Dismissal Day October 9	\$39.60	\$37.62	\$35.64
Early Dismissal Day November 13	\$39.60	\$37.62	\$35.64
Early Dismissal Day December 3	\$39.60	\$37.62	\$35.64
Early Dismissal Day January 15	\$39.60	\$37.62	\$35.64
Early Dismissal Day February 12	\$39.60	\$37.62	\$35.64
Early Dismissal Day March 8	\$39.60	\$37.62	\$35.64
Early Dismissal Day April 15	\$39.60	\$37.62	\$35.64
Early Dismissal Day May 21	\$39.60	\$37.62	\$35.64
Thanksgiving Break Days	\$126.00	\$119.70	\$113.40
Winter Break Camp Days	\$252.00	\$239.40	\$226.80
Spring Break Camp	\$210.00	\$199.50	\$189.00
Summer Camp Academy	\$1,500.35	\$1,425.33	\$1,350.31
Teacher Institute Day	\$66.00	\$62.70	\$59.40
Teacher Institute Day	\$66.00	\$62.70	\$59.40
Parent Teacher Conferences	\$189.00	\$179.55	\$170.10
Basketball League	\$72.00	\$68.40	\$64.80
Spring Soccer	\$24.00	\$22.80	\$21.60
Fall Soccer	\$24.00	\$22.80	\$21.60
AS Fall (FRC)	\$356.25	\$338.44	\$320.63
AS Fall (FRC) Extended Pick Up Option	\$163.00	\$154.85	\$146.70
AS Winter (FRC)	\$337.50	\$320.63	\$303.75
AS Winter (FRC) Extended Pick Up Option	\$150.00	\$142.50	\$135.00
AS Spring (FRC)	\$350.00	\$332.50	\$315.00
AS Spring (FRC) Extended Pick Up Option	\$150.00	\$142.50	\$135.00

*These are the programs that were planned to be offered during the 2020/21 school year, however, will be altered based on the guidance provided for programming through IDPH, CDC, and ISBE.

Families in need of a scholarship beyond Tier 3 will be evaluated on an individual basis. A scholarship award of up to 100% may be granted.

FY21 Annual Budget for District 63 Education Foundation

Revenue	
Grants	\$40,000.00
Program Fees	-
Other Fundraising	\$5,000.00
Total Revenue	\$45,000.00

Expenses	
Supplies	\$250.00
Donations - Scholarships for Expanded Learning Programs	\$40,000.00
Purchased Services	\$1,000.00
Total Expenses	\$41,250.00

Net Revenue	
Total After Expenses	\$3,750.00

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
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	\$8,000	\$6,100	+5%

2021 REQUEST	\$8,000
2021 RECOMMENDATION	

COMMENTS

RETURN SHEET TO BRANKA MACKIC, AGENCY & PROGRAM COORDINATOR

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2021-2022**



Agency Name The Harbour, Inc.

Address 1440 Renaissance Dr., Ste. 240, Park Ridge, IL 60608

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 nearly 50 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 \$2,278,641 **Amount requesting from Maine Township** \$8,000
(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2019-February 2020) July 2020 – June 2021

Total number of all unduplicated clients directly served during your last fiscal year 134 youth and 12 children of youth

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

year 23 Maine Township 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? 13 youth

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

1. Executive Director - \$125,590
2. Program Director - \$70,000
3. Clinical Coordinator - \$55,000
4. Business Manager/Executive Assistant - \$44,000
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. We launched Harbour 24/7 in 2018 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. We have recently launched a mobile outreach unit, Harbour Connect, and are gradually increasing its community presence within our service area.

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; 20 - \$6,100

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. **How has the COVID-19 pandemic impacted your organization and what changes have you had to implement as a result?**

The Harbour has continued uninterrupted services to youth during the COVID-19 pandemic, and has enacted a number of measures to ensure the safety and well-being of both staff and youth. All office-based staff work remotely when possible, with in-office times scheduled to keep office capacity low at any given time. All planned outreach events have been cancelled for the near future, and visits by outside groups (volunteers, etc.) have been temporarily halted. As federal grantees, we are committed to cleaning and disinfecting our sites according to federal regulations, and have enlisted Cintas to conduct regular deep disinfecting. As many youth have lost their employment due to the COVID-19 pandemic, we have added a number of financial relief measures to ensure youth in scattered-site apartments remain stably housed and have their needs met. The Harbour provides supplies to all youth in our care, including thermometers, disinfection supplies/sanitizer, masks, and other protective goods. To address the mental health needs of youth during this time, The Harbour's Therapist has provided therapeutic Zoom groups with clients in order to triage mental health issues and provide mental health support. Additionally, utilizing the agency van, we have traveled to different communities in our service area to distribute PPE, hygiene kits, and other gateway materials to remain visible in the community and meet basic needs as our traditional avenues of outreach have not been possible. Like many agencies, the COVID-19 pandemic necessitated the cancellation of our annual fundraising gala in April, resulting in the loss of approximately \$100,000 in revenue. We are aggressively pursuing other private giving channels, and have successfully secured a number of small grants to begin to offset the loss of this revenue.

9. **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): | |

10. **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 nearly 50 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 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, the Board 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 Board also reviews program evolution and development in conjunction with the global Strategic Plan.

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

We were recently awarded a grant by the U.S. Department of Justice to open a transitional housing site for youth victims of human trafficking. With approximately 1 in 3 youth entering The Harbour's care with some level of sex trafficking experience, this site will offer confidential, trauma-informed services in a safe environment. In addition to the 4-bed supervised housing site, this program will offer the potential to serve two youth in their own apartments at any given time, offering intensive support and a declining rent subsidy. By providing critical supports, we can address the obstacles to long-term housing stability and ensure youth have the protective factors necessary to prevent future homelessness and/or harmful survival tactics and victimization.

We have also recently launched Harbour Connect, a mobile outreach unit designed to provide accessibility to the hardest-to-reach homeless youth. Additionally, as many of our previous outreach avenues have been unavailable due to the pandemic (presentations at local schools, for example), Harbour Connect serves to ensure visibility and awareness in the community. While Harbour Connect is currently anchored in Schaumburg, we are gradually expanding our reach within our service area, with a focus on areas which have anecdotally large numbers of homeless youth but low utilization of Harbour services.

The Harbour's capital campaign to rebuild our aging Harbour House emergency shelter has temporarily taken a backseat as we work to replace lost revenue from the cancellation of our events during the pandemic. Our newly-hired Director of Development is currently working to reorganize the capital campaign strategy while balancing operational funding needs. We are currently one-third of our way to our capital funding goal, and we anticipate breaking ground in Spring 2021.

12. **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
13. **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
14. **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.

15. 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
16. 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
17. 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

18. 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

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

20. 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.

21. 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

22. 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.

23. 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.

24. 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.

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. Additionally, in the past year we held fundraising events in partnership with Harp and Fiddle, City Barbeque, Shakou, and Tea Lula.

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	\$6,485	Quarterly	0.29%
Foundations	\$189,735	Throughout year	8.35%
Private Donors	\$120,598	Throughout year	5.31%
Federal	\$500,000	Monthly	22.01%
State	\$1,170,333	Monthly	51.52%
Municipalities	\$55,273	Quarterly	2.43%
Other Townships	\$32,883	Monthly	1.45%
Capital Campaign	\$114,081	Throughout year	5.02%
CCBYS	\$25,383	Quarterly	1.12%
Special Events	\$50,608	Throughout year	2.23%
Interest	\$6,090	Throughout year	0.27%
Total	\$2,271,469		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>
<u>Gala (Spring 2020)</u>	<u>\$7,650*</u>	<u>\$12,761</u>	<u>Proceeds towards all programs</u>
<u>Casino Night (Fall 2019)</u>	<u>\$35,522</u>	<u>\$15,258</u>	<u>Proceeds towards all programs</u>
<u>Hustle (Summer 2020)</u>	<u>\$5,625</u>	<u>\$628</u>	<u>Proceeds towards all programs</u>

*Our Spring Gala was cancelled due to the COVID-19 pandemic.

29. What fundraising efforts are planned for next year?

We have recently hired a Director of Development who is currently developing a strategy for fundraising in the new, increasingly virtual environment that has been necessitated by the pandemic. While our fundraising efforts are tentative due to COVID-19, we are planning a "mission week" in October, which will include a (socially distanced) night of tent camping in Park Ridge to allow community members the opportunity to experience a night of "homelessness". Additionally, we will continue to pursue private giving avenues through targeted direct mail campaigns and outreach to new foundations.

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.).

After receiving federal funding from the Department of Justice in support of the program, The Harbour is in the process of opening a transitional housing site for youth victims of human trafficking. With approximately 1 in 3 youth entering The Harbour's care with some level of sex trafficking experience, this site will offer confidential, trauma-informed services in a safe environment. In addition to the 4-bed supervised housing site, this program will offer the potential to serve two youth in their own apartments at any given time, offering intensive support and a declining rent subsidy. By providing critical supports, we can address the obstacles to long-term housing stability and ensure youth have the protective factors necessary to prevent future homelessness and/or harmful survival tactics and victimization.

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

- 1. Administration & Administrative Support 5
- 2. Management of Service Providers 5
- 3. Direct Service Providers 41 (17 full-time and 24 part-time)

32. Number of certified staff members 46

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, and Therapeutic Case Managers 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. Additionally, as the COVID-19 pandemic has resulted in the cancellation of several key fundraising events, support from our community partners is critical as we seek to offset the lost revenue.

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
 By Kris Salyards, Executive Director
 Its Authorized Representative
 Printed Name Kris Salyards
 Title Executive Director
 Date 8/31/2020

SUBSCRIBED and SWORN to before me this 31st day of August, 2020.

Notary [Signature]



**THE HARBOUR
AGENCY BUDGET
6/30/2021**

REVENUES

DCFS	806,912
CCBYS	20,500
TOWNSHIPS	36,600
CITIES INCL COUNTY CDBG, ESG	56,180
DHHS FEDERAL FUNDS	618,000
DHS GRANT	236,449
CIVIC GROUPS & ORGANIZATIONS	30,000
CORPORATE ORGANIZATIONS	30,000
FOUNDATION CONTRIBUTIONS	199,000
INDIVIDUAL CONTRIBUTIONS	70,000
SPECIAL EVENTS/FUND RAISING	175,000
TOTAL REVENUES	<u>2,278,641</u>

EXPENDITURES

PERSONNEL

SALARIES	
ADMINISTRATIVE	159,640
PROGRAM	1,169,157
FICA:	
ADMINISTRATIVE	12,212
PROGRAM	89,441
UNEMPLOYMENT	5,000
403B CONTRIBUTION	10,000
HEALTH INSURANCE	36,817
WORKMEN'S COMPENSATION	21,060
DIRECTOR'S LIABILITY INSURANCE	3,794
NURSE	5,408
TOTAL PERSONNEL	<u>1,512,529</u>

OCCUPANCY

MORTGAGE INTEREST	2,376
RENT	172,989
INSURANCE	21,066
HOUSE DEPRECIATION	16,553
HOME IMPROVEMENT DEPRECIATION	6,048
UTILITIES	41,399
MAINTENANCE & REPAIRS	10,500
TELEPHONE	4,392
TELEPHONE-CELLULAR	8,894
GROUNDS MAINTENANCE	9,200
TOTAL OCCUPANCY	<u>293,417</u>

PROGRAM SERVICES

FOOD	47,364
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MEDICAL SUPPLIES	500
TRANSPORTATION FOR RESIDENTS/STAFF	24,911
VAN INSURANCE	2,398
VAN MAINTENANCE	350
FUEL	800
OFFICE RENT	49,769
HOUSEHOLD SUPPLIES	22,500
HOUSEHOLD FURNITURE	4,250
ALLOWANCES/CHILD CARE	16,800
RECREATION ACTIVITIES	6,750
RECRUITING	665
SUBCONTRACT PROGRAM SERVICES	88,940
GIFTS	180
CLOTHING	5,887
STAFF RECOGNITION	1,500
SCHOLARSHIP AWARDS/educ	1,650
TOTAL PROGRAM SERVICES	<u>275,214</u>

ADMINISTRATION

DUES	5,595
POSTAGE	3,184
OFFICE SUPPLIES	2,982
PRINTING	2,868
EQUIPMENT DEPRECIATION	1,836
OFFICE EQUIPMENT	1,707
LEGAL/ACCOUNTING	52,800
AUDITING	14,000
COMPUTER SUPPORT	17,858
OTHER CONSULTING	3,975
PAYROLL SERVICES	10,176
MEETING & CONFERENCE EXPENSE	1,600
OFFICE RENT	16,590
BANK CHARGES	1,740
TOTAL ADMINISTRATION	<u>136,911</u>

DEVELOPMENT

NEWSLETTER	500
COMMUNITY EDUCATION	500
BOARD/STAFF TRAINING	7,070
FUND RAISING/SPECIAL EVENTS	50,000
CREDIT CARD FEES	2,500
TOTAL DEVELOPMENT	<u>60,570</u>

TOTAL EXPENDITURES	<u>2,278,641</u>
NET REVENUE OVER EXPENDITURES	<u><u>0</u></u>

Resources for Community Living (RCL)

YEAR	REQUEST	ALLOCATION	CHANGE IN FUDNING
2014	\$10,000	\$3,500	+16.7%
2015	\$8,000	\$3,500	0%
2016	\$6,000	\$4,000	+14.3%
2017	\$6,000	\$4,000	0%
2018	\$5,000	\$4,080	+2%
2019	n/a	Missed Deadline	n/a
2020	\$5,000	\$1000	-121.3% (2018)

2021 REQUEST	\$3,000
2021 RECOMMENDATION	

COMMENTS

RETURN SHEET TO BRANKA MACKIC, AGENCY & PROGRAM COORDINATOR

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2021-2022**



Agency Name Resources for Community Living

Address 4300 Lincoln Ave., Suite K, Rolling Meadows, IL 60008

Phone 847-701-1554 Fax 847-701-1560 Email info@rescoliv.org

Contact Person Frederick Stupen Title Executive Director

Grant Contact Person Frederick Stupen Title Executive Director

Phone 847-701-1555 Email fstupen@rescoliv.org

Brief Description of Agency RCL assists adults with developmental and/or physical disabilities to live independently in their own homes/apartments. We provide support services, housing options, social group activities, family support group, vocational services, transportation, individualized skill training, and referral/partnership with other agency resources/programs. RCL offers disabled Maine Township adult's opportunities to achieve greater self-esteem, dignity and participation in all aspects of community life.

Agency Total Budget \$312,146 **Amount requesting from Maine Township** \$3,000
(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2019-February 2020) July 2020 – June 2021

Total number of all unduplicated clients directly served during your last fiscal year 150

Total number of unduplicated Maine Township clients directly served during your last fiscal year 5

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? 8

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

1. Executive Director \$60,000
2. Support Services Coordinator QIDP \$49,400
3. Administrative Assistant \$30,900
4. _____
5. _____

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.** RCL's services are promoted currently from referrals of partner agencies, families and faith-based organizations.
5. **Has your organization ever received funding from Maine Township?** Yes No
If yes, list all years and the allocation amount.
FY '03 - \$5,000; FY '04-05 - \$6,000; FY '06 - \$0; FY '07-09 \$5,000; FY 10-13 \$3,000; FY 14-15 \$3,500; FY 16-17 \$4,000; FY 18 - \$4,080; FY 19-\$0; FY 20 - \$1,000
6. **Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).** Maine Township funding was used to augment services provided to residents of the Township. Services included housing counseling, assessment, advocacy, community education, vocational assistance, job coaching, support services, case management, etc. Currently, RCL provides direct supports to 5 disabled residents distributed among 3 independent housing sites in the Township.
7. **Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.** In addition to the services RCL provided above since March of 2020 RCL is working with one client in forming a small business enterprise. Some transportation expenses incurred by the client's work would hopefully be reimbursed by Maine township funding for 2021-22
8. **How has the COVID-19 pandemic impacted your organization and what changes have you had to implement as a result?** The current pandemic has affected our organization as it has many organizations serving adults with developmental disabilities. First and most importantly providing direct services to our clients was severely impacted. Appointments to health professionals, grocery shopping, transportation, employment challenges by our clients who work. Second, since our organization relies heavily on raising funds through special events and fundraisers this has been non-existent. Funding from Main Township this year was cut by \$4,000 as well.
9. **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 checked="" type="checkbox"/> Other (please explain): Support services to adults with disabilities See Attachment #1	
10. **Describe how your organization meets the eligibility requirements for the requested funding.** RCL is a non-profit 501(c)3 social service organization serving individuals with developmental disabilities living in Maine Township.

- 11. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.** RCL has purchased a 6-flat building in Palatine to provide affordable housing for our client population. We are providing financial coaching services to all our clients including residents of Maine Township. One resident is receiving small business development services as well in FY 2021-22. See Attachment #2
- 12. 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
- 13. 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
- 14. 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
- 15. 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
- 16. 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

17. 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

18. 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

19. What is the geographic service area of your organization? North/Northwest Cook County

20. 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.

21. 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

22. Are volunteers used within your organization?

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

Social Events, Fundraising, Transportation, Office Support, Board of Directors, Total =
25-35

No. Please give specific reasons for not using volunteers.

23. Does your organization provide any bilingual services?

Yes. Please indicate languages. Spanish, Polish, Ukrainian, Russian and RCL utilizes interpreter services when needed.

No

24. 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** RCL networks and works closely with numerous disability services/agencies and housing organizations as an ongoing practice. RCL is often involved with municipal agencies in support and advocacy roles.

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

Northwest Compass, ORS, NSSEO, NWSRA, Rolling Meadows Chamber of Commerce, Kiwanis, Knights of Columbus, Hands on Suburban Chicago, Clearbrook, and Community Churches and organizations

26. Does your organization participate in cooperative programs with any community businesses? Please explain. **Yes** **No** RCL sponsors special needs trust seminars with

the assistance of local attorneys. Northwest Community Hospital has also been of assistance with health and wellness training. Screws Industries has donated ongoing volunteer support, printing and tech support.

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	1,000	N/A	N/A
Foundations	4,650	Annually	2%
Private Donors	187,240	Ongoing	60%
Federal	32,000	Quarterly billings	11%
State	5,676	Monthly billings	2%
Municipalities	8,000	Quarterly billings	3%
Other Townships	14,250	Quarterly billings	5%
Other (list all)	52,921	Annual Gala, Kiwanis, K of C	17%
Total	305,737		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. Our major fundraising activity this year Gala was rescheduled for

September 18, 2020 thus far we have raised \$15,000 and our Fall Giving Tuesday grossed \$13,000. RCL was also successful in securing donations from Illinois Tool Works and the Coldwell Banker Foundation and other area Townships. Several smaller fundraising activities

include participation in Kiwanis and Knights of Columbus. All fundraising events help to support RCL's primary program and agency mission

29. What fundraising efforts are planned for next year? Our fundraising efforts will include the events listed in the above with new emphasis on garnering support over social media. We are putting together an appeal for our housing program with GoFundMe and Giving Tuesday. We are putting together proposals for support in our housing program with grants from Housing Action Illinois Fall of 2020, Illinois State Treasurer's Charitable Trust and two new fundraising events.

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.). This past year RCL lost one of its long-time counselor but was able to rehire a replacement in July of 2020.

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

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

32. Number of certified staff members 1

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

Qualified Intellectual Disabilities Professionals or QIDP's

34. Number of licensed staff members 0

35. What kind of licensing is required for your service providers? Licensing is not required by the State of Illinois, all staff receive a background check from the Illinois State Police and DCFS.

36. Please list all accreditations your organization has earned. N/A Because RCL receives less than \$25,000 from the State of Illinois no Accreditation is necessary

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? RCL would hope to make up a reduction through increased private donation drives or additional fundraising activities, however with the State budget cuts we are already facing, reduction of services would be likely.

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 Resources for Community Living
By Frederick Stuppm
Its Authorized Representative
Printed Name Frederick Stuppm
Title Executive Director
Date 8/28/2020

SUBSCRIBED and SWORN to
before me this 28th day of August, 2020.

Notary Karyn E. Mitchell



Attachment #1



RESOURCES FOR COMMUNITY LIVING

Mission Statement-Program Description

To offer adults with developmental and/or physical disabilities opportunities to achieve greater self-esteem, dignity and participation in all aspects of community life through affordable housing options, individualized skill instruction and necessary support services.

In keeping with the above Mission Statement, Resources for Community Living (RCL) utilizes Maine Township funds to offer innovative services targeted at increasing the independence as well as the quality of life of persons with developmental disabilities. These services may include:

Affordable Housing – Using both the shared housing approach and independent apartments, RCL helps people with developmental disabilities to locate and lease homes and apartments within the community. Because most of these housing arrangements are not owned by RCL (each participant signs his/her own lease), participants have greater control over their own lives. Housing arrangements through RCL are not group-oriented; therefore, the stigma that is often associated with group homes and other congregate living arrangements is non-existent. In fact, the individual's new neighbors may not even know that the RCL participant has a disability.

Financial Independence Center FIC – FIC is a financial coaching program based on Annie E. Casey Foundation's Center for Working Families model. RCL provides financial coaching services to people with disabilities in Maine Township and in partnership with other similar organizations. A RCL qualified financial coach conducts a Combined Financial Assessment for clients establishing baseline indicators such as: individual budget income/expenses, balance sheet identifying net worth and a credit report with score. Financial coach with collaborative partner track changes in these areas suggesting to the client where appropriate financial strategies and products that could help increase and build credit, income and net worth. Every 6 months' clients are reassessed by updating their financials together with a subsequent credit report analysis. Differences in numbers are recorded in the tracking system and reports drawn and outcomes measured. During PY 22 RCL will be working on educating the special needs community on the importance of saving and the unique opportunity ABLÉ accounts offer.

Individualized Support Services – Trained staff members provide individualized skill instruction and support services that are designed to increase independence, allowing participants to remain in their community. These support services may include money management, using public transportation, cooking, nutrition, safety, case management and other necessary skills. RCL also aids in linking participants with other community members, resources and activities to help them to become active and contributing members of their communities.

Vocational Services – Provide participants with career direction and focus through individualized career assessment, job development job placement, employment support, and advocacy. Continued support for participant's in achieving and maintaining a positive work environment.

Social Group – Loneliness and isolation remain a significant problem for people with mental retardation, despite their physical presence in the community. Because of this, RCL also coordinates a monthly social group that provides an opportunity for RCL participants to meet others and make new friends. These groups also provide an opportunity for staff members to observe the individual's social interaction skills, so that skill training (e.g. communication, trust building, assertiveness, interpersonal skills etc.) can be tailored to individual needs.

4300 Lincoln Avenue, Suite K • Rolling Meadows, IL 60008
Voice (847) 701-1554 • TDD (847) 701-1556 • Fax (847) 701-1560
E-mail address: info@rescoliv.org • Web site: www.rescoliv.org



Life's Plan, Inc.

**TRUST OPTIONS
FOR PEOPLE
WITH DISABILITIES**

BOARD OF TRUSTEES:

George Bradshaw, J.D.
Chairperson

Mark Essenfeld, C.F.P.®
Treasurer

Kim Zoeller, M.P.A.
Secretary

Sandra Schildgen, J.D.

Mike McNicholas, M.B.A., C.F.A.

Bob Zwartz, B.B.A., M.B.A.

Matthew Koupal, B.S.

FIDUCIARY AGENT:

Ray Graham Association for
People With Disabilities

STAFF:

Scott Nixon
Executive Director

Dawn Feldt
Trust Administrator

Sue Wendt
Administrative Assistant

LEGAL COUNSEL:

William Wilson, J.D.

January 16, 2020

Frederick Stupen
C/O Barb's Embroidery
4300 Lincoln Ave
Rolling Meadows, IL 60008

Dear Mr. Stupen,

I am pleased to inform you that the Life's Plan Inc. Board of Trustees approved micro industry funding of \$2000 for Barb's Embroidery micro business.

I have enclosed an award acceptance receipt that I am asking you to sign. We request on receipt that you email, fax (630-628-2350) or mail the signed Award Acceptance receipt back to me directly as confirmation to receiving your grant funding. We will issue a check in return to you or your designated payee or please let us know how you want us to write the check out.

The terms and conditions we request in return for the funding is a one page report to me by December 31, 2020, include a one page summary on the status of your micro industry business with any relevant photos or other relevant materials from the business our Board of Trustees to review for future grant funding for others with disabilities.

If you have any questions about this grant, please feel free to contact me by phone or email. Our best wishes to Barb, we look forward to reading the status report on your her Micro Business next year.

Sincerely,

Scott Nixon
Executive Director
Life's Plan Inc.
snixon@lifesplaninc.org
630-629-7189

RESOURCES FOR COMMUNITY LIVING

Budget - APPROVED

Ordinary Income/Expense

FY 20-21

Income	
4002 - Knights of Columbus	\$2,000
4005 - Grants	\$25,000
4006 - FPP	\$5,000
4009 - Arlington Heights	\$5,000
4010 - Schaumburg Township	\$1,000
4011 - DMHDD	\$0
4013 - Village of Mt. Prospect	\$3,000
4014 - CDBG	\$28,000
Wheeling Township	\$1,000
Elk Grove Township	\$1,250
4015 - DORS	\$0
4016 - Niles Township	\$2,000
4017 - Palatine Township	\$10,000
4018 - Maine Township	\$3,000
4019 - DHS - DFI	\$5,676
4008 - Special Events	\$20,000
4028 - Annual Gala	\$78,000
4030 - Donations - Cash	\$75,000
Building Rents	\$47,220
Total Income	\$312,146

Expense	
6000 - Salaries	\$134,516
6203 - Consulting Expense	\$25,000
6100 - Accounting & Audit	\$8,000
6110 - Accreditation	\$0
6115 - ADP Payroll Processing Fees	\$1,500
6120 - Bank Charges	\$25
6130 - Books & Training Materials	\$350
6135 - Business Meals	\$345
6140 - Copier & Fax Expense	\$1,250
6200 - Equip. Repairs & Svc. Contracts	\$1,700
6205 - Employee Search	\$50
6230 - Insurance - Health	\$0
6240 - Insurance - D/O, L, P, W/C	\$8,625
6250 - Insurance - Life & Disability	\$950
6270 - Legal Fees	\$2,000
6272 - Licenses, Fees & Agency	\$723
6275 - Marketing & Advertising	\$500
6276 - Contributions	\$500
6300 - Office Supplies	\$1,482
6310 - Other Expenses	\$750
6335 - Police Background Checks	\$160
6395 - Building Expense (Our own Place)	\$38,000
6340 - Postage	\$1,500
6350 - Printing	\$2,500
6360 - Rent/Mortgage (RCL Offices)	\$11,721
6362 - Association Fees	\$5,942
6365 - Rent Subsidies	\$0
6400 - Volunteer Training	\$338
6446 - Special Events - All	\$50,000
6440 - Social Group Expense	\$1,000
6450 - Staff Development	\$136
6490 - Taxes - Payroll	\$11,000
6510 - Technology - Internet	\$204
6520 - Telephone	\$4,800
6545 - Travel Reimbursements (P/R)	\$3,400
6550 - Utilities	\$3,202
Total Expenses	\$322,169
Net Ordinary Income	-\$10,023

Other Income/Expense

Other Income	
7000 - Interest Income	\$2,000
Total Other Income	\$2,000
Other Expense	
7050 - Depreciation Expense	\$9,744
9999 - Suspense	\$0
Total Other Expense	\$9,744
Net Other Income	-\$7,744
Net Income	-\$17,767

**Avenues to
Independence**

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2014	\$50,000	\$45,000	0%
2015	\$50,000	\$45,000	0%
2016	\$50,000	\$48,000	+6.7%
2017	\$50,000	\$49,200	+2.5%
2018	\$50,000	\$48,580	-1.3%
2019	\$50,000	\$49,060	+1%
2020	\$50,000	\$46,060	-6.2%

2021 REQUEST	\$50,000
2021 RECOMMENDATION	

COMMENTS

RETURN SHEET TO BRANKA MACKIC, AGENCY & PROGRAM COORDINATOR

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2021-2022**



Agency Name Avenues to Independence

Address 515 Busse Highway Park Ridge, Illinois 60068

Phone 847-292-0870 x122 Fax: 847-292-0873 E-mail: okazaki@avenuestoindependence.org

Contact Person: Robert Okazaki Title: Executive Director

Grant Contact Person: Robert Okazaki Title: Executive Director

Phone 847-292-0870 x1122 Email okazaki@avenuestoindependence.org

Brief Description of Agency Avenues provides vocational and residential training programs to persons with autism, cerebral palsy, Down Syndrome and other intellectual, physical and developmental disabilities. Programs are located in Park Ridge, Des Plaines, Wheeling and Northwest Chicago.

Agency Total Budget \$5,724,500 Amount requesting from Maine Township \$50,000
(Please provide a copy of your budget.)

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

Total number of all unduplicated clients directly served during your last fiscal year 196

Total number of unduplicated Maine Township clients directly served during your last fiscal year 93

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? 93

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 3

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

1. <u>Executive Director</u>	<u>\$94,800</u>
2. <u>VP Programs</u>	<u>\$84,080</u>
3. <u>VP Finance</u>	<u>\$64,880</u>
4. <u>Program Director</u>	<u>\$62,880</u>
5. <u>Program Director</u>	<u>\$62,880</u>

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. *Newsletter distributed 3 times per year and annual report one time per year; Summer and Holiday mailings to local residents; Outreach to Maine Township Special Education; Website and pamphlet information.*
5. Has your organization ever received funding from Maine Township? Yes No
If yes, list all years and the allocation amount. *See attachment #1*
6. Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable). *The Maine Township grant is used for operations support of our residential and job training/placement programs.*
7. Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year. *The Maine Township grant will be used to continue support of our residential and job training/placement 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 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): <i>residential, job training, placement and daily living support for individuals with intellectual and other developmental disabilities.</i>	
9. Describe how your organization meets the eligibility requirements for the requested funding. *Avenues to Independence is a charitable 501C3 organization with service locations in Des Plaines and Park Ridge; we are the largest provider of services for individuals with intellectual and developmental disabilities in Maine Township.*
10. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization. *We will open a new group home in Park Ridge during fiscal year 2021.*
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? *Maine Township, Wheeling Township and local adjacent communities.*

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. *Charges are based upon the level of support needed by an individual. The more services that are required, the higher the cost. This is not a sliding scale but a purchase system based upon actual costs.*

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. *58 volunteers. Volunteers are utilized on the Board of Directors. There are volunteers in the Thrift store and other programs to provide additional support for regular personnel. Additionally, volunteers run special events to raise funds.*

No. Please give specific reasons for not using volunteers.

22. Does your organization provide any bilingual services?

Yes. Please indicate languages. *Spanish and American Sign Language*

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

Avenues works with the Maine Township Special Education department and provides opportunities to disabled students at Maine East and other special education programs. Special services are

sought from the Lutheran General Down Syndrome Clinic. Avenues participates in local special recreation programs through the North Suburban Special Recreation Organization. The 515 Busse building houses the Have Dreams programs for children with autism. Through our thrift shop, we can provide clothing and household goods to needy families referred from Maine Township General Assistance

25. Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain. Yes No
 Avenues is supported in part by the Park Ridge Lions Clubs, Park Ridge and Des Plaines Kiwanis and Park Ridge Rotary, Knights of Columbus.

26. Does your organization participate in cooperative programs with any community businesses? Please explain. Yes No
 Avenues works on a daily basis with local business and industry to obtain work opportunities for persons with disabilities. A work enclave is maintained at SIPI Recycling, Barnaby's Pizza in Des Plaines. Jewel, Coyne Insurance, Maine East, FedEx, BDO Des Plaines, Center of Concern and Culvers also provide job opportunities for persons with disabilities from Avenues.

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	\$46,600	Monthly, entire year	<1%
Foundations	\$1,217,500	Monthly, annual renewal	21%
Private Donors	\$500,000	Monthly, annually	9%
Federal			
State	\$2,850,000	Monthly, annual contract	50%
Municipalities	\$2,500	Annual grant	<1%
Other Townships	\$24,400	Monthly, entire year	<1%
Other (list all)	\$1,083,500	Monthly, entire year	19%
Total	\$5,724,500		100%

Other includes: Program fees (\$750K), Thrift shop(\$140k) and contract sales(\$175k), +misc

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. See Attachment #2

29. What fundraising efforts are planned for next year? See Attachment #3

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.). New group home will open in 2019. Major renovations will be completed at our day training program in Wheeling.

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

- 1. Administration & Administrative Support 9 positions
- 2. Management of Service Providers 12 positions

3. Direct Service Providers

75 positions

32. Number of certified staff members 87 *Direct Service positions must be certified in first aid; medication administration, case management. One administrator must also have a public health certification*

33. What kinds of certifications are required for your service providers? *Service providers must be certified in first aid; medication administration, case management. One administrator must also have a public health certification*

34. Number of licensed staff members 1

35. What kind of licensing is required for your service providers? *Licensing is required for a nurse and the programs are required to be licensed by the Illinois Department of Human Services.*

36. Please list all accreditations your organization has earned. *Avenues is accredited by the Commission on Accreditation of Rehabilitation Facilities. Avenues is also certified/accredited by the Illinois Department of Human Services.*

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? *Depending upon the level of reduction, service cuts to Township residents would have to be considered along with layoffs of staff tied to those programs. Group home census reductions/closure, plus significant cuts in Job placement and additional delays in expansion of our transition program to Maine Township residents would have to be implemented.*

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 Avenues to Independence

By 
Its Authorized Representative

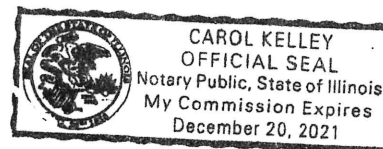
Printed Name Robert Okazaki

Title Executive Director

Date August 24, 2020

SUBSCRIBED and SWORN to
before me this 24th **day of** August, **2020**.

Notary: 



Addendum 1-Township funding history for Avenues to Independence

FY 2020-\$46,600	
FY 2019- \$49,060	
FY 2018-\$48,580	
FY 2017- \$49,200	
FY 2016-\$48,000	FY 2000-\$44,000
FY 2015-\$45,000	FY 99-\$42,000
FY 2014-\$45,000	FY 98-\$40,000
FY 2013-\$45,000	FY 97-\$35,000
FY 2012-\$43,000	FY 96-\$30,000
Fy 2011-\$43,000	FY 95-\$27,500
FY 2010-\$42,500	FY 94-\$27,500
FY 2009-\$50,000	FY 93-\$25,000
FY 2008-\$50,000	FY 92-\$25,500
FY 2007-\$50,000	FY 91-\$23,500
FY 2006-\$50,000	FY 90-\$22,500
FY 2005-\$50,000	FY 89-\$22,500
FY 2004-\$50,000	FY 88-\$21,500
FY 2003-\$50,000	FY 87-\$21,500
FY 2002-\$50,000	FY 86-\$20,000
FY 2001-\$44,000	FY 85-\$17,500

Avenues to Independence

Attachment 2-Fund raising efforts

Avenues Dinner Dance(February 2020)

Gross Revenues: \$323,413; Costs: \$94,775; Event Net \$228,638

Proceeds used to offset reductions and delays in state grant payments for Avenues residential, day and employment programs.

Avenues Golf Classic(July 2019)

Gross Revenues: \$170,430; Costs: \$53,661; Event Net: \$116,769

Proceeds used to offset reductions and delays in state grant payments for Avenues residential, day and employment programs.

Fashion Show(Sept, 2019)

Gross Revenues: \$23,587; Costs: \$15,079; Event Net: \$8,508

Proceeds used to offset reductions and delays in state grant payments for Avenues residential, day and employment programs.

Wine Event (October 2019)

Gross Revenues: \$62,667; Costs \$19,938; Net \$42,729

Proceeds used to offset reductions and delays in state grant payments for Avenues residential, day and employment programs.

Annual Mailings (2019)

Gross Revenues: \$421,620; Costs \$22,500; Net: \$400,120

Proceeds used to offset reductions and delays in state grant payments for Avenues residential, day and employment programs.

Avenues to Independence

Attachment 3-What Fund raising efforts are planned for next year? Please note: events are tentative due to the Corona Virus

Avenues Dinner Dance(February?-2021)

Projected Gross Revenues: \$190,000; Projected Costs: \$60,000; Projected Event Net \$130,000;
Proceeds used to offset reductions and delays in state grant payments for Avenues residential, day and employment programs.

Avenues Golf Classic(July?-2021)

Projected Gross Revenues: \$90,000; Projected Costs: \$45,000; Projected Net: \$45,000;
Proceeds used to offset reductions and delays in state grant payments for Avenues residential, day and employment programs.

Avenues Fashion Show(September ?2021)

Projected Gross Revenues \$15,000, Projected Costs: \$5,000, Projected Net: \$10,000, Proceeds used to fund day program operations at the Thrift shop.

Avenues Wine Event(October?, 2021)

Projected Gross Revenues: \$45,000; Projected costs: \$10,000; Projected Net: \$35,000
Proceeds used to offset reductions and delays in state grant payments for Avenues residential, day and employment programs.

Annual mailings(June and December)

Projected Gross Revenues: \$230,000; Projected Costs \$12,000; Projected Net: \$218,000
Proceeds used to offset reductions and delays in state grant payments for Avenues residential, day and employment programs.

Budget for FY2021

	FY2021 Budget(Proj) as of 5-13-2020
Income	
400000 Contributions	\$500,000.00
403500 Avenues Foundation	\$1,217,500.00
420000 Avenues Client Store	\$2,500.00
430000 Recycling Avenues	\$500.00
510000 State of IL Revenue	\$2,850,000.00
550000 Maine Township	\$50,000.00
550000 Township & Village Grants	\$23,500.00
590000 Community Fund	\$14,500.00
600000 Service Fees	\$750,000.00
610000 Job Contracts	\$175,000.00
612000 Total Thrift Shop Sales	\$140,000.00
650000 Investment Income	\$0.00
670000 Misc. Revenue	\$1,000.00
Total Income	\$5,724,500.00
Expense	
700000 Salaries	\$3,550,000.00
710000 Employee Benefits	\$450,000.00
720000 Payroll Taxes	\$360,000.00
750000 Prof Fees & Contract Services	\$175,000.00
800000 Supplies	\$140,000.00
804500 Education Expense	\$0.00
810000 Telephone Expense	\$45,000.00
820000 Postage & Shipping	\$6,500.00
840000 Occupancy Expense	\$375,000.00
850000 Outside Printing	\$2,500.00
870000 Transportation	\$220,000.00
880000 Conference, Convent, Mtgs	\$17,000.00
890000 Subscriptions & Reference Pub	\$4,500.00
900000 Client Wages	\$120,000.00
910000 Membership Dues & Support	\$15,000.00
922000 Donations to HUD	\$0.00
930000 Insurance	\$57,000.00
950000 Equipment Rental, Repair, Main	\$27,000.00
960000 Equipment Purchases	\$5,000.00
970000 Depreciation Expense	\$145,000.00
980000 Misc. Expense	\$10,000.00
990000 Bad Debts Expense	\$0.00
Total Expense	\$5,724,500.00
Total Net Income	\$0.00

Older Adult Services/ Home Delivered Meals

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2014	\$5,500	\$4,500	0%
2015	\$5,500	\$5,500	+22.2%
2016	\$5,500	\$5,500	0%
2017	\$5,500	\$5,500	0%
2018	\$5,500	\$5,160	-6.2%
2019	\$5,500	\$5,260	+1.9%
2020	\$5,500	\$5,300	+0.8%

2021 REQUEST	\$5,500
2021 RECOMMENDATION	

COMMENTS

RETURN SHEET TO BRANKA MACKIC, AGENCY & PROGRAM COORDINATOR

MAINE TOWNSHIP APPLICATION FOR FUNDING 2021-2022



Agency Name Advocate Health and Hospitals Corporation dba Advocate Lutheran General Hospital

Address 9375 W Church St; Des Plaines, IL 60016

Phone 847.296.0737 **Fax** 847.824.8038 **Email** jaime.albergo@aah.org

Contact Person Jaime Albergo, MSW, LCSW **Title** Home Delivered Meals Program Coordinator

Grant Contact Person Jaime Albergo, MSW, LCSW **Title** Home Delivered Meals Program Coordinator

Phone 847.296.0737 **Email** jaime.albergo@aah.org

Brief Description of Agency Older Adult Services' mission is to enrich the quality of life of the older adult through a full range of services that appropriately responds to the person as he/she experiences needs and desires along the aging continuum. Older Adult Services offers community-based programs for adults and older adults. These programs are in Maine Township and serve the primary and secondary service areas of Lutheran General Hospital. Our programs include Information and Resource (I&R) which receives approximately 300-400 phone calls each month. Information regarding available services for seniors is answered by our Master level, Licensed Clinical Social Worker. This is a free service which also advocates on behalf of the senior population. Information and Resource is the starting point for all Older Adult Service programs. Our Emergency Response (Philips Lifeline Program) is a personal response system that links individuals to 24-hour assistance at the push of a button in case of an emergency (we have 600+ units in our communities). We also have a medical model Adult Day Service (ADS) program that has been in existence for 39 years. This program has an enrollment of 90 people. Our newest program called Expressions, a program for people with early stage memory loss which entails brain fitness and art therapy, offers programming 5 days per week. We have our Senior Advocate program which provides free assistance to Medicare beneficiaries and their caregivers. All program staff are also SHIP (Senior Health Ins. Program) certified. Additionally, we provide free counseling and consultation services, support groups and community presentations. Our department consists of staff that are considered Master level trainers for the evidenced based fall prevention course called Matter of Balance. Currently, there are two Township staff that are teaching Matter of Balance under our staff's license. Lastly, our Home Delivered Meals Program (HDM) provides meals to homebound adults and older adults who cannot prepare their own meals or who are at home recovering from an illness or surgery. Our communities continue to demonstrate a strong need for this program and continued funding.

Agency Total Budget: \$1,102,657 **Amount requesting from Maine Township** \$5,500
(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2019-February 2020) January 2021-December 2021

Total number of all unduplicated clients directly served during your last fiscal year: 4,998

Total number of unduplicated Maine Township clients directly served during your last fiscal year: 1,368

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? 30 (Average monthly # of program clients; note this # fluctuates each month.)

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 339

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

1. Registered Nurse(s) of Adult Day Service: \$71,899.83
2. Manager of Adult Day Service: \$71,602.08
3. Coordinator of Information & Resource: \$58,655.78
4. Billing specialist: \$53,183.36
5. Coordinator of Expressions: \$50,618.88

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.** Our services are promoted in a variety of ways including but not limited to: attendance at MaineStreamers luncheons, sponsor of and attendee at *Swing into Spring* expo, community presentations and outreach, *Matter of Balance* training guest speaker, attendance at other local fairs including those held at Centennial Senior Center, Hodges Park, and Frisbie Senior Center.

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

2020...\$5,300
2019...\$5,260
2018...\$5,160
2017...\$5,500
2016...\$5,500
2015...\$5,000
2014...\$4,500
2013...\$4,500
2012...\$4,000
2011...\$4,000
2010...\$4,000
2009...\$5,000
2008...\$5,500
2007...\$5,500
2006...\$5,000
2005...\$2,000
2004...\$2,000

6. **Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).** The funds were used to support our Home Delivered Meals program which continues to operate at a deficit. These funds are instrumental in keeping our program operating. There are older adults in our community who receive meals who can't afford the full fee. There are also those that need P.M. (cold) meals in addition to regular hot meals who can't afford both. Because we still need to pay for the food regardless of our client's ability to pay, the money received from Maine Township has helped defray costs, and it has assisted our Township clients who require a reduced price per meal. There are times when we find out our clients need additional food besides what we serve from our HDM program. We have gone shopping at local grocery stores to purchase food. Staff then delivered the food to those clients. Additionally, a portion of the Township

funding was used to pay for winter emergency food bags. The food bags consist of many different food items that don't require preparation such as tuna, peanut butter, crackers, fruit cups and granola bars. Each client last winter received a bag.

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

If awarded the funding, we would use it towards defraying the losses we incur for this service. Specifically, it would help us with the following:

- a. Purchase a special winter emergency food bag for each client (to be used if we are not able to deliver food due to extreme weather).
- b. Help defray meal cost for clients when they can't afford to pay full cost.
- c. Purchase a P.M. (cold) meal if needed.
- d. Assist us in covering the costs of our social worker doing the in-home assessment on each new HDM client.
- e. Assist us in covering our vehicle fuel charges since staff pick up the food from Lutheran General and the Coordinator travels to each client's home for the assessment and will assist with meal deliveries when volunteers are not able to drive their route.

8. How has the COVID-19 pandemic impacted your organization and what changes have you had to implement as a result?

The pandemic affected our agency in several ways; however, we've been slowly bouncing back and reinstating our services. As instructed by the hospital, we suspended our programs starting mid-March. Based on position, some staff were deployed to the hospital to act as COVID screeners of staff and visitors. The remaining staff were kept in place and began working remotely to ensure the needs of our clients continued to be met. The delivery of services under Home Delivered Meals was transformed for six weeks. The delivery of a daily hot meal was suspended. As an alternative, our agency's site manager and the meals program coordinator went shopping many times to local grocery stores and purchased non-perishable food items in addition to fresh produce. These items were then delivered to our participants. Additionally, at least once a week, our Coordinator called each participant to check-in and assess for any new needs. Referrals were provided as necessary. Fortunately, our Home Delivered Meals program was the first service to be reinstated. Our hot meal delivery resumed on May 4th. Since all agency volunteers are still on hold, staff from Older Adult Services including other departments like Senior Advocate have been stepping in each day to deliver the meals.

Regarding our other programs, we facilitated art therapy groups via Zoom for our Expressions participants. Five groups were offered each week at no charge. Additionally, our caregiver support group was offered via Zoom each month and is still being facilitated electronically. Fortunately, we have been able to resume our in-person Expressions programming. In regard to adult day program, we have been working alongside the IL Dept on Aging for their approval to reopen. IDOA certifies our day program, and thus we must follow their guidelines as it relates to how/when we reopen. Our reopen is set for September 8th.

9. 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 type="checkbox"/> Health | <input checked="" type="checkbox"/> Social services for the aged |
| <input type="checkbox"/> Other (please explain): | |

Describe how your organization meets the eligibility requirements for the requested funding. Advocate LGH Older Adult Services is a 501(c)(3) non-profit organization that is dedicated to meeting the needs of seniors and their caregivers. Our site is in Maine Township and serves Township residents. We have been in existence for 40 years and have a strong infrastructure to continue down a successful path of service delivery.

10. Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization. NONE

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? For Home Delivered Meals, this program only serves Maine Township residents: Park Ridge, Unincorporated Des Plaines, Unincorporated Glenview, Morton Grove, Rosemont and Niles. Our other agency programs have no service boundaries except for the Adult Day Service bus transportation.

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.

Altogether, we have around 55 volunteers for Older Adult Services. Our HDM program has the most volunteers. That number is 30. Some of the volunteers drive a regular meal route while other volunteers act as substitute drivers and only fill in as needed. While delivering meals, these volunteers complete a well-being check. They serve as a friend and routinely check back with the Program Coordinator when concerns arise related to a client's well-being. To date, our volunteers have not resumed their assignments yet. Our request for the resumption of volunteer services has been presented to the Manager of Volunteer Services at Lutheran General. Our request is being presented to the Board. We

are awaiting their decision. In the meantime, Older Adult Services staff continue to deliver the meals five days a week.

Additionally, we have volunteers in our Expressions program and Adult Day Service Program who help with activities, serve lunch, and assist with afternoon clean-up. Additionally, other volunteers come each month and share their musical talent with our clients.

No. Please give specific reasons for not using volunteers.

22. Does your organization provide any bilingual services?

Yes. Please indicate languages. Spanish, French, Polish, and Lithuanian. We have interpreters from Lutheran General Hospital that we can use for most other languages if needed.

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**

- A. MaineStay Youth and Family Services: We have students (usually high school) who must complete community service hours. Most often the students spend their time in our Adult Day Service program. This is a very active program.
- B. We receive referrals from all local hospitals, townships and senior centers.
- C. Several churches, synagogues and other religious affiliations use us as a resource for their students who need to complete volunteer community hours for their religious programs.
- D. North Shore Senior Center, Catholic Charities, and Kenneth Young Center refer older adults to all our programs (we have ongoing relationships with them).
- E. We refer to North Shore Senior Center and other provider agencies when calling in a report for the Adult Protective Services program.
- F. Each school year students from Christ the King Jesuit College Prep High School spend time assisting in our Adult Day Service program.
- G. Area junior high schools perform for our programs during the holidays. Students from all three township high schools also complete internship hours throughout the school year in both our Expressions program and Adult Day Service program. The internship program includes JumpStart students from our Township's High Schools.
- H. We refer to Maine Township for its food pantry, emergency housing, SNAP and Medicaid assistance, LIHEAP, transportation, and several other resources.
- I. Older Adult Services holds a food drive to support Maine Township food pantry a few times a year.
- J. The Coordinator of HDM participates in the Student Government Day events held at Maine Township throughout the school year.

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 Kiwanis continue to be instrumental in delivering food for Home Delivered Meals. One Kiwanis member will drive a route each day. The Men and Women's Association of Lutheran General Hospital help support our programs. We have developed a community presentation consisting of staff from Older Adult Services and Lutheran General Hospital to present on fall prevention strategies and exercises to local churches, senior centers, townships and senior groups.

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

We mainly have volunteers from area businesses such as our local libraries, banks, dental offices, law firms, and churches. However, we offer our free Information and Referral (I&R) service as a resource for local businesses, senior centers, municipal offices, physician offices, and other 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 (HDM)	\$5,300	One-year grant cycle; quarterly payments of \$1,325	1%
Foundations (Adult Day Program funding)	\$7,500	One-time payment received	1%
Private Donors (Adult Day Program)	\$4,300	Donations rec'd sporadically throughout the year	1%
Federal (USDA CACFP for ADS food reimbursement)	\$5,000	Estimated yearly revenue (impacted by COVID)	1%
State (Dept on Aging and Dept of Human Svcs. ADS fee-for-service)	\$212,000	Estimated yearly revenue (impacted by COVID)	15%
Municipalities (City of Des Plaines for ADS)	\$5,124	Grant, one lump sum received in early Summer	1%
Other Townships (Niles Township for Expressions)	\$4,000	Grant, one lump sum in June	1%
Other (list all) Park Ridge Community Fund (HDM)	\$400	Grant, one lump sum received in September 2020	1%
Other— Self-pay ADS transport. & CCP ADS transport.	\$21,682	Estimated yearly revenue (impacted by COVID)	23%
Other— ADS self-pay fee-for-service	\$245,000	Estimated yearly revenue (impacted by COVID)	25%
Other--- ADS preservation grant from IL Dept on Aging	\$103,000	Payments made monthly April through September	10%
Self-pay HDM	\$19,200	Estimated yearly revenue	2%
Self-pay Expressions	\$80,000	Estimated yearly revenue (impacted by COVID)	8%
Self-pay Lifeline	\$114,000	Estimated yearly revenue	10%
Total	\$826,506		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.

- a) Associate Giving Campaign Lutheran General Hospital for Older Adult Services: (no cost) \$225 for operational deficits.
- b) Adult Day Service newsletter requests for gift giving from families: (no cost) \$1,500.00 to defray operational costs for Adult Day Service.
- c) Grant writing for HDM to Maine Township: (no cost) \$5,500.00; applied
- d) Cell phone drive (ongoing) for recycling old used cell phones: (no cost) \$30.00 to help with Home Delivered Meals
- e) Grant to Park Ridge Community Fund: (no cost) Awarded \$400 for Home Delivered Meals

- f) Grant to Niles Township: (no cost) Awarded \$4,000 for Adult Day Service Creative Arts Programming
- g) Grant to City of Des Plaines: (no cost) Awarded \$4,000 for Adult Day Service

29. What fundraising efforts are planned for next year?

- a. Adult Day Service bake sales
- b. Request for gift giving to families and friends of Older Adult Services
- c. Request to Maine Township for Home Delivered Meals funding
- d. Cell phone drive
- e. Advocate Aurora Associate Giving Campaign
- f. Additional grant requests to local or national aging organizations including municipalities
- g. Portillo's fundraising event

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.). NONE

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 _____ 14 _____

32. Number of certified staff members 15

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

All staff members are required to be certified in CPR and First Aide, and all department staff are current with this certification. Our nursing care technicians are certified nursing assistants. Two staff have Dept of Public Health certifications as Food Service Sanitation Manager. Additionally, other day program staff have completed the Basic Food Safety Course which is offered online.

34. Number of licensed staff members 5

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

All nurses must be licensed (RN). We have two nurses. No other licensing is required for our service providers. However, the Coordinator of Information and Resource and Home Delivered Meals is a Licensed Clinical Social Worker. Our Department's Billing Specialist is a Licensed Certified Public Accountant. Our Expressions Coordinator is a Registered Art Therapist (ATR) and Licensed Professional Counselor.

36. Please list all accreditations your organization has earned.

- a) Illinois Department on Aging (contract and day program is certified by IL Dept on Aging)
- b) Department of Human Services (contract)
- c) USDA (contract)

- d) Joint Commission on Accreditation of Healthcare Organization
- e) 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?

Our program would be impacted in several ways if we received a significant reduction in Township funding. The number of extra meals purchased on behalf of our clients would be reduced or eliminated, visits from our social worker may not occur as frequent, and the emergency winter food bag for each client would be condensed or eliminated. We would have to find ways to reduce the deficits which may lead to a reduction of services. An elderly client at home alone may not be able to receive the attention and care that is provided from our ongoing presence. Additionally, we would need to consider capping the number of participants in the HDM program as a means of controlling costs.

If there was a complete elimination of Township funding, our program would be at risk. As previously mentioned, our HDM program continues to operate at a deficit. All our expenses continue to increase annually. Every service that we use such as waste management, linens, and deliveries continue to increase each year. We are not able to recoup these expenses from our elderly clients who are on restricted incomes. The health of our clients would be jeopardized; for many of our clients, we are their only contact. Each day our volunteers check in with us regarding the well-being of our clients. If there is any concern, our social worker will follow up with an immediate visit and provide more services and care coordination as needed. The elderly in our community would be more vulnerable without our presence as we are their eyes and ears as well as their advocate. With full elimination of Township funding, the extra services provided by our staff would be eliminated.

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: Advocate Health and Hospitals Corporation
dba Advocate Lutheran General Hospital

By 
its Authorized Representative

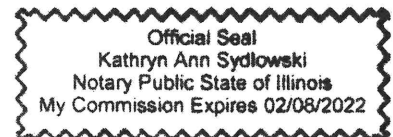
Printed Name: Randy Varju

Title: President, Advocate Charitable Foundation
Chief Development Officer, Advocate Aurora Health

Date: August 28, 2020

SUBSCRIBED and SWORN to
before me this 28th day of August, 2020.

Notary 



Older Adult Services
9375 W Church St
Des Plaines, IL 60016



Advocate Lutheran General Older Adult Services Home Delivered Meals

Sliding Scale for 2021/2022

For every Home Delivered Meals participant who begins our program, an in-home psychosocial assessment is completed. Since most of our clients are alone and without help from family, we try and ask as many medical and social questions as possible to see if our social worker can refer them to any other agencies for financial assistance. In many circumstances, our clients in the community are not aware of the assistance the Township can help them with. For example, LIHEAP, food pantry, SNAP application, Medicaid assistance, and basic general assistance. The in-home assessment usually takes an hour unless there are extensive unmet needs. We do not charge our clients for this assessment, nor is it included in our expenses which we have submitted. The fee is \$6.00 per meal. In the past 14 years, we have only had one increase in the fee the clients pay.

Our staff and volunteers are very dedicated and, in some instances, have paid for clients who could not contribute to the cost of their food. We also have given out free meals under certain circumstances. Usually, the reason clients can't contribute to their meal cost is due to high medical expenses and costly medications. Determination of need is done by our social worker during the assessment and then discussed with the Manager. As requested, assessment of financial hardship is completed and fee per meal is reduced accordingly.

Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25
 Facility: 25091
 Cost Center: 250911165

Advocate Health and Hospital
 Advocate Lutheran General Hosp
 Senior Advocate

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Operating Revenue													
Other Operating Revenue													
5350-0000 Flu Shot Revenue	938	938	938	938	938	938	938	938	938	938	938	938	11,252
Tot Other Operating Revenue	938	938	938	938	938	938	938	938	938	938	938	938	11,252
Total Operating Revenue	938	938	938	938	938	938	938	938	938	938	938	938	11,252
Operating Expense													
Salaries and Wages													
010-0080 Salaries Reg-Clerical	7,779	7,277	7,779	7,528	7,779	7,609	8,032	8,032	7,773	8,032	7,773	8,032	93,423
084-0080 Plo-Clerical	1,063	995	1,063	1,029	1,063	1,040	1,098	1,098	1,063	1,098	1,063	1,098	12,771
134-0080 Bonus Pay-Clerical	0	0	0	0	0	0	2,603	-521	-521	-521	-521	-521	-1
Tot Salaries and Wages	8,842	8,272	8,842	8,557	8,842	8,649	11,733	8,609	8,314	8,609	8,314	8,609	106,193
Benefits													
240-0000 Fica	586	548	586	567	586	573	778	571	551	571	551	571	7,039
Tot Benefits	586	548	586	567	586	573	778	571	551	571	551	571	7,039
Supplies & Food													
00-0000 Office Supplies	17	17	17	17	17	17	17	17	17	17	17	17	200
Tot Supplies & Food	17	17	17	17	17	17	17	17	17	17	17	17	200
Purchased Services													
24-0000 I/D Printing Service	25	25	25	25	25	25	25	25	25	25	25	25	300
Tot Purchased Services	25	25	25	25	25	25	25	25	25	25	25	25	300
Total Operating Expense	9,470	8,862	9,470	9,166	9,470	9,264	12,552	9,221	8,907	9,221	8,907	9,221	113,732
Total Income From Operations	-8,532	-7,924	-8,532	-8,228	-8,532	-8,327	-11,615	-8,283	-7,969	-8,283	-7,969	-8,283	-102,480
Income													
Income Control Int	-8,532	-7,924	-8,532	-8,228	-8,532	-8,327	-11,615	-8,283	-7,969	-8,283	-7,969	-8,283	-102,480

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25 Advocate Health and Hospital
 Facility: 25091 Advocate Lutheran General Hosp
 Cost Center: 250911165 Senior Advocate

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Tot WrkPd,TrnOrfenPrd,&PdNonPr													
Wrk Prd & Train&Orfen Prod													
70010-0080 Salaries Reg-Clerical	310	290	310	300	310	300	310	310	300	310	300	310	3,661
Total Worked Productive Hours:	310	290	310	300	310	300	310	310	300	310	300	310	3,661
Tot Wrk Prd & Train&Orfen Prod	310	290	310	300	310	300	310	310	300	310	300	310	3,661
Paid Non Prod Hours:													
70084-0080 Plo-Clerical	42	40	42	41	42	41	42	42	41	42	41	42	499
Total Paid Non Prod Hours:	42	40	42	41	42	41	42	42	41	42	41	42	499
Total Tot WrkPd,TrnOrfenPrd,&PdNonPr	352	330	352	341	352	341	352	352	341	352	341	352	4,160
Total Manpower Statistics	352	330	352	341	352	341	352	352	341	352	341	352	4,160

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25 Advocate Health and Hospital
 Facility: 25091 Advocate Lutheran General Hosp
 Cost Center: 250911165 Senior Advocate

Reporting Database as of Date: 2/7/2020 9:54:05AM
 Year Ended for: 2020

ACCOUNT	DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
99737-0000	ADAPT Primary Measure	22	21	22	21	22	21	22	22	21	22	21	22	260
99738-0000	ADAPT Secondary Measure	24,186	23,146	23,892	24,236	24,727	23,208	24,499	23,616	22,477	24,877	23,343	24,301	286,507
	Total Statistics	24,208	23,167	23,915	24,257	24,749	23,229	24,521	23,638	22,498	24,899	23,364	24,323	286,767

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25 Advocate Health and Hospital
 Facility: 25091 Advocate Lutheran General Hosp
 Cost Center: 250911168 Senior Breakfast Series

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Operating Expense													
Supplies & Food													
78060-0000 Catering/Food Services	381	381	381	381	381	381	381	381	381	381	381	381	4,572
Tot Supplies & Food	381	381	381	381	381	381	381	381	381	381	381	381	4,572
Purchased Services													
75580-0000 Utilities-Water & Sewage	53	53	53	53	53	53	53	53	53	53	53	53	642
Tot Purchased Services	53	53	53	53	53	53	53	53	53	53	53	53	642
Total Operating Expense	434	434	434	434	434	434	434	434	434	434	434	434	5,214
Total Income From Operations	-434	-434	-434	-434	-434	-434	-434	-434	-434	-434	-434	-434	-5,214
Net Income	-434	-434	-434	-434	-434	-434	-434	-434	-434	-434	-434	-434	-5,214
Net Income Control Int	-434	-434	-434	-434	-434	-434	-434	-434	-434	-434	-434	-434	-5,214

Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25 Advocate Health and Hospital
 Facility: 25091 Advocate Lutheran General Hosp
 Cost Center: 250911169 Patient Resource Center
 Reporting Database as of Date: 2/1/2020 9:54:05AM
 Year Ended for: 2020

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Operating Revenue													
Other Operating Revenue													
5010-0000 Building/Property Rental	3,381	3,381	3,381	3,381	3,381	3,381	3,381	3,381	3,381	3,381	3,381	3,381	40,567
Tot Other Operating Revenue	3,381	3,381	3,381	3,381	3,381	3,381	3,381	3,381	3,381	3,381	3,381	3,381	40,567
Total Operating Revenue	3,381	3,381	3,381	3,381	3,381	3,381	3,381	3,381	3,381	3,381	3,381	3,381	40,567
Operating Expense													
Supplies & Food													
850-0000 Misc Patient Supplies	48	48	48	48	48	48	48	48	48	48	48	48	576
960-0000 Needles & Syringes	32	32	32	32	32	32	32	32	32	32	32	32	388
700-0000 Office Supplies	8	8	8	8	8	8	8	8	8	8	8	8	101
702-0000 Paper - Computer	17	17	17	17	17	17	17	17	17	17	17	17	208
Tot Supplies & Food	106	106	106	106	106	106	106	106	106	106	106	106	1,275
Purchased Services													
550-0000 Utilities-Telephone	191	191	191	191	191	191	191	191	191	191	191	191	2,287
551-0000 Computer Communications	677	677	677	677	677	677	677	677	677	677	677	677	8,124
380-0000 Utilities-Water & Sewage	86	86	86	86	86	86	86	86	86	86	86	86	1,029
389-0000 Utilities-Other	443	443	443	443	443	443	443	443	443	443	443	443	5,310
170-0000 R&M - Maintenance Contracts	64	64	64	64	64	64	64	64	64	64	64	64	771
113-0000 Contr Serv - Management Fees	120	120	120	120	120	120	120	120	120	120	120	120	1,440
Tot Purchased Services	1,580	1,580	1,580	1,580	1,580	1,580	1,580	1,580	1,580	1,580	1,580	1,580	18,981
Other													
14-0000 Food & Nonalcoholic Beverage	35	35	35	35	35	35	35	35	35	35	35	35	424
90-0000 Building Rental	6,862	6,862	6,862	6,862	6,862	6,862	6,862	6,862	6,862	6,862	6,862	6,862	82,348
98-0000 Rent Expense - Operating	23,331	23,331	23,331	23,331	23,331	23,331	23,331	23,331	23,331	23,331	23,331	23,331	279,966
Tot Other	30,228	30,228	30,228	30,228	30,228	30,228	30,228	30,228	30,228	30,228	30,228	30,228	362,738
Total Operating Expense	31,915	31,915	31,915	31,915	31,915	31,915	31,915	31,915	31,915	31,915	31,915	31,915	382,974

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25 Advocate Health and Hospital
 Facility: 25091 Advocate Lutheran General Hosp
 Cost Center: 250911169 Patient Resource Center

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Total Income From Operations	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-342,407
Net Income	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-342,407
Net Income Control Int	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-28,534	-342,407

Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services

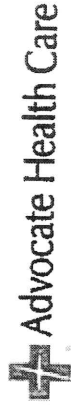
Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Operating Revenue													
1800-0000 Management Services And	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	36,000
1711-0000 Program Reg Fees	85,778	82,734	86,086	82,336	85,956	87,813	89,166	90,486	88,885	88,498	88,840	89,554	1,046,132
1220-0000 Program Reim Restricted Funds	3,046	3,046	3,046	3,046	3,046	350	1,698	350	350	350	350	1,698	20,381
1000-0000 Other Misc Revenues	12	12	12	12	12	12	12	12	12	12	12	12	144
Total Other Operating Revenue	91,837	88,792	92,144	88,394	92,014	91,475	93,877	93,849	92,247	91,860	92,202	94,265	1,102,657
Operating Expense													
Salaries and Wages													
310-0010 Salaries Reg-Management	5,515	5,159	5,515	5,337	5,515	5,395	5,695	5,695	5,511	5,695	5,511	5,695	66,238
310-0050 Salaries Reg-Nurses	5,267	4,927	5,267	5,097	5,267	5,152	5,438	5,438	5,263	5,438	5,263	5,438	63,253
310-0060 Salaries Reg-Professionals	8,606	8,051	8,606	8,328	8,606	8,418	8,886	8,886	8,599	8,886	8,599	8,886	103,356
310-0070 Salaries Reg-Technologists	3,567	3,337	3,567	3,452	3,567	3,490	3,683	3,683	3,565	3,683	3,565	3,683	42,844
310-0080 Salaries Reg-Clerical	3,897	3,645	3,897	3,771	3,897	3,812	4,023	4,023	3,894	4,023	3,894	4,023	46,798
310-0090 Salaries Reg-Support Staff	15,728	14,713	15,728	15,221	15,728	15,385	16,240	16,240	15,716	16,240	15,716	16,240	188,892
20-0050 Overtime Pay-Nurses	2	2	2	2	2	2	2	2	2	2	2	2	26
20-0070 Overtime Pay-Technologists	9	8	9	9	9	9	9	9	9	9	9	9	108
20-0090 Overtime Pay-Support Staff	9	8	9	8	9	8	9	9	9	9	9	9	104
23-0090 Orientation Pay-Support Staff	9	8	9	9	9	9	9	9	9	9	9	9	106
84-0010 Plo-Management	317	297	317	307	317	310	328	328	317	328	317	328	3,810
84-0050 Plo-Nurses	787	737	787	762	787	770	813	813	787	813	787	813	9,455
34-0080 Plo-Professionals	873	816	873	844	873	853	901	901	872	901	872	901	10,479
34-0070 Plo-Technologists	442	413	442	427	442	432	456	456	441	456	441	456	5,304
34-0080 Plo-Clerical	913	854	913	883	913	893	942	942	912	942	912	942	10,963
14-0090 Plo-Support Staff	1,904	1,781	1,904	1,842	1,904	1,862	1,966	1,966	1,902	1,966	1,902	1,966	22,864
19-0000 Plo Accrual	0	0	0	0	0	0	0	0	0	0	0	0	0
10-0010 Jury/Bereave-Management	296	276	296	286	296	289	305	305	295	305	295	305	3,549
0-0080 Jury/Bereave-Clerical	-115	-107	-115	-111	-115	-112	-118	-118	-115	-118	-115	-118	-1,378

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)

Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services



Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT	DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
70100-0090	Jury/Bereave-Support Staff	49	46	49	48	49	48	51	51	49	51	49	51	591
70131-0090	Misc Pay-Support Staff	1,211	1,133	1,211	1,172	1,211	1,172	1,211	1,211	1,172	1,211	1,172	1,211	14,295
70134-0080	Bonus Pay-Clerical	91	85	91	88	91	88	91	91	88	91	88	91	1,079
70134-0090	Bonus Pay-Support Staff	55	51	55	53	55	53	55	55	53	55	53	55	645
70135-0000	Long Term Incentive	688	688	688	688	688	688	688	688	688	688	688	688	8,260
70140-0000	Associate Bonus	279	279	279	279	279	279	279	279	279	279	279	279	3,350
70200-0000	Salaries Budget Adj	0	0	0	0	0	0	0	0	0	0	0	0	0
	Tot Salaries and Wages	50,388	47,209	50,388	48,803	50,398	49,306	51,962	51,962	50,317	51,962	50,317	51,962	604,990
	Benefits													
0240-0000	Fica	3,149	2,946	3,149	3,048	3,149	3,080	3,249	3,249	3,144	3,249	3,144	3,249	37,805
0250-0000	Pension	1,694	1,694	1,694	1,694	1,694	1,694	1,694	1,694	1,694	1,694	1,694	1,694	20,329
0253-0000	Matched Savings Plan	1,309	1,309	1,309	1,309	1,309	1,309	1,309	1,309	1,309	1,309	1,309	1,309	15,705
0257-0000	Pension Admin Fees	106	106	106	106	106	106	106	106	106	106	106	106	1,271
0280-0000	Life Insurance	100	100	100	100	100	100	100	100	100	100	100	100	1,200
0288-0000	Humana EPO	3,037	3,037	3,037	3,037	3,037	3,037	3,037	3,037	3,037	3,037	3,037	3,037	36,442
0289-0000	Blue Cross PPO	5,304	5,304	5,304	5,304	5,304	5,304	5,304	5,304	5,304	5,304	5,304	5,304	63,648
0291-0000	Humana HMO	1,872	1,872	1,872	1,872	1,872	1,872	1,872	1,872	1,872	1,872	1,872	1,872	22,464
0292-0000	Humana PPO	1,934	1,934	1,934	1,934	1,934	1,934	1,934	1,934	1,934	1,934	1,934	1,934	23,213
0294-0000	Pharmacy	2,444	2,444	2,444	2,444	2,444	2,444	2,444	2,444	2,444	2,444	2,444	2,444	29,325
0295-0000	Health Administration	1,222	1,222	1,222	1,222	1,222	1,222	1,222	1,222	1,222	1,222	1,222	1,222	14,661
0296-0000	Cobra / Pr Deductions	-4,210	-4,210	-4,210	-6,314	-4,210	-4,210	-4,210	-4,210	-4,210	-6,314	-4,210	-4,214	-54,728
0297-0000	HRA/DRA Expense	707	707	707	707	707	707	707	707	707	707	707	707	8,486
0298-0000	Vision Care Insurance	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	-95
301-0000	Dental Insurance	330	330	330	330	330	330	330	330	330	330	330	330	3,962
310-0000	Workman's Compensation	832	832	832	832	832	832	832	832	832	832	832	832	9,984
320-0000	Long Term Disability	108	108	108	108	108	108	108	108	108	108	108	108	1,292
325-0000	Short Term Disability	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	31,387
327-0000	Disability Admin Fees	104	104	104	104	104	104	104	104	104	104	104	104	1,248
330-0000	Tuition Reimbursement	106	106	106	106	106	106	106	106	106	106	106	106	1,273

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)

Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services



Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT	DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
3371-0000	Alloc Fringe Benefits	-1,534	-1,534	-1,534	-1,534	-1,534	-1,534	-1,534	-1,534	-1,534	-1,534	-1,534	-1,534	-18,404
3390-0000	Employee Recognition	0	0	0	0	0	0	0	0	0	0	0	0	419
	Tot Benefits	21,222	21,019	21,222	19,016	21,222	21,153	21,322	21,322	21,217	19,217	21,217	21,738	250,886
	Supplies & Food													
1850-0000	Misc Patient Supplies	7	7	7	7	7	7	7	7	7	7	7	7	78
1920-0000	Gloves	80	80	80	80	80	80	80	80	80	80	80	80	958
700-0000	Office Supplies	108	108	108	108	108	108	108	108	108	108	108	108	1,300
709-0000	Misc Dept Supplies	203	203	203	203	203	203	203	203	203	203	203	203	2,439
803-0000	Gasoline	996	996	996	996	996	996	996	996	996	996	996	996	11,950
808-0000	Automotive Parts	615	615	615	615	615	615	615	615	615	615	615	615	7,375
037-0000	COTG Printing/Copying	6	6	6	6	6	6	6	6	6	6	6	6	72
038-0000	COTG Printing/Copying Chgs -	31	31	31	31	31	31	31	31	31	31	31	31	370
051-0000	Tableware	85	85	85	85	85	85	85	85	85	85	85	85	1,016
	Tot Supplies & Food	2,130	2,130	2,130	2,130	2,130	2,130	2,130	2,130	2,130	2,130	2,130	2,130	25,557
	Purchased Services													
550-0000	Utilities-Telephone	49	49	49	49	49	49	49	49	49	49	49	49	585
552-0000	Cellular Telephone	110	110	110	110	110	110	110	110	110	110	110	110	1,326
001-0000	Cont Serv - Linen	165	165	165	165	165	165	165	165	165	165	165	165	1,983
006-0000	Cont Serv - Refuse/Dispose	182	182	182	182	182	182	182	182	182	182	182	182	2,185
007-0000	Cont Serv - Housekeeping	1,326	1,326	1,326	1,326	1,326	1,326	1,326	1,326	1,326	1,326	1,326	1,326	15,912
008-0000	Cont Serv - Pest Control	24	24	24	24	24	24	24	24	24	24	24	24	293
50-0000	Cont Serv - Misc Other	6,309	6,309	6,309	6,309	6,309	6,309	6,309	6,309	6,309	6,309	6,309	6,309	75,705
99-0000	Purchase Services Budget Adj	-128	-128	-128	-128	-128	-128	-128	-128	-128	-128	-128	-128	-1,540
00-0000	Corporate Allocation	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	83,159
02-0000	I/D Physch Referral Serv	40	40	40	40	40	40	40	40	40	40	40	40	475
24-0000	I/D Printing Service	75	75	75	75	75	75	75	75	75	75	75	75	900
62-0000	I/D Dietary Services/Sales	5,205	5,205	5,205	5,205	5,205	5,205	5,205	5,205	5,205	5,205	5,205	5,205	62,457
80-0000	I/D Pharmacy Sales	2	2	2	2	2	2	2	2	2	2	2	2	23
16-0000	I/D Disability Case Mgmt	34	34	34	34	34	34	34	34	34	34	34	34	408

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT	DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
93818-0000	I/D Employee Health Serv	203	203	203	203	203	203	203	203	203	203	203	203	2,441
	Tot Purchased Services	20,526	20,526	20,526	20,526	20,526	20,526	20,526	20,526	20,526	20,526	20,526	20,526	246,310
	Other													
77402-0000	Employee Travel-Local	287	287	287	287	287	287	287	287	287	287	287	287	3,446
77413-0000	Hotel Room Rental	20	20	20	20	20	20	20	20	20	20	20	20	246
77414-0000	Food & Nonalcoholic Beverage	333	333	333	333	333	333	333	333	333	333	333	333	4,000
77501-0000	Employee Books/Subscriptions	68	68	68	68	68	68	68	68	68	68	68	68	816
77600-0000	Employee Relations	7	7	7	7	7	7	7	7	7	7	7	7	87
'80900-0000	Misc Department Expense	815	815	815	815	815	815	815	815	815	815	815	815	9,778
'82610-0000	Misc Promotional	23	23	23	23	23	23	23	23	23	23	23	23	272
'86010-0000	Orgare/Hosp Membership	31	31	31	31	31	31	31	31	31	31	31	31	377
'86700-0000	Postage And Freight	0	0	0	0	0	0	0	0	0	0	0	0	0
'88710-0000	Postage Mass-Mailings	37	37	37	37	37	37	37	37	37	37	37	37	448
93898-0000	I/D Rent	2,843	2,843	2,843	2,843	2,843	2,843	2,843	2,843	2,843	2,843	2,843	2,843	34,121
	Tot Other	4,466	4,466	4,466	4,466	4,466	4,466	4,466	4,466	4,466	4,466	4,466	4,466	53,590
9630-0000	Insurance, Gen, Liab, & Miscellan	271	271	271	271	271	271	271	271	271	271	271	271	3,252
	Tot Insurance	271	271	271	271	271	271	271	271	271	271	271	271	3,252
	Depreciation													
9890-0000	Depr Equipment	102	102	102	102	102	102	102	102	102	102	102	102	1,228
	Tot Depreciation	102	102	102	102	102	102	102	102	102	102	102	102	1,228
	Total Operating Expense	99,115	95,722	99,115	95,314	99,115	97,953	100,778	100,778	99,028	98,673	99,028	101,194	1,185,813
	Total Income From Operations	-7,278	-6,930	-6,970	-6,919	-7,100	-6,778	-6,902	-6,930	-6,781	-6,813	-6,826	-6,929	-83,155
	Net Income	-7,278	-6,930	-6,970	-6,919	-7,100	-6,778	-6,902	-6,930	-6,781	-6,813	-6,826	-6,929	-83,155
	Net Income Control Int	-7,278	-6,930	-6,970	-6,919	-7,100	-6,778	-6,902	-6,930	-6,781	-6,813	-6,826	-6,929	-83,155

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
*1 Wk Prd, Trn Orien Prd, & Prk Prd													
Wk Prd & Train Orien Prd													
010-0010 Salaries Reg-Management	159	148	159	153	159	153	159	159	153	159	153	159	1,872
010-0050 Salaries Reg-Nurses	153	143	153	148	153	148	153	153	148	153	148	153	1,809
010-0060 Salaries Reg-Professionals	321	300	321	310	321	310	321	321	310	321	310	321	3,786
010-0070 Salaries Reg-Technologists	157	146	157	151	157	151	157	157	151	157	151	157	1,848
010-0080 Salaries Reg-Chemical	146	137	146	142	146	142	146	146	142	146	142	146	1,726
310-0090 Salaries Reg-Support Staff	968	906	968	937	968	937	968	968	937	968	937	968	11,429
120-0050 Overtime Pay-Nurses	0	0	0	0	0	0	0	0	0	0	0	0	0
120-0070 Overtime Pay-Technologists	0	0	0	0	0	0	0	0	0	0	0	0	0
120-0090 Overtime Pay-Support Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Worked Productive Hours:	1,904	1,781	1,904	1,842	1,904	1,842	1,904	1,904	1,842	1,904	1,842	1,904	22,477
Training & Orientation Prd:													
23-0090 Orientation Pay-Support Staff	1	1	1	1	1	1	1	1	1	1	1	1	12
Total Training & Orientation Prd:	1	1	1	1	1	1	1	1	1	1	1	1	12
of Wk Prd & Train Orien Prd	1,904	1,782	1,904	1,843	1,904	1,843	1,904	1,904	1,843	1,904	1,843	1,904	22,484
bid Non Prod Hours:													
84-0010 Plo-Management	9	9	9	9	9	9	9	9	9	9	9	9	108
84-0050 Plo-Nurses	23	21	23	22	23	22	23	23	22	23	22	23	270
84-0060 Plo-Professionals	32	30	32	31	32	31	32	32	31	32	31	32	374
84-0070 Plo-Technologists	19	18	19	19	19	19	19	19	19	19	19	19	229
14-0060 Plo-Chemical	34	32	34	33	34	33	34	34	33	34	33	34	404
14-0090 Plo-Support Staff	112	104	112	108	112	108	112	112	108	112	108	112	1,318
10-0010 Jury/Bereave-Management	8	8	8	8	8	8	8	8	8	8	8	8	100
10-0080 Jury/Bereave-Chemical	-4	-4	-4	-4	-4	-4	-4	-4	-4	-4	-4	-4	-51
10-0090 Jury/Bereave-Support Staff	3	3	3	3	3	3	3	3	3	3	3	3	34
Total Paid Non Prod Hours:	236	221	236	228	236	228	236	236	228	236	228	236	2,787

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



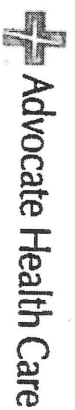
Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT	DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
	Total Tot WrkPd,TmOrienPrd,&PdNonPr	2,140	2,002	2,140	2,071	2,140	2,071	2,140	2,140	2,071	2,140	2,071	2,140	25,271
	Total Manpower Statistics	2,140	2,002	2,140	2,071	2,140	2,071	2,140	2,140	2,071	2,140	2,071	2,140	25,271

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services
 Cost Center: 250961000 Corp Services-Administration

Reporting Database as of Date: 2/7/2020 9:54:05AM
 Year Ended for: 2020

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Operating Expense													
Purchased Services													
9500-0000 Corporate Allocation	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	83,159
Total Purchased Services	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	83,159
Total Operating Expense	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	6,930	83,159
Total Income From Operations	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-83,159
of Income													
of Income Control Int	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-83,159
	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-6,930	-83,159

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services
 Cost Center: 250961130 Divisional Non Allocated Costs

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Operating Expense													
Salaries and Wages													
70200-0000 Salaries Budget Adj	0	0	0	0	0	0	0	0	0	0	0	0	0
Tot Salaries and Wages	0	0	0	0	0	0	0	0	0	0	0	0	0
Benefits													
70390-0000 Employee Recognition	0	0	0	0	0	0	0	0	0	0	0	420	419
Tot Benefits	0	0	0	0	0	0	0	0	0	0	0	420	419
Purchased Services													
76199-0000 Purchase Services Budget Adj	0	0	0	0	0	0	0	0	0	0	0	0	0
Tot Purchased Services	0	0	0	0	0	0	0	0	0	0	0	0	0
Other													
76670-0000 Postage And Freight	0	0	0	0	0	0	0	0	0	0	0	0	0
Tot Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Operating Expense	0	0	0	0	0	0	0	0	0	0	0	420	419
Total Income From Operations	0	0	0	0	0	0	0	0	0	0	0	-420	-419
Net Income	0	0	0	0	0	0	0	0	0	0	0	-420	-419
Net Income Control Int	0	0	0	0	0	0	0	0	0	0	0	-420	-419

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25
 Facility: 25096
 Cost Center: 250961135

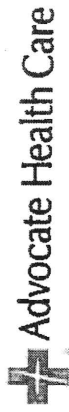
Advocate Health and Hospital
 Older Adult Services
 Divisional Fringe Benefits

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT	DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Operating Expense														
Salaries and Wages														
0135-0000	Long Term Incentive	688	688	688	688	688	688	688	688	688	688	688	688	8,260
0140-0000	Associate Bonus	279	279	279	279	279	279	279	279	279	279	279	279	3,350
	Total Salaries and Wages	968	968	968	968	968	968	968	968	968	968	968	968	11,610
Benefits														
1250-0000	Pension	1,694	1,694	1,694	1,694	1,694	1,694	1,694	1,694	1,694	1,694	1,694	1,694	20,329
253-0000	Matched Savings Plan	1,309	1,309	1,309	1,309	1,309	1,309	1,309	1,309	1,309	1,309	1,309	1,309	15,705
257-0000	Pension Admin Fees	106	106	106	106	106	106	106	106	106	106	106	106	1,271
280-0000	Life Insurance	100	100	100	100	100	100	100	100	100	100	100	100	1,200
288-0000	Humana EPO	3,037	3,037	3,037	3,037	3,037	3,037	3,037	3,037	3,037	3,037	3,037	3,037	36,442
289-0000	Blue Cross PPO	5,304	5,304	5,304	5,304	5,304	5,304	5,304	5,304	5,304	5,304	5,304	5,304	63,648
291-0000	Humana HMO	1,872	1,872	1,872	1,872	1,872	1,872	1,872	1,872	1,872	1,872	1,872	1,872	22,464
292-0000	Humana PPO	1,934	1,934	1,934	1,934	1,934	1,934	1,934	1,934	1,934	1,934	1,934	1,934	23,213
95-0000	Pharmacy	2,444	2,444	2,444	2,444	2,444	2,444	2,444	2,444	2,444	2,444	2,444	2,444	29,325
96-0000	Health Administration	1,222	1,222	1,222	1,222	1,222	1,222	1,222	1,222	1,222	1,222	1,222	1,222	14,661
96-0000	Cobra / Pr Deductions	-4,210	-4,210	-4,210	-4,210	-4,210	-4,210	-4,210	-4,210	-4,210	-4,210	-4,210	-4,210	-54,728
97-0000	HRA/DRA Expense	707	707	707	707	707	707	707	707	707	707	707	707	8,486
98-0000	Vision Care Insurance	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	-96
01-0000	Dental Insurance	330	330	330	330	330	330	330	330	330	330	330	330	3,962
10-0000	Workman's Compensation	832	832	832	832	832	832	832	832	832	832	832	832	9,984
20-0000	Long Term Disability	108	108	108	108	108	108	108	108	108	108	108	108	1,292
25-0000	Short Term Disability	0	0	0	0	0	0	0	0	0	0	0	0	0
27-0000	Disability Admin Fees	104	104	104	104	104	104	104	104	104	104	104	104	1,248
10-0000	Tuition Reimbursement	106	106	106	106	106	106	106	106	106	106	106	106	1,273
1-0000	Alloc Fringe Benefits	-1,534	-1,534	-1,534	-1,534	-1,534	-1,534	-1,534	-1,534	-1,534	-1,534	-1,534	-1,534	-18,404
	Total Benefits	15,457	15,457	15,457	15,457	15,457	15,457	15,457	15,457	15,457	15,457	15,457	15,453	181,275
Purchased Services														
2-0000	I/D Physch Referral Serv	40	40	40	40	40	40	40	40	40	40	40	40	475

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



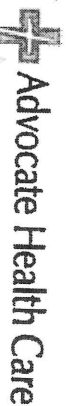
Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services
 Cost Center: 250961135 Divisonal Fringe Benefits

Reporting Database as of Date: 2/7/2020 9:54:05AM
 Year Ended for: 2020

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
93816-0000 I/D Disability Case Mgmt	34	34	34	34	34	34	34	34	34	34	34	34	408
93818-0000 I/D Employee Health Serv	203	203	203	203	203	203	203	203	203	203	203	203	2,441
Tot Purchased Services	277	277	277	277	277	277	277	277	277	277	277	277	3,324
Insurance													
79630-0000 Insurance, Gen. Liab & Miscellan	271	271	271	271	271	271	271	271	271	271	271	271	3,252
Tot Insurance	271	271	271	271	271	271	271	271	271	271	271	271	3,252
Total Operating Expense	16,973	16,973	16,973	14,868	16,973	16,973	16,973	16,973	16,973	14,868	16,973	16,969	199,461
Total Income From Operations	-16,973	-16,973	-16,973	-14,868	-16,973	-16,973	-16,973	-16,973	-16,973	-14,868	-16,973	-16,969	-199,461
Net Income	-16,973	-16,973	-16,973	-14,868	-16,973	-16,973	-16,973	-16,973	-16,973	-14,868	-16,973	-16,969	-199,461
Net Income Control Int	-16,973	-16,973	-16,973	-14,868	-16,973	-16,973	-16,973	-16,973	-16,973	-14,868	-16,973	-16,969	-199,461

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (02722)



Company: 25
 Facility: 25096
 Cost Center: 250961170

Advocate Health and Hospital
 Older Adult Services
 Older Adult Services Admin

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Operating Expense													
Salaries and Wages													
0010-0080 Salaries Reg-Clerical	3,897	3,645	3,897	3,771	3,897	3,812	4,023	4,023	3,894	4,023	3,894	4,023	46,798
0084-0080 Pto-Clerical	913	854	913	883	913	893	942	942	912	942	912	942	10,963
0089-0000 Pto Accrual	0	0	0	0	0	0	0	0	0	0	0	0	0
0100-0080 Jury/Bereave-Clerical	-115	-107	-115	-111	-115	-112	-118	-118	-115	-118	-115	-116	-1,378
0134-0080 Bonus Pay-Clerical	91	85	91	88	91	88	91	91	88	91	88	91	1,079
Tot Salaries and Wages	4,786	4,417	4,786	4,632	4,786	4,601	4,939	4,939	4,779	4,939	4,779	4,939	57,462
Benefits													
1240-0000 Fica	299	280	299	290	299	293	309	309	299	309	299	309	3,596
Tot Benefits	299	280	299	290	299	293	309	309	299	309	299	309	3,596
Supplies & Food													
850-0000 Misc Patient Supplies	7	7	7	7	7	7	7	7	7	7	7	7	78
920-0000 Gloves	30	30	30	30	30	30	30	30	30	30	30	30	358
700-0000 Office Supplies	29	29	29	29	29	29	29	29	29	29	29	29	350
709-0000 Misc Dept Supplies	40	40	40	40	40	40	40	40	40	40	40	40	474
Tot Supplies & Food	105	105	105	105	105	105	105	105	105	105	105	105	1,260
Purchased Services													
199-0000 Purchase Services Budget Adj	-128	-128	-128	-128	-128	-128	-128	-128	-128	-128	-128	-128	-1,540
124-0000 I/D Printing Service	33	33	33	33	33	33	33	33	33	33	33	33	400
Tot Purchased Services	-95	-95	-95	-95	-95	-95	-95	-95	-95	-95	-95	-95	-1,140
Other													
02-0000 Employee Travel/Local	21	21	21	21	21	21	21	21	21	21	21	21	250
90-0000 Misc Department Expense	4	4	4	4	4	4	4	4	4	4	4	4	48
61-0000 Misc Promotional	23	23	23	23	23	23	23	23	23	23	23	23	272
Tot Other	47	47	47	47	47	47	47	47	47	47	47	47	570
Depreciation													
30-0000 Depr Equipment	26	26	26	26	26	26	26	26	26	26	26	26	308

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)

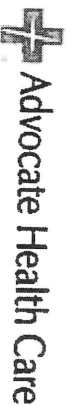


Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services
 Cost Center: 250961170 Older Adult Services Admin

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Tot Depreciation	26	26	26	26	26	26	26	26	26	26	26	26	306
Total Operating Expense	5,169	4,841	5,169	5,005	5,169	5,057	5,331	5,331	5,162	5,331	5,162	5,331	82,055
Total Income From Operations	-5,169	-4,841	-5,169	-5,005	-5,169	-5,057	-5,331	-5,331	-5,162	-5,331	-5,162	-5,331	-62,055
Net Income	-5,169	-4,841	-5,169	-5,005	-5,169	-5,057	-5,331	-5,331	-5,162	-5,331	-5,162	-5,331	-62,055
Net Income Control Int	-5,169	-4,841	-5,169	-5,005	-5,169	-5,057	-5,331	-5,331	-5,162	-5,331	-5,162	-5,331	-62,055

Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services
 Cost Center: 250961170 Older Adult Services Admin

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
W/R Prd & Train&Orien Prd													
010-0080 Salaries Reg-Clerical	146	137	146	142	146	142	146	146	142	146	142	146	1,726
Total Worked Productive Hours:	146	137	146	142	146	142	146	146	142	146	142	146	1,726
For W/R Prd & Train&Orien Prd	146	137	146	142	146	142	146	146	142	146	142	146	1,726
Paid Non Prod Hours:													
184-0080 Pla-Clerical	34	32	34	33	34	33	34	34	33	34	33	34	404
00-0080 Juny/Bereave-Clerical	-4	-4	-4	-4	-4	-4	-4	-4	-4	-4	-4	-4	-51
Total Paid Non Prod Hours:	30	28	30	29	30	29	30	30	29	30	29	30	354
At Tot W/R Prd, Trn Orien Prd, & Prd Non P	176	165	176	170	176	170	176	176	170	176	170	176	2,080
At Manpower Statistics	176	165	176	170	176	170	176	176	170	176	170	176	2,080

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services
 Cost Center: 250961171 Older Adult Sv Adult Day Care

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT	DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Operating Revenue														
Other Operating Revenue														
44711-0000	Program Reg Fees	67,683	63,854	68,875	65,323	67,168	68,159	69,496	69,423	64,940	68,751	65,132	66,233	805,038
45220-0000	Program Reim Restricted Funds	2,696	2,696	2,696	2,696	2,696	0	1,348	0	0	0	0	1,348	16,175
	Tot Other Operating Revenue	70,378	66,550	71,571	68,019	69,864	68,159	70,844	69,423	64,940	68,751	65,132	67,581	821,213
	Total Operating Revenue	70,378	66,550	71,571	68,019	69,864	68,159	70,844	69,423	64,940	68,751	65,132	67,581	821,213
Operating Expense														
Salaries and Wages														
70010-0010	Salaries Reg-Management	5,515	5,159	5,515	5,337	5,515	5,395	5,695	5,695	5,511	5,695	5,511	5,695	66,238
70010-0050	Salaries Reg-Nurses	5,267	4,927	5,267	5,097	5,267	5,152	5,438	5,438	5,263	5,438	5,263	5,438	63,253
70010-0070	Salaries Reg-Technologists	3,567	3,337	3,567	3,452	3,567	3,490	3,683	3,683	3,565	3,683	3,565	3,683	42,844
70010-0090	Salaries Reg-Support Staff	15,728	14,713	15,728	15,221	15,728	15,385	16,240	16,240	15,716	16,240	15,716	16,240	188,892
70020-0050	Overtime Pay-Nurses	2	2	2	2	2	2	2	2	2	2	2	2	26
70020-0070	Overtime Pay-Technologists	9	8	9	9	9	9	9	9	9	9	9	9	108
70020-0090	Overtime Pay-Support Staff	9	8	9	8	9	8	9	9	9	9	9	9	104
70023-0090	Orientation Pay-Support Staff	9	8	9	9	9	9	9	9	9	9	9	9	106
70084-0010	Pto-Management	317	297	317	307	317	310	328	328	317	328	317	328	3,810
70084-0050	Pto-Nurses	787	737	787	762	787	770	813	813	787	813	787	813	9,455
70084-0070	Pto-Technologists	442	413	442	427	442	432	456	456	441	456	441	456	5,304
70084-0090	Pto-Support Staff	1,904	1,781	1,904	1,842	1,904	1,862	1,966	1,966	1,902	1,966	1,902	1,966	22,864
70089-0000	Pto Accrual	0	0	0	0	0	0	0	0	0	0	0	0	0
71000-0010	Jury/Bereave-Management	296	276	296	286	296	289	305	305	295	305	295	305	3,549
71000-0090	Jury/Bereave-Support Staff	49	46	49	48	49	48	51	51	49	51	49	51	591
71310-0090	Misc Pay-Support Staff	1,211	1,133	1,211	1,172	1,211	1,172	1,211	1,211	1,172	1,211	1,172	1,211	14,295
71340-0090	Bonus Pay-Support Staff	55	51	55	53	55	53	55	55	53	55	53	55	645
	Tot Salaries and Wages	35,166	32,897	35,166	34,031	35,166	34,386	36,269	36,269	35,099	36,269	35,099	36,269	422,084
Benefits														
72400-0000	Fica	2,221	2,078	2,221	2,150	2,221	2,172	2,291	2,291	2,217	2,291	2,217	2,291	26,662

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



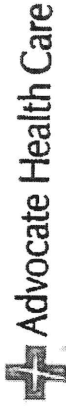
Company: 25 Advocate Health and Hospital
Facility: 25096 Older Adult Services
Cost Center: 250961171 Older Adult Srv Adult Day Care

Reporting Database as of Date: 2/7/2020 9:54:05AM
 Year Ended for: 2020

ACCOUNT	DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Tot Benefits		2,221	2,078	2,221	2,150	2,221	2,172	2,291	2,291	2,217	2,291	2,217	2,291	26,662
Supplies & Food														
1920-0000	Gloves	50	50	50	50	50	50	50	50	50	50	50	50	600
7700-0000	Office Supplies	50	50	50	50	50	50	50	50	50	50	50	50	600
7709-0000	Misc Dept Supplies	116	116	116	116	116	116	116	116	116	116	116	116	1,387
7903-0000	Gasoline	996	996	996	996	996	996	996	996	996	996	996	996	11,950
7809-0000	Automotive Parts	615	615	615	615	615	615	615	615	615	615	615	615	7,375
3038-0000	COTC Printing/Copying Chgs -	31	31	31	31	31	31	31	31	31	31	31	31	370
3051-0000	Tableware	85	85	85	85	85	85	85	85	85	85	85	85	1,016
Tot Supplies & Food		1,942	1,942	1,942	1,942	1,942	1,942	1,942	1,942	1,942	1,942	1,942	1,942	23,296
Purchased Services														
552-0000	Utilities-Telephone	49	49	49	49	49	49	49	49	49	49	49	49	585
001-0000	Cellular Telephone	110	110	110	110	110	110	110	110	110	110	110	110	1,326
006-0000	Contr Serv - Linen	165	165	165	165	165	165	165	165	165	165	165	165	1,983
007-0000	Contr Serv - Refuse/Dispose	182	182	182	182	182	182	182	182	182	182	182	182	2,185
008-0000	Contr Serv - Housekeeping	1,326	1,326	1,326	1,326	1,326	1,326	1,326	1,326	1,326	1,326	1,326	1,326	15,912
462-0000	HD Dietary Services/Sales	24	24	24	24	24	24	24	24	24	24	24	24	293
780-0000	IID Pharmacy Sales	4,482	4,482	4,482	4,482	4,482	4,482	4,482	4,482	4,482	4,482	4,482	4,482	53,780
Tot Purchased Services		2	2	2	2	2	2	2	2	2	2	2	2	23
Other		6,340	6,340	6,340	6,340	6,340	6,340	6,340	6,340	6,340	6,340	6,340	6,340	76,066
102-0000	Employee Travel-Local	100	100	100	100	100	100	100	100	100	100	100	100	1,196
113-0000	Hotel Room Rental	20	20	20	20	20	20	20	20	20	20	20	20	246
114-0000	Food & Nonalcoholic Beverage	292	292	292	292	292	292	292	292	292	292	292	292	3,500
01-0000	Employee Books/Subscriptions	68	68	68	68	68	68	68	68	68	68	68	68	816
190-0000	Misc Department Expense	603	603	603	603	603	603	603	603	603	603	603	603	7,241
01-0000	Organ/Hosp Membership	31	31	31	31	31	31	31	31	31	31	31	31	377
71-0000	Postage Mass-Mailings	5	5	5	5	5	5	5	5	5	5	5	5	63

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)

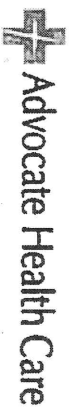


Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services
 Cost Center: 250961171 Older Adult Srv Adult Day Care

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
93899-0000 I/D Rent	2,843	2,843	2,843	2,843	2,843	2,843	2,843	2,843	2,843	2,843	2,843	2,843	34,121
Tot Other	3,963	3,963	3,963	3,963	3,963	3,963	3,963	3,963	3,963	3,963	3,963	3,963	47,559
Depreciation													
79890-0000 Depr Equipment	77	77	77	77	77	77	77	77	77	77	77	77	920
Tot Depreciation	77	77	77	77	77	77	77	77	77	77	77	77	920
Total Operating Expense	49,709	47,297	49,709	48,503	49,709	48,880	50,882	50,882	49,838	50,882	49,838	50,882	596,609
Total Income From Operations	20,669	19,253	21,862	19,516	20,155	19,280	19,963	18,542	15,302	17,869	15,495	16,700	224,604
Net Income	20,669	19,253	21,862	19,516	20,155	19,280	19,963	18,542	15,302	17,869	15,495	16,700	224,604
Net Income Control Int	20,669	19,253	21,862	19,516	20,155	19,280	19,963	18,542	15,302	17,869	15,495	16,700	224,604

Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



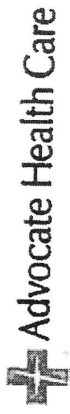
Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services
 Cost Center: 250961171 Older Adult Srv Adult Day Care

Reporting Database as of Date: 2/7/2020 9:54:05AM
 Year Ended for: 2020

ACCOUNT	DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
*1 WkPrd,TrnOriPrd,&PdNonPr														
Wk Prd & Train&OriPrd														
010-0010	Salaries Reg-Management	159	148	159	153	159	153	159	159	153	159	153	159	1,872
010-0050	Salaries Reg-Nurses	153	143	153	148	153	148	153	153	148	153	148	153	1,809
010-0070	Salaries Reg-Technologists	157	146	157	151	157	151	157	157	151	157	151	157	1,846
010-0090	Salaries Reg-Support Staff	968	906	968	937	968	937	968	968	937	968	937	968	11,429
020-0050	Overtime Pay-Nurses	0	0	0	0	0	0	0	0	0	0	0	0	1
020-0070	Overtime Pay-Technologists	0	0	0	0	0	0	0	0	0	0	0	0	3
020-0090	Overtime Pay-Support Staff	0	0	0	0	0	0	0	0	0	0	0	0	4
	Total Worked Productive Hours:	1,437	1,344	1,437	1,391	1,437	1,391	1,437	1,437	1,391	1,437	1,391	1,437	16,955
Training&Orientation Prod:														
023-0090	Orientation Pay-Support Staff	1	1	1	1	1	1	1	1	1	1	1	1	7
	Total Training&Orientation Prod:	1	1	1	1	1	1	1	1	1	1	1	1	7
Tot Wk Prd & Train&OriPrd														
		1,438	1,345	1,438	1,391	1,438	1,391	1,438	1,438	1,391	1,438	1,391	1,438	16,972
*2ald Non Prod Hours:														
184-0010	Pfc-Management	9	9	9	9	9	9	9	9	9	9	9	9	108
184-0050	Pfc-Nurses	23	21	23	22	23	22	23	23	22	23	22	23	270
184-0070	Pfc-Technologists	19	18	19	19	19	19	19	19	19	19	19	19	229
184-0090	Pfc-Support Staff	112	104	112	108	112	108	112	112	108	112	108	112	1,318
00-0010	Jury/Berave-Management	8	8	8	8	8	8	8	8	8	8	8	8	100
00-0090	Jury/Berave-Support Staff	3	3	3	3	3	3	3	3	3	3	3	3	34
	Total Paid Non Prod Hours:	174	163	174	169	174	169	174	174	169	174	169	174	2,059
*3 Tot WkPrd,TrnOriPrd,&PdNonPr														
*4 Manpower Statistics														
		1,612	1,508	1,612	1,560	1,612	1,560	1,612	1,612	1,560	1,612	1,560	1,612	19,031
		1,612	1,506	1,612	1,560	1,612	1,560	1,612	1,612	1,560	1,612	1,560	1,612	19,031

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services
 Cost Center: 250961172 Older Adult Serv Home Del Meal

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Operating Revenue													
Other Operating Revenue													
44711-0000 Program Reg Fees	916	916	916	916	916	916	916	916	916	916	916	916	10,994
45220-0000 Program Reim Restricted Funds	351	351	351	351	351	351	351	351	351	351	351	351	4,206
49000-0000 Other Misc Revenues	12	12	12	12	12	12	12	12	12	12	12	12	144
Tot Other Operating Revenue	1,279	1,279	1,279	1,279	1,279	1,279	1,279	1,279	1,279	1,279	1,279	1,279	15,345
Total Operating Revenue	1,279	1,279	1,279	1,279	1,279	1,279	1,279	1,279	1,279	1,279	1,279	1,279	15,345
Operating Expense													
Supplies & Food													
77709-0000 Misc Dept Supplies	21	21	21	21	21	21	21	21	21	21	21	21	250
Tot Supplies & Food	21	21	21	21	21	21	21	21	21	21	21	21	250
Purchased Services													
93462-0000 I/D Dietary Services/Sales	723	723	723	723	723	723	723	723	723	723	723	723	8,677
Tot Purchased Services	723	723	723	723	723	723	723	723	723	723	723	723	8,677
Other													
7414-0000 Food & Nonalcoholic Beverage	42	42	42	42	42	42	42	42	42	42	42	42	500
8090-0000 Misc Department Expense	21	21	21	21	21	21	21	21	21	21	21	21	250
Tot Other	62	62	62	62	62	62	62	62	62	62	62	62	750
Total Operating Expense	806	806	806	806	806	806	806	806	806	806	806	806	9,677
Total Income From Operations	472	472	472	472	472	472	472	472	472	472	472	472	5,668
Net Income	472	472	472	472	472	472	472	472	472	472	472	472	5,668
Net Income Control Int	472	472	472	472	472	472	472	472	472	472	472	472	5,668

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25
 Facility: 25096
 Cost Center: 250961176

Advocate Health and Hospital
 Older Adult Services
 Older Adult Ser-Alzheimer Prog

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Operating Revenue													
Other Operating Revenue													
14771-0000 Program Reg Fees	9,049	10,486	8,189	8,655	10,386	10,470	10,217	11,965	14,616	10,782	14,803	14,682	134,220
Total Other Operating Revenue	9,049	10,486	8,189	8,655	10,386	10,470	10,217	11,965	14,616	10,782	14,803	14,682	134,220
Total Operating Revenue	9,049	10,486	8,189	8,655	10,386	10,470	10,217	11,965	14,616	10,782	14,803	14,682	134,220
Operating Expense													
Salaries and Wages													
0010-0060 Salaries Reg-Professionals	4,150	3,882	4,150	4,016	4,150	4,059	4,285	4,285	4,147	4,285	4,147	4,285	49,838
0084-0060 Pro-Professionals	265	248	265	256	265	259	273	273	265	273	265	273	3,181
Total Salaries and Wages	4,415	4,130	4,415	4,272	4,415	4,318	4,558	4,558	4,411	4,558	4,411	4,558	53,019
Benefits													
3240-0000 Fica	294	275	294	285	294	288	304	304	294	304	294	304	3,533
Total Benefits	294	275	294	285	294	288	304	304	294	304	294	304	3,533
Supplies & Food													
7000-0000 Office Supplies	13	13	13	13	13	13	13	13	13	13	13	13	150
7090-0000 Misc Dept Supplies	18	18	18	18	18	18	18	18	18	18	18	18	219
Total Supplies & Food	31	31	31	31	31	31	31	31	31	31	31	31	369
Purchased Services													
424-0000 ID Printing Service	33	33	33	33	33	33	33	33	33	33	33	33	400
Total Purchased Services	33	33	33	33	33	33	33	33	33	33	33	33	400
Other													
3000-0000 Employee Relations	7	7	7	7	7	7	7	7	7	7	7	7	87
390-0000 Misc Department Expense	187	187	187	187	187	187	187	187	187	187	187	187	2,239
Total Other	194	194	194	194	194	194	194	194	194	194	194	194	2,326
Total Operating Expense	4,967	4,683	4,967	4,815	4,967	4,864	5,120	5,120	4,963	5,120	4,963	5,120	59,648

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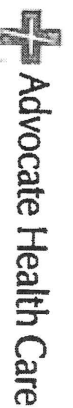


Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services
 Cost Center: 250961176 Older Adult Ser-Alzheimer Prog

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Total Income From Operations	4,083	5,823	3,222	3,840	5,419	5,606	5,098	6,845	9,653	5,662	9,840	9,482	74,572
Net Income	4,083	5,823	3,222	3,840	5,419	5,606	5,098	6,845	9,653	5,662	9,840	9,482	74,572
Net Income Control Int	4,083	5,823	3,222	3,840	5,419	5,606	5,098	6,845	9,653	5,662	9,840	9,482	74,572

Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



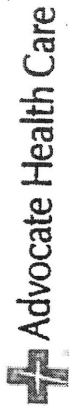
Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services
 Cost Center: 250961176 Older Adult Ser-Alzheimer Prog

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT	DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Tot WkPrd,TrnOrienPrd,&PrdNonPr														
Wk Prd & Train&Orien Prd														
0010-0060	Salaries Reg-Professionals	166	155	166	160	166	160	166	166	160	166	160	166	1,955
Total Worked Productive Hours:		166	155	166	160	166	160	166	166	160	166	160	166	1,955
Tot Wk Prd & Train&Orien Prd														
		166	155	166	160	166	160	166	166	160	166	160	166	1,955
Paid Non Prod Hours:														
0084-0060	Pfc-Professionals	11	10	11	10	11	10	11	11	10	11	10	11	125
Total Paid Non Prod Hours:		11	10	11	10	11	10	11	11	10	11	10	11	125
Total Tot WkPrd,TrnOrienPrd,&PrdNonPr														
		176	165	176	170	176	170	176	176	170	176	170	176	2,080
Total Manpower Statistics														
		176	165	176	170	176	170	176	176	170	176	170	176	2,080

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services
 Cost Center: 250962525 Older Adult Serv Info & Referr

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Operating Revenue													
Other Operating Revenue													
44600-0000 Management Services And	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	36,000
44711-0000 Program Reg Fees	8,130	7,478	8,105	7,441	7,486	8,268	8,536	8,182	8,413	8,049	7,988	7,803	95,880
Tot Other Operating Revenue	11,130	10,478	11,105	10,441	10,486	11,268	11,536	11,182	11,413	11,049	10,988	10,803	131,880
Total Operating Revenue	11,130	10,478	11,105	10,441	10,486	11,268	11,536	11,182	11,413	11,049	10,988	10,803	131,880
Operating Expense													
Salaries and Wages													
70010-0060 Salaries Reg-Professionals	4,456	4,169	4,456	4,312	4,456	4,359	4,601	4,601	4,453	4,601	4,453	4,601	53,517
70084-0060 Pto-Professionals	606	568	608	588	608	594	627	627	627	627	607	627	7,298
70089-0000 Pto Accrual	0	0	0	0	0	0	0	0	0	0	0	0	0
Tot Salaries and Wages	5,064	4,737	5,064	4,900	5,064	4,953	5,228	5,228	5,060	5,228	5,060	5,228	60,815
Benefits													
70240-0000 Fica	334	313	334	323	334	327	345	345	334	345	334	345	4,013
Tot Benefits	334	313	334	323	334	327	345	345	334	345	334	345	4,013
Supplies & Food													
77700-0000 Office Supplies	17	17	17	17	17	17	17	17	17	17	17	17	200
77709-0000 Misc Dept Supplies	9	9	9	9	9	9	9	9	9	9	9	9	108
8037-0000 COTG Printing/Copying	6	6	6	6	6	6	6	6	6	6	6	6	72
Tot Supplies & Food	32	32	32	32	32	32	32	32	32	32	32	32	380
Purchased Services													
6050-0000 Contr Serv - Misc Other	6,309	6,309	6,309	6,309	6,309	6,309	6,309	6,309	6,309	6,309	6,309	6,309	75,705
3424-0000 I/D Printing Service	8	8	8	8	8	8	8	8	8	8	8	8	100
Tot Purchased Services	6,317	6,317	6,317	6,317	6,317	6,317	6,317	6,317	6,317	6,317	6,317	6,317	75,805
Other													
7402-0000 Employee Travel-Local	167	167	167	167	167	167	167	167	167	167	167	167	2,000
3671-0000 Postage Mass-Mailings	32	32	32	32	32	32	32	32	32	32	32	32	385

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



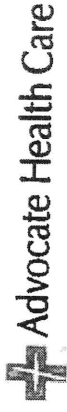
Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services
 Cost Center: 250962525 Older Adult Serv Info & Referr

Reporting Database as of Date: 2/7/2020 9:54:05AM
 Year Ended for: 2020

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Total Other	199	199	199	199	199	199	199	199	199	199	199	199	199
Total Operating Expense	11,945	11,597	11,945	11,771	11,945	11,828	12,121	12,121	11,941	12,121	11,941	12,121	143,389
Total Income From Operations	-815	-1,119	-840	-1,330	-1,460	-580	-585	-939	-528	-1,072	-953	-1,318	-11,519
Net Income	-815	-1,119	-840	-1,330	-1,460	-580	-585	-939	-528	-1,072	-953	-1,318	-11,519
Net Income Control Int	-815	-1,119	-840	-1,330	-1,460	-560	-585	-939	-528	-1,072	-953	-1,318	-11,519

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services
 Cost Center: 250962525 Older Adult Serv Info & Referr

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Wk Prd & Train&Orien Prd													
0010-0060 Salaries Reg-Professionals	155	145	155	150	155	150	155	155	150	155	150	155	1,830
Total Worked Productive Hours:	155	145	155	150	155	150	155	155	150	155	150	155	1,830
Tot Wk Prd & Train&Orien Prd	155	145	155	150	155	150	155	155	150	155	150	155	1,830
Paid Non Prod Hours:													
0084-0060 Plo-Professionals	21	20	21	20	21	20	21	21	20	21	20	21	250
Total Paid Non Prod Hours:	21	20	21	20	21	20	21	21	20	21	20	21	250
Total Tot WkPrd,TrnOrienPrd,&PdNonPr	176	165	176	170	176	170	176	176	170	176	170	176	2,080
Total Manpower Statistics	176	165	176	170	176	170	176	176	170	176	170	176	2,080

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Detailed Budget by Month by Statement Line with Stats - Dept Mgr (0272)



Company: 25 Advocate Health and Hospital
 Facility: 25096 Older Adult Services
 Cost Center: 250967303 S-T Disability-Illness

Year Ended for: 2020
 Reporting Database as of Date: 2/7/2020 9:54:05AM

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Operating Expense													
Benefits													
0325-0000 Short Term Disability	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	31,387
Tot Benefits	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	31,387
Total Operating Expense	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	2,616	31,387
Total Income From Operations	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-31,387
Net Income													
Net Income Control Int	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-31,387
	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-31,387
	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-2,616	-31,387

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FISH

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2014	\$2,000	\$2,000	0%
2015	\$2,500	\$2,500	+25%
2016	\$3,000	\$3,000	+20%
2017	\$10,500	\$5,500	+83.3%
2018	\$5,500	\$5,600	+1.8%
2019	\$4,000	\$4,800	-14.3%
2020	\$4,800	\$5,160	+7.2%

2021 REQUEST	\$4,000
2021 RECOMMENDATION	

COMMENTS

RETURN SHEET TO BRANKA MACKIC, AGENCY & PROGRAM COORDINATOR

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2021-2022**



Agency Name _____ FISH OF PARK RIDGE _____

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

Phone: 847 350-8090 Fax: N/A Email: FishofPR@gmail.com

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's, dental and other medical appointments for residents in Maine Township and all of Park Ridge

Agency Total Budget: \$6,500 Amount requesting from Maine Township \$4,000
(Please provide a copy of your budget.) FISH Fiscal Year Feb 2021–Jan 31, 2022
Agency Fiscal Year (e.g. March 2021-February 2022) _____

Total number of all unduplicated clients directly served during your last fiscal year 120

Total number of unduplicated Maine Township clients directly served during your last fiscal year 90

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? 25~~

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

>> \$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 MaineStreamers 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, 2020 – 5676

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 MaineStreamers luncheon. Had a table at Park District's Healthy, Well-thy, and Wise expo. Have a membership in PR Chamber of Commerce.

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

Since FISH provides free rides to doctor's and non-emergency medical appointments, Covid-19 has forced us to suspend all operations. At this point-in-time (August, 2020), we can only guess how many volunteer drivers will be willing to drive and how many clients will requests rides in FY 21-22. We do know we will have to re-build both our volunteer base, clientele roster, and Board of Directors. This will entail marketing our services using social media, newsletters, and maybe a blog.

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 (Free Medical Appt 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.
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.

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

Please see question # 7, For FY 21-22, Due to the Virus our volunteer driver pool has shrunk from 20 to 10. Fish will need to rebuild volunteer driver and clientele bases. This will entail a focused marketing of our services using social media, newsletters, and maybe a blog. We may also have to rebuild our Board.

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. 10 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	\$5,676	Yearly Grant	58.6%
Private Donors	\$2,514	Yearly - Donations	25.9%
Federal			
State			
Municipalities	\$1,500	Yearly Grant	15.5%
Other Townships			
Other (list all)			
Total	\$9,690		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. No Events

29. What fundraising efforts are planned for next year?

Continue to submit Grant applications to Des Plaines Social Service Funding and Private Donor – solicitation

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 had experienced a 50% increase in number of registered clients along with a corresponding increase in ridership. But with the pandemic we will have to: 1) Attract more Volunteer Drivers, 2) Increase the size of our Volunteer Board and 3) Rebuild our client base.

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 try to continue until the reserve funds are depleted, depending upon continued telephone support provided by Maine Township.

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

Name of Applicant Organization FISH OF PARK RIDGE

By Edward J. Oken
Its Authorized Representative

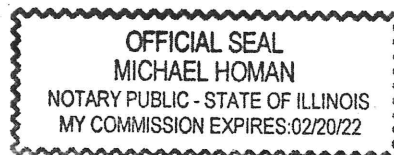
Printed Name Edward J. Oken

Title President

Date 8/27/20

SUBSCRIBED and SWORN to before me this 27th day of August, 2020.

Notary [Signature]



	A	B	C	D	E	FC
1						
2	Fish of Park Ridge					
3	BUDGET FY 2021-22					
4						
5	Fiscal Year	FY 2020-21				
6		2/1/21-1/31/22				
7						
8						
9	Beginning Check Book Balance	\$4,500.00				
10	Park Ridge Community Bank					
11						
12	REVENUES					
13						
14	Maine Township Grant	\$4,000				
15	Des Plaines Social Service Grant	\$1,500				
16	Donations	\$1,000				
17	Misc Revenue	\$0				
18						
19	Total Revenues	\$6,500				
20						
21						
22	EXPENSES					
23						
24	Gas Card Program	\$2,000				
25	Insurance	\$1,300				
26	Annual Meeting	\$200				
27	Secretary of State Annual Report	\$10				
28	PO Box 86	\$90				
29	Postage etc	\$100				
30	Misc.	\$600				
31	Building Volunteer and Board	\$1,300				
32	Reserve	\$900				
33						
34	Total Expenses	\$6,500				
35						
36	Ending Check Book Balance	\$4,500.00				
37						
38						
39						

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2014	\$5,000	\$2,000	0%
2015	\$5,000	\$2,000	0%
2016	\$5,000	\$3,000	+50%
2017	\$5,000	\$3,600	+20%
2018	\$5,000	\$3,740	+3.9%
2019	\$5,000	\$3,600	-3.7%
2020	\$10,000	\$4,300	+17.7%

2021 REQUEST	\$10,000
2021 RECOMMENDATION	

COMMENTS

RETURN SHEET TO BRANKA MACKIC, AGENCY & PROGRAM COORDINATOR

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2021-2022**



Agency Name Glenkirk

Address 3504 Commercial Avenue, Northbrook, IL 60062

Phone 847) 272-5111 **Fax** (847) 272-7350 **Email** kberenberg@glenkirk.org

Contact Person Kim Berenberg **Title** Chief Executive Officer

Grant Contact Person Dan Facchini **Title** Senior Development Officer

Phone (773) 360-4474 **Email** dfacchini@keystonealliance.org

Brief Description of Agency

Glenkirk provides innovative 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 \$13,943,539 **Amount requesting from Maine Township** \$10,000
(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2019-February 2020) July 1, 2020 – June 30, 2021

Total number of all unduplicated clients directly served during your last fiscal year -- 423

Total number of unduplicated Maine Township clients directly served during your last fiscal year -- 118

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: | \$130,000 |
| 2. Division Manager, Residential Services: | \$78,000 |
| 3. Director of Life Balance Behavioral Health: | \$77,500 |

- 3. Division Manager, Support Services: \$76,000
- 4. Division Manager, Clinical Services: \$72,000

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.

2020	\$4,300	2007	0
2019	\$3,600	2006	\$6,500
2018	\$3,740	2005	\$5,000
2017	\$3,600	2004	\$5,000
2016	\$3,000	2003	\$5,000
2015	\$2,000	2002	\$3,000
2014	\$2,000	2001	\$2,000
2013	\$2,000	2000	\$2,000
2012	\$2,000	1999	\$12,000
2011	\$2,000	1995	\$11,000
2010	\$1,500	1990	\$10,500
2009	\$2,000	1985	\$9,000
2008	\$2,000	1980	\$7,000

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

In FY2020 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 during prepare for and respond to the COVID-19 pandemic. Glenkirk plans to serve the same number of residents of Maine Township post pandemic (117).

8. How has the COVID-19 pandemic impacted your organization and what changes have you had to implement as a result?

Glenkirk serves individuals with intellectual and developmental disabilities who are all identified at the poverty level, and are Medicare/Medicaid recipients. With more than 55% of our total residents considered elderly and over 65% of our residents having coexisting medical conditions, we believe we are serving population that is particularly vulnerable to COVID-19.

In compliance with COVID-19 ordinances, in March 2020 Glenkirk indefinitely shut down operations of all our adult learning and employment services programs, and instituted sheltering in place for all 21 homes, minimizing community contact for our 145 residents as much as possible. This shift in operations has had a profound effect on all of those we serve. In order to facilitate this:

- We purchased activities, materials and exercise equipment in order to occupy our residents during the day.
- We adjusted the purchasing procedures of food, necessities and household items to

accommodate 24/7 living in our homes, building to a 30-day supply on hand. In order to do this, residents are unable to purchase through their LINK benefits, and Glenkirk has been forced to shop online and utilize delivery services that are not eligible for use with LINK, incurring new and unforeseen costs.

- We have invested in easy –to-use technology, Facebook Portal, in order to keep our residents connected to family, friends and their community while being sheltered-in-place. Additionally, we have purchased Roku devices in order to allow residents to access streaming online content from a variety of providers.
- We purchased PPE and medical supplies in order to keep our staff and residents as safe as possible, building up to a 30-day supply on hand at each residence.
- We assumed additional staff expenses, which include shifting staff to an alternative, extended shift staffing model in order to reduce shift changes and potential exposure, and increased salary costs to ensure we retain personnel during this crisis.

9. **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 type="checkbox"/> Health | <input 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.

10. **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 (118 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).

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

In addition to implementing the outlined safety measures to prevent, prepare for and respond to the COVID-19 pandemic, Glenkirk has implemented the Glidepath curriculum in all of its residential sites. While the individuals are sheltering at home, this curriculum will provide structured learning, activities and exploration opportunities. We also completed a full renovation of one of our Group Homes.

Glenkirk has an ongoing strategic initiative to expand technology among individuals served. In the last year, Glenkirk provided Facebook Portals in all of the residences to allow communication to the individuals, medical personnel, therapist, director, friends and families; and Roku for recreational activities, games and leisure activities.

12. 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
13. 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
14. 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
15. 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
16. 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

17. 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

18. 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

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

We provide services in Lake and northern Cook Counties.

20. 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.

21. **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

22. **Are volunteers used within your organization?**

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

During the COVID-19 pandemic, Glenkirk has suspended its volunteer service programming in order to maintain safe and controlled environments for all of our residents. Normally, Glenkirk 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. Glenkirk will consider resuming our volunteer program as possible depending upon the stage of the pandemic.

No. Please give specific reasons for not using volunteers.

23. **Does your organization provide any bilingual services?**

Yes. Please indicate languages.

We offer services in American 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

24. **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**

Because of COVID-19, we have halted many of the volunteer and cooperative projects with the people that we serve. We will consider resuming these activities if we believe the people we serve can participate safely, wear facemasks and PPE as needed, and maintain social distancing.

We provide day services and support services to residents of Golfview Developmental Center in Des Plaines and St. Coletta's in Arlington Heights. 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 normally 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 normally participated in activities through their local park districts including NSSRA and NWSRA.

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

Prior to the COVID pandemic, 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 day camp 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

Prior to the pandemic, Glenkirk has worked 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. Although we have suspended all of our Adult Day Services during COVID, all individuals who normally participated in any of Glenkirk's Next Generation programs also volunteered at community businesses or organizations, including Feed My Starving Children, Blue Star Woods, Meals on Wheels and Food for Friends. We have also picked up trash at Blue Star Woods, we delivered food for populations in need for Meals on Wheels and we packed bags of food (usually turkeys) and donate our bags to a local food bank.

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

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 with the support of a job coach. 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 for 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	\$4,300	Annual	.03
Foundations	\$375,000	Intermittent	2.76
Private Donors	N/A	Intermittent	0
Federal	\$1,348,712	Monthly	9.84
State	\$10,105,143	Monthly	75.54
Municipalities	0	Annual	0
Other Townships	\$156,100	Annual	1.15
Other (list all)		Intermittent	
Sales of Service	\$1,168,900	Intermittent	8.61
Investment & Interest	\$5,000	On-going	0.04
Contributions/Other Grants	\$111,289	Annual	.82
Special Event	\$280,000	Annual	2.07
Miscellaneous	\$4,000	Intermittent	.03
Total	\$13,943,539		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.

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 FY2020.

	Gross	Expenses	Net
Benefit Bash	\$243,245	\$31,363.49	\$ 211,881.51

Glenkirk had 4 other smaller fundraisers last year:

- (1) Impact Club/Monthly Giving Club raised --\$39,950
- (2) Annual Appeal raised--\$171,532.46
- (3) Donations sent in as memorials or tributes totaled--\$26,169
- (4) Giving Tuesday raised--\$6,816.50

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) Freemont Township sponsored three CILAs for the holidays, purchasing gifts for all individuals as well as donating complete ham dinners.

We also received \$280,000 in FY2020 from the Healthcare Foundation of Highland Park to support our Nursing & Wellness Programs and our social enterprise program, 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 2020.

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. Due to the pandemic, Glenkirk will hold its annual fundraiser, the Benefit Bash, online in November. 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.).

This program will be administered by Kim Berenberg, Glenkirk's CEO, as well as Lindsay Stuart, Glenkirk's Support Services Division Manager. Kim has been with Glenkirk for more than 20 years and has created many of the programs which are successfully serving our individuals today. Lindsay has been with Glenkirk since 2013. Both possess clinical degrees and have a background in developing innovative, person-centered programs which meet the evolving needs of adults with intellectual disabilities.

31. Please provide numerical breakdown of all staff member positions

- | | |
|---|------------|
| 1. Administration & Administrative Support | <u>21</u> |
| 2. Management of Service Providers | <u>12</u> |
| 3. Direct Service Providers | <u>162</u> |
| 4. Number of licensed staff members | <u>17</u> |

32. Number of certified staff members

208

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

All direct support staff are certified Direct Support Professionals (DSP) through the Department of Human Services. In addition to this certification, Glenkirk also provides direct support staff with CPR, first aid, non-violent Crisis Prevention Intervention (CPI), and Medication Administration trainings. Each new staff member receives 120 hours of training prior to beginning their job. All 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

17

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

Behavior counselors, social workers, nurses and therapists must all be licensed through the Illinois Department of Financial and Professional Regulation in order to provide Medicaid services to recipients.

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 Kim Berenberg
Its Authorized Representative

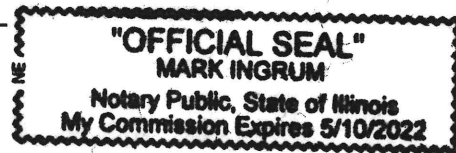
Printed Name: Kim Berenberg

Title Chief Executive Officer

Date 8/26/20

SUBSCRIBED and SWORN to
before me this 26 day of August, 2020.

Notary Mark Ingram



2021 Glenkirk Budget

Support & Revenues

IL Dept. of Human Services	\$ 9,802,525.00
IL Dept. of Health & Family Services	\$ 302,618.00
Healthcare Foundation of Highland Park	\$ 375,000.00
Township Funds	\$ 156,100.00
Client/Family/Third Party Payments	\$ 1,348,712.00
Sales of Services	\$ 1,168,900.00
Investment & Interest Income	\$ 5,000.00
Contributions/Other Grants	\$ 111,289.00
Special Event, Net	\$ 280,000.00
Miscellaneous	\$ <u>4,000.00</u>
Total Support & Revenues	\$ 13,554,144.00

Expenditures

Salaries and Wages	\$ 7,790,830.00
Payroll Taxes and Fringe Benefits	\$ 1,462,415.00
Management Service Fee	\$ 1,046,808.00
Consultants	\$ 689,305.00
Consumable Supplies	\$ 501,420.00
Occupancy	\$ 1,110,361.00
Transportation	\$ 413,899.00
Depreciation and Amortization	\$ 476,384.00
Interest	\$ 59,676.00
Miscellaneous	\$ <u>392,441.00</u>
Total Expenses	\$ 13,943,539.00
Operating Surplus (Deficit)	\$ (389,395.00)

Open Communities

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
2014			
2015			
2016			
2017			
2018			
2019	\$40,000	\$1,100	New Agency
2020	N/A	Did Not Apply	N/A

2021 REQUEST	\$15,000
2021 RECOMMENDATION	

COMMENTS

RETURN SHEET TO BRANKA MACKIC, AGENCY & PROGRAM COORDINATOR

**MAINE TOWNSHIP
APPLICATION FOR FUNDING 2021-2022**



Agency Name Open Communities

Address 922 Davis St, Evanston, IL 60201

Phone (847) 501-5760 Fax (224) 420-9310 Email info@open-communities.org

Contact Person Mary Ellen Ball Title Chief Executive Officer

Grant Contact Person Maurya Delaney Title Development Associate

Phone 224-714-2471 Email maurya@open-communities.org

Brief Description of Agency

Open Communities' mission is to educate, advocate and organize to promote just and inclusive communities in north suburban Chicago. We seek to eradicate housing discrimination, in all its forms and against all persons, because of race, color, national origin, religion, gender, gender identity, sex, sexual orientation, disability, familial status, or source of income. **Quality housing is a human right; fair housing is the law.**

Open Communities knows that where a person lives determines everything; access to high performing schools, jobs, health, transportation, recreation and green space. To that end, all communities, especially communities rich in resources and opportunities should be accessible for all people. Open Communities is the only housing agency in the northern suburbs certified by the U.S. Department of Housing and Urban Development as qualified to help those threatened with the possibility of losing their home. Our services are free to clients and include: Housing Counseling and Education and Fair Housing Testing and Enforcement.

Agency Total Budget: \$646,000 **Amount requesting from Maine Township:** \$15,000
(Please provide a copy of your budget.)

Agency Fiscal Year (e.g. March 2019-February 2020): July 1, 2020 to June 30, 2021

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

Total number of unduplicated Maine Township clients directly served during your last fiscal year 13

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? We do not have an accurate account for referrals at this time based on zip code. We are constantly improving our data management system and this is something we are working on.

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

Mary Ellen Ball	\$115,200
Jasemen Hatcher	\$60,000
Chris Reihlmann	\$60,000
Terrance Range	\$75,000
Intake Coordinator	\$39,960

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.**

Prior to Covid-19, we attended public events and have begun a program of outreach to the human services staff in all the communities where we operate in to assure that they know to refer clients to us in appropriate cases. Currently we are listed as a housing resources on Evanston LAN Network, Northfield Crisis Network, and Northshore Senior Center. We also work with landlords and municipalities to identify individuals in need of assistances by advertising through newsletters, social media, and providing up to date information on our website.

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

We received funding for the 2019-2020 funding period.

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

N/A

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

The requested funding would be used to support our Fair Housing and Enforcement and Housing Counseling programs. These funds would increase fair housing tester outreach to get more Maine township testers. We would conduct testing investigations in the Maine Township rental marketplace. These funds would also help to expand our pre-purchase education to

homebuyers. This will help tenants who are interested in homeownership and connect them to down-payment assistance programs and we will assist with foreclosure prevention. Also, we will be able to mediate landlord/tenant disputes and reduce evictions.

8. How has the COVID-19 pandemic impacted your organization and what changes have you had to implement as a result?

Covid-19 has had a devastating impact on housing stability for our clients, how we conduct outreach, and how we provide services. Our call volume and client caseload tripled in the months following the Shelter-in-Place mandate by the governor in March, 2020. Our Housing Counseling Program is working tirelessly to support our clients via phone calls and web conferences. Furthermore, many of our clients are unable to pay their rent or mortgage. Many renters have experienced landlords who are unwilling to negotiate partial rent payments, and in some cases, clients are enduring pressure to move if rent is not paid. On the other hand, landlords are trying to figure out how to maintain their property and pay their mortgage while tenants are unable to pay their rent. For our homeowner clients, we are starting to see an increase in need around foreclosure prevention and loan modifications. Many of our clients are in a housing crisis and if it is not mitigated quickly, they will be forced into filing bankruptcy. Additionally, we anticipate an increased need for eviction prevention after the the State Eviction Moratorium ends September 22, 2020.

Additionally, we have seen an increase in helping individuals with disabilities, including providing reasonable accommodation requests and free consultations regarding housing rights during the pandemic. In particular, individuals who are immunocompromised must be more cautious in multi-unit housing complexes and need to know what their landlords can and cannot do.

Our response to the above-mentioned challenges has been modest, but we need more support to meet the rapidly growing demand. In accordance with the health and safety guidance surrounding COVID-19, our staff are maintaining a healthy distance from clients and utilizing our technology tools to support and manage intake. We are equipped with travel surface pro laptops, allowing us to work remotely and we use Microsoft Teams for internal communications. Although we have adapted to working remotely, it has been challenging to meet our clients' needs, while managing our increased capacity. Our Intake Coordinator and Office Manager have been able to keep up with client intake and counseling sessions via phone calls. We are working with a new database, Mpack Pro, for client data management tracking client information. We are also in the process of creating a new data tracking system for COVID-19, to identify the aggregate impact of the epidemic, and its effect on the housing justice community.

Our staff is working hard and disseminating information to keep our clients informed. We are adjusting our outreach and education approaches and utilizing online services to provide accurate information, resources, and referrals to help mitigate the impact of the coronavirus on our clients' housing needs, health, and wellbeing. Additionally, we are continuing to update our website and social media with up to date information. We are also looking into virtual webinar trainings in place of our scheduled in person trainings.

9. 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 type="checkbox"/> Health | <input type="checkbox"/> Social services for the aged |

Other (please explain): Housing services, which has consequences for the health and being of youth, the aged and everyone in between.

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

Open Communities is a 501(c)(3) non-profit organization in operation for a minimum of one fiscal year. We provide direct housing services to Maine Township residents. We have an appropriate non-profit infrastructure in place that ensure accountability and performance to its clients and funders. Open Communities provides housing services to economically challenged families, those suffering from disabilities, seniors and anyone facing discrimination in all its forms and against all persons, because of race, color, national origin, religion, gender, gender identity, sex, sexual orientation, disability, familial status, or source of income.

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

We are at an exciting time of growth as we are expanding staff in both our Fair Housing and Enforcement and Housing Counseling Programs. We are currently looking into hiring an additional Housing Counselor to meet the ever-increasing housing counseling needs in the communities we serve. Additionally, we are adding staff to our Fair Housing Department to increase outreach and education on fair housing laws and enforcement.

12. 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

13. 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

14. 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

15. 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

16. 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

17. 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
18. 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
19. What is the geographic service area of your organization?

Open Communities covers the North Shore including Northern Cook County and part of Lake County. Our primary cities are: Evanston, Skokie, Lincolnwood, Morton Grove, Park Ridge, Des Plaines, Glenview, Glencoe, Niles, Northbrook, Northfield, Winnetka, Wilmette, Deerfield, Kenilworth, Highland Park, Highwood, Elk Grove, Hoffman Estates, Prospect Heights, Round Lake, Elgin, Arlington Heights, Barrington Hills, Streamwood, Bartlett, Golf, Wheeling, Inverness, Barrington, Deer Park, Buffalo Grove, Rolling Meadows, Schaumburg, Hanover Park, Mount Prospect, and Waukegan

20. 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.

21. 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

22. Are volunteers used within your organization?

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

During the Fall of 2019 and Spring of 2020 we had three interns from Adler University. They assisted with research, outreach and data management. During the Summer of 2020 we had four interns from Barnard College. They helped with our social media, newsletter writing, grants management, intake, outreach, and fair housing investigations. Additionally, we have a professional writer helping with our monthly newsletter. We also have a Business Graduate student assisting with solidifying funding partnerships for a legal aid program.

No. Please give specific reasons for not using volunteers.

23. Does your organization provide any bilingual services?

Yes. Please indicate languages. We provide in house Spanish translation from our Office Manager. Additionally, we hire interpreters when our clients require them.

No

24. 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 are a member of the Housing Action Illinois Intermediary group, which applies on our behalf for housing counseling money from the US Department of Housing and Urban Development. We are members of the Chicago Area Fair Housing Alliance and the National Fair Housing Alliance, as well as the Evanston Just Housing Initiative. We maintain contact with the human services offices of the communities we serve.

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
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	15,000.00	Annually	2%
Foundations	157,390.00	"	24%
Private Donors	45,400.00	"	7%
Federal	378,616.00	"	59%
State		"	0%
Municipalities	44,250.00	"	7%
Other Townships		"	0%
Other - Litigation	<u>5,000.00</u>	"	1%
Total	645,656.00		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.

Prior to the pandemic, Open Communities' fundraising efforts were strategically centered around our annual Agents for Change in Fair housing event. The event was slated for April 23, 2020 with a focus on securing significant sponsorships from \$500-\$7500+ per table and advertisement placement, with a projected goal of generating \$30,000. However; because of COVID we have had to pivot, cancel the event, and focus our efforts on individual fundraising, cultivating corporate partnerships, and soliciting support from federal and local government agencies.

29. What fundraising efforts are planned for next year?

Increased emphasis on cultivating individual donors, particularly for major gifts; continued intensive grant-writing to non-governmental entities; cultivating relationships with townships and municipalities to secure their support; maintaining relationships with the Federal and state grantors who account for so much of our budget; expanding the Board while maintaining 100% Board giving.

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.).

Unfortunately, in March Illinois went into a mandatory shelter in place to prevent the spread of Covid-19. With courts closing in March and set to open in July, settlement and discoveries were stalled, which made it impossible to enforce cases. The remote work environment has had its own challenges with problems accessing clients with limited technology access. Unfortunately, due to health-related concerns with Covid-19, in July 2020 our attorney made the difficult decision to leave Open Communities. We made the difficult decision to close the Legal Aid Clinic, due to limited funds. We couldn't justify keeping it open at the expense of other programs. Our Executive Director, Mary Ellen Ball, and Chief Operating Officer, Terrance Range, have worked very hard to ensure each client and case has been referred to a trusted lawyer and agency.

Due to increased housing needs, we are expanding our Fair Housing and Housing Counseling programs by adding a new Housing Counselor and Fair Housing Outreach and Education Coordinator. We are excited that these new additions will continue our outreach efforts and provide the services needed for housing stability and housing justice in the communities we serve.

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

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

32. Number of certified staff members 1

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

Jasemen Hatcher is a Housing and Urban Development (HUD) certified, National Accredited HUD Housing Counselor.

34. Number of licensed staff members 1

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

HUD certification is required for all Housing Counselors.

36. Please list all accreditations your organization has earned.

Open Communities is a HUD certified Housing Counseling Agency.

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?

Without Township money we would have to reduce outreach and counseling to that area.

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

Open Communities

By Mary Ellen Ball
Its Authorized Representative

Printed Name Mary Ellen Ball

Title CEO

Date 8/31/2020

SUBSCRIBED and SWORN to
before me this 31st day of August, 2020.

Notary Valerie Velho



Open Communities
Budget Overview: 20/21 Budget - FY20 P&L Original
July 2019 - June 2020

	<u>Total</u>
Income	
4001 Contribution-Board	12,000.00
4100 Contributions-Individual	33,400.00
4400 Foundations	157,390.00
4500 Other Government	15,500.00
4810 CDBG Fair Housing	43,750.00
4820 HUD	295,510.00
4825 HAI - Housing Counseling	30,600.00
4840 Age Options	52,506.00
4850 Other Income	5,000.00
Total Income	<u>645,656.00</u>
Gross Profit	<u>645,656.00</u>
Expenses	
5000 Staffing Expenses	446,476.00
5050 Staff Health Ins.	12,000.00
5100 Meetings, Conf & Training	25,825.00
5300 Office Expenses	27,473.00
5365 Insurance	6,450.00
5400 Consulting - Other	6,500.00
5410 Accounting Expense	43,000.00
5560 Network/Systems Support	6,000.00
5600 Rent-Office	15,000.00
Total Expenses	<u>588,724.00</u>
Net Operating Income	<u>56,932.00</u>

Center of Concern

YEAR	REQUEST	ALLOCATION	CHANGE IN FUNDING
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	\$45,000	\$38,700	-3.6%

2021 REQUEST	\$50,000
2021 RECOMMENDATION	

COMMENTS

RETURN SHEET TO BRANKA MACKIC, AGENCY & PROGRAM COORDINATOR

MAINE TOWNSHIP APPLICATION FOR FUNDING 2021-2022



Agency Name: Center of Concern

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

Phone: 847-823-0453 **Fax:** 847-824-8437 **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 has responded to the special needs of Maine Township residents. Our workforce provides timely and innovative services, assistance, and resources to overcome hardships, stabilize "at risk" residents and reduce isolation adversely affecting older adults. Supportive programs and services help residents 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.

The Center of Concern continues to adapt programs and services to meet the needs of a growing older adult population, increasing costs of healthcare and the lack of affordable housing in north suburban Cook County. Last year, over 26,000 services were provided to address Maine Township resident needs through integrated senior support services, affordable housing options, and practical community counseling services

Agency Total Budget: 1,620,703.00 **Amount requesting from Maine Township:** \$50,000
(Please provide a copy of your budget.) Attached.

Agency Fiscal Year (e.g. March 2019-February 2020): July 1, 2021 – June 30, 2022

Total number of all unduplicated clients directly served during your last fiscal year: 2,332

Total number of unduplicated Maine Township clients directly served during your last fiscal year: 1,784 (A total of 26,320 individualized 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? No Restrictions.

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 73

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

1. 1. Executive Director: \$95,000
2. 2. Sr. Director of Development: \$72,500
3. 3. Director of Programs: \$57,500
4. 4. Senior Companion Director: \$51,000
5. 5. Director of Finance: \$43,600
6. **Is your agency not for profit? (If so, attach Certificate of Good Standing). X Yes No Attached.**

7. **Has your organization been in business for at least one year? X Yes No**

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

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

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 "Facebook Live" sessions which highlight programs, area resources, volunteer opportunities and, most importantly, testimonials from the clients we serve (Facebook, Twitter, YouTube, Instagram and LinkedIn); online monthly newsletters, Bi-yearly mailed newsletter.

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

2019: \$40,100	2020: \$42,570 (including Covid-19 dollars)				
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		

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

Maine Township funds were used for direct program services for Maine Township residents. Services provided to Maine Township were:

Senior Support Services for Older Adults, and their families to help them remain as independent as possible for as long as possible while remaining connected to and a vital part of Maine Township. Senior support services can include one of the direct service programs or all based on an in-home assessment by a Center of Concern Case Manager.

Our experienced case managers provide a personalized, in-home assessment to introduce residents to effective resources so they can safely and affordably remain in their homes. Once assessed, residents are provided with case management services to address daily needs and challenges related to aging. Regular contact from volunteers and case managers allow for continual reassessment and timely responses to challenges and changing needs. Family members limited in their ability to assist the elderly or persons with disabilities due to time, distance or finances rely on our ongoing case management services to resolve problems, monitor changes in the home environment and maintain personal contact with loved ones.

Specific Senior support can include; in-home assessments, case management, friendly visitors, daily telephone reassurance, in-home and hospital visits, tailored support and resources, Chore housekeeping and yard upkeep, companionship and intergenerational activities and counseling for seniors and their families.

In recent months, many new residents have benefiting from our nutrition program with new safeguards to safely deliver nutritious meals. Maine Township citizens are provided with a lunch service for Older Adults. "Lunch with Us" promotes the health and well-being of older adults with a nutritious meal and informative, educational, and entertaining programs. The meal is available to persons 60 years of age and older and their spouses regardless of age every weekday at the Des Plaines Library. The lunch is free but a suggested donation for the lunch is \$2.00.

The Center of Concern Alzheimer's Caregiver Support Group is a safe place to learn, exchange strategies and tips, as well as meet other caregivers coping with Alzheimer's or another dementia. The group meets once per month and is facilitated by trained staff. The free meetings take place every second Monday of the month from 10:00 am to 12:00 pm at the Center of Concern and are open to anyone caring for someone with Alzheimer's or another dementia.

Housing/Homeless Prevention Services include the Rapid Re-Housing (Transitional) Housing program that helps individuals and families who are experiencing homelessness secure safe and affordable housing. Residents receive housing case management services to help them access resources to overcome hardships and secure leases in their own name. Our program helps individuals and families who are literally homeless with financial assistance to overcome barriers to finding housing on their own. Quarterly workshops are provided to participants of this program that are tailored toward life skills development such as budgeting, being a "good tenant" and knowing one's rights, parenting, etc.

Our General Housing case managers assist individuals and families having difficulty with their current housing situation. We guide those searching for low-income or disability housing. The Center of Concern staff works with the clients to identify the resources to make informed decisions.

Housing / Homelessness Prevention serves the community through its supportive services and access to effective community resources through established partnerships. Residents with

inquiries concerning rental, security deposit, utilities or financial assistance should call to be connected to resources for these services.

Senior Housing Counseling helps Older Adults navigating through the world of senior housing choices. We present seniors and their families with care options, counseling, referrals, and facility information. The senior's needs, financial status, health care issues, can all impact the overall plan. Our goal is to provide options and the information needed to make informed, effective and practical decisions.

Home Sharing Program matches homeowners having extra space in their homes with individuals who need affordable housing. Homeowners willing to share their homes do so in exchange for affordable rent and/or services. Homeowners benefit by continuing to live in their homes and in the community, they know and feel comfortable in. It is cost effective for both parties: the homeowner receives income and/or help while the home-seeker finds housing that is more affordable than in the open market. Home sharing often creates new friendships and encourages shared mutual interests while allowing participants to maintain individual lifestyles. This program is open to individuals of all ages: students, retirees, employed persons and single parents. The Center facilitates compatible home-sharing arrangements by interviewing, screening, arranging introductory visits and providing ongoing support.

Community Services

For Maine Township residents needing assistance with specific areas the Center of Concern provides the following one-on-one programs:

Employment counseling helps explore the intersection of education, skills, interests, and personality to determine and plan for possible career paths and make use of inventories and other assessment tools to assist persons in making decisions. In addition, understand and maintain resource information on employment and labor market trends.

Budget and debt counseling to those who need help with budgeting, money management skills, and credit issues.

Attorneys provide legal assistance, advice or representation; self-help materials and legal education, preparing a simple will, a Living will, Power of Attorney for Health Care or Property.

Objective information and counseling about Medicare, Insurance, and the Senior Health Insurance Program.

Income Tax Assistance program offers tax help to people who need assistance in preparing their own tax returns. Basic income tax preparation and Tax Counseling for the Elderly program offers tax help for all taxpayers, particularly those who are 60 years of age and older, specializing in questions about pensions and retirement-related issues unique to seniors.

Memory Cafe program supports residents living with dementia and their care partners. Residents will find new friendships and support through a variety of activities centered on education, art, and dance and music therapy. Memory Café encourages caregivers and those with dementia to spend more time out and about in the community. The Memory Cafe will provide opportunities for adults impacted by dementia and the family members who care for them to engage with others within their community. It will be a safe and comfortable space where caregivers and their loved ones can socialize, listen to music, play games, and enjoy other appropriate activities. They provide mutual support and exchange information.

Energy Assistance Counseling is a program designed to educate seniors on smart grid data and technology to manage energy use mainly through a series of lunch-time programs. Seniors will have the opportunity to bring in their utility bills to utility bill clinics to receive one-on-one counseling or can learn about energy savings programs through the phone in coordination with the Citizens Utility Board.

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

Any funds awarded from Maine Township are restricted for Maine Township residents and will provide support for all the services provided by the Center of Concern) Services below:

Senior Services:

Case Management: Provided by social workers who do assessments in clients' homes to evaluate their needs, arrange for services to meet those needs, and monitor their situations.

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

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

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

Senior (Chore) Housekeeping: Assistance with light household cleaning and maintenance projects.

Senior Companionship: Matches older adults who are homebound or in living facilities with stipend volunteers.

Senior Lunch: Lunch program provided daily on weekdays to promote the health and well-being of older adults in the community 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, regardless of age.

Shopping Service: Help for the homebound and disabled with grocery/pharmacy shopping.

Successful Aging Workshops: Education workshops and presentations for older adults and caregivers.

Telephone Reassurance: Telephone calls every day at specified times to assure that older adults are safe and well.

Housing Services

Case Management: Provided by social workers who do 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 Case Managers provide 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

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

Employment Counseling: Assistance to 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 for all ages.

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.

Senior Humanities: Older adults' discussion group

13. How has the COVID-19 pandemic impacted your organization and what changes have you had to implement as a result?

Since March 1, 2020, the Center of Concern has seen an increase of 45% in Requests for support because of issues related to the Covid-19 Pandemic.

In response to the current pandemic challenges the Center of Concern has expand our programs and services to address the new and emerging unmet needs in Maine Township to ensure the safety of residents and comply with state and federal directives to prevent the spread of the COVID-19 virus. Supportive services for older adults, family caregivers, and persons with housing issues and at risk of homelessness have remained in place.

Providing support for older adults, and their caregivers, during the pandemic is an essential part of our updated fiscal year service needs. During times of isolation, quarantine, and social distance protocols the most vulnerable older adults need safe access to nutritious food, basic supplies, safe transportation, contact to support their mental and physical health, and wide-ranging social care.

Our housing program has provided over \$100,000 in rental, mortgage and utility assistance to Maine Township residents who have been affected by the pandemic with a loss of income or employment.

Dissemination of accurate information is critical to ensuring that the community has clear messages, services, and resources to stay physically and mentally healthy.

14. 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 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 |
| Other (please explain): | |

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

The Center of Concern meets all 5 criteria to apply. We are a 501(c)(3) non-profit organization in operation for a minimum of one fiscal year, we do provide direct services to Maine Township residents, has appropriate non-profit infrastructure in place that ensures accountability and performance to its clients and funders and meets Maine Township's identified funding priorities

including mental health, developmental disabilities, seniors, youth, and economically challenged families.

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

Currently the Center of Concern has made supporting and providing services Maine Township during the Covid-19 pandemic a priority. We don't anticipate any new programs currently but are adjusting current programs to meet the increased demand.

17. 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
18. 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
19. 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
20. 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
21. 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

22. 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
23. 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
24. What is the geographic service area of your organization?
 The Center of Concern's primary service area is Maine Township. Some of our County and Federal grant awards provide services to Suburban Cook County.
25. 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.
 The agency uses a sliding fee scale for Income Tax Preparation Services and Home Sharing Program
 No. Please explain how charges are determined.
26. 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

27. 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 325 volunteers provide 6,911.57 hours of volunteer time that equals \$208,343 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.

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 also has civic minded volunteers serving as members of the Board of Directors, Advisory Board and Auxiliary Board.

No. Please give specific reasons for not using volunteers.

28. Does your organization provide any bilingual services?

Yes. Please indicate languages.

The Center is responsible for ensuring that all persons, 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.

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, Polish, Hindi and Guyaruti.

No

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

Yes. Please describe briefly.

Our 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 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 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.

A partnership with the Des Plaines History Center promotes virtual and call in activities to reduce isolation for homebound older adults and persons with disabilities.

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.

The Senior Humanities Discussion Group meets twice a week at the Center of Concern and members participate in Center of Concern volunteer activities.

We also work closely on project and programs with the Park Ridge Rotary, 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.

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	\$42,570	Monthly / \One year	2.6%
Foundations	\$390,000	Varies (Usually one time payments) / Varies	24%
Private Donors	\$208,500	Varies / Varies	13%
Federal	\$642,836	Varies (Usually Monthly) / One year	40%
State	\$47,392	Varies / One year	2.9%
Municipalities	\$64,400	Quarterly / One year	4%
Other Townships	0		0%
Other (list all)	\$225,000 (Volunteer Hours / In-kind Gifts)	Weekly / One Year	13.5%
Total	\$1,620,703		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.

(Fiscal Year 2019)

Fundraising Event	Raised	Cost	Programs
Spring Appeal	\$9,000	\$2,500	All programs
Blarney Bash	\$33,502	\$12,325	All programs
Bunko	\$27,903	\$6,000	All programs
Spring Event	\$2,500	\$500	All programs
Fall Event	\$51,590	\$11,500	All programs
Holiday Appeal	\$57,000	\$5,500	All programs
Adopt-a-Senior	\$23,600	\$3,000	All programs

29. What fundraising efforts are planned for next year?

The following events are planned for Fiscal Year 2021; Spring and Holiday Appeals, Blarney Bash, Bunko Alternative, Fall Event- Virtual, #GivingTuesday (Adopt-a Senior), 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.).

Volunteer and staff activities were modified in response to social distancing requirements and added safeguards to protect older adults from health risks associated with the Covid-19 virus. Demand for our services increased with 250% increase in calls to older adults; increased deliver of groceries and meals; and additional housing support in the form of rent, mortgage and utility assistance for low income persons adversely impacted the Covid-19 pandemic. New methods to connect residents to resources were implemented to reduce in-home visits and unscheduled office visits.

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

- | | |
|---|----------|
| 1. Administration & Administrative Support | 1 |
| 2. Management of Service Providers | 2 |
| 3. Direct Service Providers | 9 |

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 (CCMC)
- Certified to teach Financial Literacy to families "in need" and homeless families
- Infant/Toddler/Family Studies Certificate
- First Aid, CPR, Basic Life Support
- Senior Health Insurance Program (SHIP)
- SOAR (Medicare, Social Security training)
- Food Service Sanitation Manager Certification

34. Number of licensed staff members 3

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 Clinical Social Worker (LCSW)
- 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 fees 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 from first responders, local hospitals and subsidized housing arrangements.

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

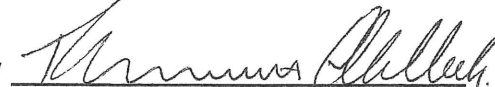
By 
Its Authorized Representative

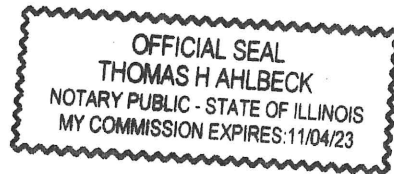
Printed Name: John McNabola

Title: Executive Director

Date: August 27, 2020

SUBSCRIBED and SWORN to
before me this 31st day of AUGUST, 2020.

Notary 



Board Approved Agency Budget
 FY2021 (July 1, 2020- June 30, 2021)

Income

43400 · Direct Public Support	\$	108,500.00
44000 · Gifts in Kind	\$	25,000.00
44100 · Volunteer Services	\$	200,000.00
44500 · Government Grants	\$	782,203.00
45600 · Foundation Awards	\$	390,000.00
44700 · CSP - Service Fees	\$	5,000.00
49000 · Special Events Income	\$	100,000.00
00000 · Investment Activity Gains/Loss	\$	10,000.00

Total Income \$ 1,620,703.00

Expense

60000 · Advertising/Outreach/Promotion	\$	32,134.00
60100 · Printing and Reproduction	\$	5,300.00
60200 · Postage and Mailing	\$	6,000.00
61000 · Bank Charges	\$	3,500.00
62000 · Direct Client Assistance	\$	314,291.00
63000 · Conferences and Meetings	\$	900.00
64000 · Professional Fees	\$	19,000.00
65000 · Donated Goods and Services	\$	25,000.00
66000 · Salaries and Wages	\$	610,500.00
66500 · Employee Benefits	\$	62,270.00
66600 · Payroll Taxes	\$	54,945.00
66700 · Background Inquiries	\$	2,000.00
66800 · Contractors	\$	120,500.00
66900 · Volunteer Hours	\$	200,000.00
67000 · Rent and Occupancy	\$	40,074.00
67100 · Insurance	\$	9,000.00
67200 · Telephone	\$	4,500.00
67300 · Office Expenses	\$	13,313.00
67400 · Technology	\$	11,000.00
67500 · Utilities	\$	7,200.00
68000 · Travel and Transportation	\$	56,460.00
68100 · Meals and Catering	\$	20,816.00
68500 · Dues and Subscriptions	\$	1,500.00
69998 · Depreciation	\$	-
69999 · Miscellaneous	\$	500.00
99999 · Uncategorized Expense	\$	-

Total Expense \$ 1,620,703.00

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

Date Appointment Made: _____

Date/Time of Appointment: _____

Date Appointment confirmed: _____

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

Address: _____ # _____ Des Plaines: Inc. Uninc.

City: _____ State: _____ Zip: _____ Gender: Male Female

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: \$20.00	Fee: \$30.00	Fee: \$40.00	Fee: \$50.00	Fee: \$60.00
Family Size						
1	0 - \$12,760	\$12,761 - 15,950	\$15,951 - 19,140	\$19,141 - 25,520	\$25,521 - 31,900	\$31,901 - 38,280
2	0 - \$17,240	\$17,241 - 21,550	\$21,551 - 25,860	\$25,861 - 34,480	\$34,480 - 40,859	\$40,860 - 47,239
3	0 - \$21,720	\$21,721 - 27,150	\$27,151 - 32,580	\$32,581 - 43,440	\$43,441 - 49,820	\$49,821 - 26,200
4	0 - \$26,200	\$26,201 - 32,750	\$32,751 - 39,300	\$39,301 - 52,400	\$54,401 - 60,780	\$60,781 - 67,160
5	0 - \$30,680	\$30,681 - 38,350	\$38,351 - 46,020	\$46,021 - 61,360	\$61,361 - 67,740	\$67,741 - 74,120
For each additional person, add \$4,480						

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