

**AGENCY FUNDING  
HEARING SCHEDULE  
Tuesday - October 1, 2019**

- 6:00**      **Older Adult Services / Home Delivered Meals**
- 6:15**      **Center for Enriched Living**
- 6:30**      **Northwest CASA**
- 6:45**      **North Suburban Legal Aid Clinic**
- 7:00**      **NAMI CCNS**
- 7:15**      **Maine-Niles Association of Special Recreation**
- 7:30**      ***Break***
- 7:45**      **Family Behavioral Health Clinic**
- 8:00**      **Northwest Compass**
- 8:15**      **Connections for the Homeless**
- 8:30**      **Z Center**
- 8:45**      **District 63 Education Foundation – Expanded Learning**



# MAINE TOWNSHIP APPLICATION FOR FUNDING 2020-2021



**Agency Name** Advocate Lutheran General Hospital Older Adult Services—Home Delivered Meals

**Address** 9375 W Church St., Des Plaines, IL 60016

**Phone** 847-296-0737 **Fax** 847-824-8038 **Email** jaime.albergo@advocatehealth.com

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

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

**Phone** 847-296-0737 **Email** jaime.albergo@advocatehealth.com

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## 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. These 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 also 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 need for this program. It is this program that we are requesting funding.

**Agency Total Budget:** \$1,212,648 **Amount requesting from Maine Township:** \$5,500  
(Please provide a copy of your budget.)

**Agency Fiscal Year (e.g. March 2018-February 2019)** January 2020-December 2020

**Total number of all unduplicated clients directly served during your last fiscal year:** 4,900

**Total number of unduplicated Maine Township clients directly served during your last fiscal year:** 1,140

**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?** 28 (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?** 374

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

1. Director of Older Adult Services: \$114,429.43
2. Registered Nurse(s) of Adult Day Service: \$69,134.46
3. Manager of Adult Day Service: \$68,848.16
4. Coordinator of Information & Resource: \$56,399.79
5. Coordinator of Expressions: \$48,672.00

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

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

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

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

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. 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):  |  |

**9. 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 39 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.**

In partnership with the Advocate Memory Center, Older Adult Services will be facilitating a Young Onset Alzheimer's Group for individuals diagnosed with the disease prior to age 65. This monthly group is projected to start in January 2020. It will take place at our site and will be facilitated by our Expressions Coordinator who is a Licensed Professional Counselor and Registered Art Therapist. This group will offer brain fitness, physical fitness and art therapy while providing a safe environment for group members to offer support to one another and enjoy camaraderie. Simultaneously, the Clinical Social Worker from the Advocate Memory Center will be facilitating her support group for the care partners of those with Young Onset Alzheimer's Disease.

**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 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 60 volunteers for Older Adult Services. Our HDM program has the most volunteers. That number is 35. 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.  
The volunteers in our Expressions program and Adult Day Service Program 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.**

<b>Funding Source</b>	<b>Amount</b>	<b>Frequency &amp; Duration</b>	<b>Percentage</b>
<b>Maine Township (HDM)</b>	<b>\$5,260</b>	<b>One-year grant cycle; quarterly payments</b>	<b>4%</b>
<b>Foundations</b>	<b>---</b>	<b>----</b>	<b>0%</b>
<b>Private Donors (family donations for ADS)</b>	<b>\$3,500</b>	<b>Average yearly total</b>	<b>2%</b>
<b>Federal (CACFP USDA— food reimbursement for ADS)</b>	<b>\$120,000</b>	<b>Average yearly billing revenue</b>	<b>10%</b>
<b>State-- (Dept on Aging)</b>	<b>\$206,000</b>	<b>Average yearly billing revenue</b>	<b>15%</b>

<b>and Dept of Human Svcs. ADS fee-for-service)</b>			
<b>Municipalities (City of Des Plaines for ADS)</b>	<b>\$4,000</b>	<b>Grant--One lump sum in early Summer</b>	<b>2%</b>
<b>Other Townships (Niles Township for ADS)</b>	<b>\$4,000</b>	<b>Grant--One lump sum in late Summer</b>	<b>2%</b>
<b>Other -- Park Ridge Community Fund (HDM)</b>	<b>\$500</b>	<b>Grant--One lump sum in Sept. 2019</b>	<b>0%</b>
<b>Other— Self-pay ADS transport. &amp; CCP ADS transport. fee-for-service</b>	<b>\$72,154</b>	<b>Estimated yearly revenue</b>	<b>5%</b>
<b>Other— ADS self-pay fee-for-service</b>	<b>\$502,506</b>	<b>Estimated yearly revenue</b>	<b>40%</b>
<b>Self-pay HDM</b>	<b>\$10,298</b>	<b>Estimated yearly revenue</b>	<b>1%</b>
<b>Self-pay Expressions</b>	<b>\$135,868</b>	<b>Estimated yearly revenue</b>	<b>10%</b>
<b>Self-pay Lifeline</b>	<b>\$129,824</b>	<b>Estimated yearly revenue</b>	<b>9%</b>
<b>Total</b>	<b>\$1,193,910</b>		<b>100%</b>

**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) \$1,000 for operational deficits.
- b) Bake sale: (no cost) \$300.00 for Adult Day Service Programs
- c) Adult Day Service newsletter requests for gift giving from families: (no cost) \$3,500.00 to defray operational costs for Adult Day Service.
- d) Grant writing for HDM to Maine Township: (no cost) \$5,500.00; applied
- e) Cell phone drive (ongoing) for recycling old used cell phones: (no cost) \$10.00 to help with Home Delivered Meals
- f) Grant to Park Ridge Community Fund: (no cost) Awarded \$500 for Home Delivered Meals
- g) Grant to Niles Township: (no cost) Awarded \$4,000 for Adult Day Service Creative Arts Programming
- h) Grant to Kott Memorial Trust: (no cost) \$50,000 for care transition program to promote safe and steady recovery that focuses on community services to improve outcomes and reduce risk of disability; applied
- i) 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      \_\_\_2\_\_\_
- 2. Management of Service Providers           \_\_\_1\_\_\_
- 3. Direct Service Providers                   \_\_\_14\_\_\_

32. Number of certified staff members \_\_\_14\_

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)
- 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 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

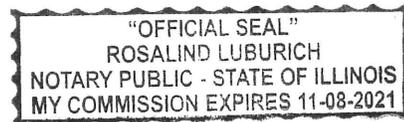
jeopardized; for many of our clients, we are their only contact. Each day our volunteers check in with us regarding the well-being of our clients. If there is any concern, our social worker will follow up with an immediate visit and provide more services and care coordination as needed. The elderly in 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.

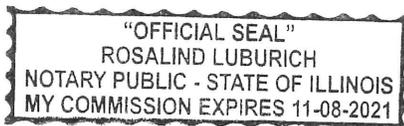
Name of Applicant Organization Advocate Lutheran General Older Adult  
services  
By Jaime Albergo  
Its Authorized Representative  
Printed Name Jaime Albergo  
Title Home Delivered Meals Coordinator  
Date 8/27/19

SUBSCRIBED and SWORN to  
before me this 27th day of August, 2019.

Notary Rosalind Luburich



Albergo 8-27-19



Rosalind Luburich  
8/27/2019

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



## **Advocate Lutheran General Older Adult Services Home Delivered Meals**

### **Sliding Scale for 2020/2021**

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 13 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 Director. As requested, assessment of financial hardship is completed and fee per meal is reduced accordingly.

# Detail Budget by Month with Stats Using Expense Structure (0271)

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

Run Date - Time: 06/19/2019, 4:22:37 pm  
 Year Ended for: 2019

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
<b>Revenue In Excess of Expenses</b>													
Revenue													
45330-0000 Flu Shot Revenue	938	938	938	938	938	938	938	938	938	938	938	938	11,256
<b>Total Revenue</b>	<b>938</b>	<b>11,256</b>											
<b>Expenses</b>													
<b>Salaries and Wages</b>													
Manpower Salaries&Wages													
Tot WkPrd, WkNonprd, & PdNonPr													
Tot Wk Prd & Wk Non Prod													
<b>Worked Productive</b>													
70010-0080 Salaries Reg-Clerical	11,991	10,830	11,991	11,604	11,991	11,604	12,346	12,452	12,050	12,452	12,050	12,452	143,813
70020-0080 Overtime Pay-Clerical	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Worked Productive</b>	<b>11,991</b>	<b>10,830</b>	<b>11,991</b>	<b>11,604</b>	<b>11,991</b>	<b>11,604</b>	<b>12,346</b>	<b>12,452</b>	<b>12,050</b>	<b>12,452</b>	<b>12,050</b>	<b>12,452</b>	<b>143,813</b>
<b>Tot Wk Prd &amp; Wk Non Prod</b>	<b>11,991</b>	<b>10,830</b>	<b>11,991</b>	<b>11,604</b>	<b>11,991</b>	<b>11,604</b>	<b>12,346</b>	<b>12,452</b>	<b>12,050</b>	<b>12,452</b>	<b>12,050</b>	<b>12,452</b>	<b>143,813</b>
<b>Paid Non Productive</b>													
70084-0080 Pto-Clerical	1,235	1,115	1,235	1,195	1,235	1,195	1,271	1,282	1,241	1,282	1,241	1,282	14,809
<b>Paid Non Productive</b>	<b>1,235</b>	<b>1,115</b>	<b>1,235</b>	<b>1,195</b>	<b>1,235</b>	<b>1,195</b>	<b>1,271</b>	<b>1,282</b>	<b>1,241</b>	<b>1,282</b>	<b>1,241</b>	<b>1,282</b>	<b>14,809</b>
<b>Total</b>	<b>13,226</b>	<b>11,945</b>	<b>13,226</b>	<b>12,799</b>	<b>13,226</b>	<b>12,799</b>	<b>13,617</b>	<b>13,734</b>	<b>13,291</b>	<b>13,734</b>	<b>13,291</b>	<b>13,734</b>	<b>158,622</b>
<b>Manpower Salaries&amp;Wages</b>	<b>13,226</b>	<b>11,945</b>	<b>13,226</b>	<b>12,799</b>	<b>13,226</b>	<b>12,799</b>	<b>13,617</b>	<b>13,734</b>	<b>13,291</b>	<b>13,734</b>	<b>13,291</b>	<b>13,734</b>	<b>158,622</b>
<b>Total Salaries and Wages</b>	<b>13,226</b>	<b>11,945</b>	<b>13,226</b>	<b>12,799</b>	<b>13,226</b>	<b>12,799</b>	<b>13,617</b>	<b>13,734</b>	<b>13,291</b>	<b>13,734</b>	<b>13,291</b>	<b>13,734</b>	<b>158,622</b>
<b>Non Salary/Wage Expense</b>													
70240-0000 Fica	928	838	928	898	928	898	955	963	932	963	932	963	11,126
77600-0000 Employee Relations	8	8	8	8	8	8	8	8	8	8	8	8	96
77709-0000 Misc Dept Supplies	13	12	14	13	14	13	13	13	13	13	13	13	157
93424-0000 I/D Printing Service	33	33	33	33	33	33	33	33	33	33	33	33	396
<b>Total Non Salary/Wage Expense</b>	<b>982</b>	<b>891</b>	<b>983</b>	<b>952</b>	<b>983</b>	<b>952</b>	<b>1,009</b>	<b>1,017</b>	<b>986</b>	<b>1,017</b>	<b>986</b>	<b>1,017</b>	<b>11,775</b>
<b>Total Expenses</b>	<b>14,208</b>	<b>12,836</b>	<b>14,209</b>	<b>13,751</b>	<b>14,209</b>	<b>13,751</b>	<b>14,626</b>	<b>14,751</b>	<b>14,277</b>	<b>14,751</b>	<b>14,277</b>	<b>14,751</b>	<b>170,397</b>
<b>Revenue in Excess of Expenses</b>	<b>-13,270</b>	<b>-11,898</b>	<b>-13,271</b>	<b>-12,813</b>	<b>-13,271</b>	<b>-12,813</b>	<b>-13,688</b>	<b>-13,813</b>	<b>-13,339</b>	<b>-13,813</b>	<b>-13,339</b>	<b>-13,813</b>	<b>-159,141</b>
<b>Manpower Statistics</b>													
<b>Worked Productive Hours:</b>													
70010-0080 Salaries Reg-Clerical	480	434	480	465	480	465	480	480	465	480	465	480	5,654
70020-0080 Overtime Pay-Clerical	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Worked Productive Hours:</b>	<b>480</b>	<b>434</b>	<b>480</b>	<b>465</b>	<b>480</b>	<b>465</b>	<b>480</b>	<b>480</b>	<b>465</b>	<b>480</b>	<b>465</b>	<b>480</b>	<b>5,654</b>

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# Detail Budget by Month with Stats Using Expense Structure (0271)



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

Run Date - Time: 06/19/2019, 4:22:37 pm  
 Year Ended for: 2019

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
<b>Tot Wrk Prd &amp; Wrk Non Prd Hrs:</b>	480	434	480	465	480	465	480	480	465	480	465	480	5,654
<b>Paid Non Prod Hours:</b>													
70084-0080 Plo-Clerical	49	45	49	48	49	48	49	49	48	49	48	49	580
<b>Total Paid Non Prod Hours:</b>	49	45	49	48	49	48	49	49	48	49	48	49	580
<b>Total Paid Non Prod Hours:</b>	49	45	49	48	49	48	49	49	48	49	48	49	580
<b>Tot WrkPrd,WrkNonprd,&amp; PdNonPr</b>	529	479	529	513	529	513	529	529	513	529	513	529	6,234
<b>Total Manpower Statistics</b>	529	479	529	513	529	513	529	529	513	529	513	529	6,234
<b>Statistics</b>													
99737-0000 ADaPT Primary Measure	24,983	22,681	24,381	23,561	24,686	23,899	23,129	25,391	22,805	24,021	23,979	23,689	287,205
99738-0000 ADaPT Secondary Measure	22	22	22	22	22	22	22	22	22	22	22	22	264
<b>Total Statistics</b>	25,005	22,703	24,403	23,583	24,708	23,921	23,151	25,413	22,827	24,043	24,001	23,711	287,469

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# Detail Budget by Month with Stats Using Expense Structure (0271)



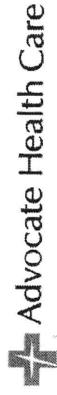
Company: 25 Advocate Health and Hospital  
 Facility: 25091 Advocate Lutheran General Hosp  
 Cost Center: 250911168 Senior Breakfast Series

Year Ended for: 2019  
 Run Date - Time: 06/19/2019, 4:22:37 pm

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Revenue in Excess of Expenses													
Expenses													
Non Salary/Wage Expense													
78060-0000 Catering/Food Services	152	140	155	146	154	151	148	153	147	149	145	148	1,788
Total Non Salary/Wage Expense	152	140	155	146	154	151	148	153	147	149	145	148	1,788
Total Expenses	152	140	155	146	154	151	148	153	147	149	145	148	1,788
Revenue in Excess of Expenses	-152	-140	-155	-146	-154	-151	-148	-153	-147	-149	-145	-148	-1,788

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# Detail Budget by Month with Stats Using Expense Structure (0271)



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

Run Date - Time: 06/19/2019, 4:22:37 pm  
 Year Ended for: 2019

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
<b>Revenue in Excess of Expenses</b>													
Revenue													
45010-0000 Building/Property Rental	3,216	3,216	3,216	3,216	3,216	3,216	3,216	3,216	3,216	3,216	3,216	3,216	38,592
<b>Total Revenue</b>	<b>3,216</b>	<b>38,592</b>											
<b>Expenses</b>													
<b>Non Salary/Wage Expense</b>													
71850-0000 Misc Patient Supplies	52	48	53	50	53	52	51	53	51	51	50	52	616
71920-0000 Gloves	6	5	6	5	6	6	6	6	6	6	5	4	67
71960-0000 Needles & Syringes	21	19	21	20	21	21	20	21	20	21	20	22	247
75550-0000 Utilities-Telephone	173	173	173	173	173	173	173	173	173	173	173	173	2,076
75580-0000 Utilities-Water & Sewage	72	72	72	72	72	72	72	72	72	72	72	72	864
75589-0000 Utilities-Other	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	14,400
75670-0000 R&M - Maintenance	60	60	60	60	60	60	60	60	60	60	60	60	720
76013-0000 Contr Serv - Management	70	70	70	70	70	70	70	70	70	70	70	70	840
Fees													
77700-0000 Office Supplies	26	24	27	25	27	26	26	26	26	26	25	26	310
78290-0000 Building Rental	27,170	27,170	27,170	27,170	27,170	27,170	27,170	27,170	27,170	27,170	27,170	27,170	326,040
<b>Total Non Salary/Wage Expense</b>	<b>28,850</b>	<b>28,841</b>	<b>28,852</b>	<b>28,845</b>	<b>28,852</b>	<b>28,850</b>	<b>28,848</b>	<b>28,851</b>	<b>28,848</b>	<b>28,849</b>	<b>28,845</b>	<b>28,849</b>	<b>346,180</b>
<b>Total Expenses</b>	<b>28,850</b>	<b>28,841</b>	<b>28,852</b>	<b>28,845</b>	<b>28,852</b>	<b>28,850</b>	<b>28,848</b>	<b>28,851</b>	<b>28,848</b>	<b>28,849</b>	<b>28,845</b>	<b>28,849</b>	<b>346,180</b>
<b>Revenue in Excess of Expenses</b>	<b>-25,634</b>	<b>-25,625</b>	<b>-25,636</b>	<b>-25,629</b>	<b>-25,636</b>	<b>-25,634</b>	<b>-25,632</b>	<b>-25,635</b>	<b>-25,632</b>	<b>-25,633</b>	<b>-25,629</b>	<b>-25,633</b>	<b>-307,588</b>

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# Detail Budget by Month with Stats Using Expense Structure (0271)



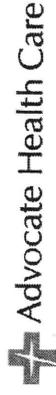
Company: 25 Advocate Health and Hospital  
 Facility: 25096 Older Adult Services

Year Ended for: 2019  
 Run Date - Time: 06/19/2019, 4:22:37 pm

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
<b>Revenue in Excess of Expenses</b>													
<b>Revenue</b>													
44600-0000 Management Services And Fees	3,232	3,232	3,232	3,232	3,232	3,232	3,232	3,232	3,232	3,232	3,232	3,232	38,784
44711-0000 Program Reg Fees	92,883	92,883	92,883	92,883	92,883	92,883	92,883	92,883	92,883	92,883	92,883	92,883	1,114,596
45220-0000 Program Reim Restricted Funds	4,921	4,921	4,921	4,921	4,921	4,921	4,921	4,921	4,921	4,921	4,921	4,921	59,052
49000-0000 Other Misc Revenues	18	18	18	18	18	18	18	18	18	18	18	18	216
<b>Total Revenue</b>	<b>101,054</b>	<b>1,212,648</b>											
<b>Expenses</b>													
<b>Salaries and Wages</b>													
<b>No Manpower Sal&amp;Wages</b>													
70089-0000 Pro Accrual	0	0	0	0	0	0	0	0	0	0	0	0	0
70134-0080 Bonus Pay-Clerical	33	30	33	32	33	32	33	33	32	33	32	33	389
70134-0090 Bonus Pay-Support Staff	20	18	20	19	20	19	20	20	19	20	19	20	234
70135-0000 Long Term Incentive	531	531	531	531	531	531	531	531	531	531	531	531	6,372
<b>No Manpower Sal&amp;Wages</b>	<b>584</b>	<b>579</b>	<b>584</b>	<b>582</b>	<b>584</b>	<b>582</b>	<b>584</b>	<b>584</b>	<b>582</b>	<b>584</b>	<b>582</b>	<b>584</b>	<b>6,995</b>
<b>Manpower Salaries&amp;Wages</b>													
<b>Tot WkPrd,WkNonprd,&amp;PDNonPr</b>													
<b>Tot Wk Prd &amp; Wk Non Prd</b>													
<b>Worked Productive</b>													
70010-0010 Salaries Reg-Management	14,395	13,002	14,395	13,930	14,395	13,930	14,821	14,948	14,466	14,948	14,466	14,948	172,644
70010-0050 Salaries Reg-Nurses	6,034	5,450	6,034	5,839	6,034	5,839	6,213	6,266	6,064	6,266	6,064	6,266	72,369
70010-0060 Salaries Reg-Professionals	8,616	7,782	8,616	8,338	8,616	8,338	8,871	8,947	8,659	8,947	8,659	8,947	103,336
70010-0070 Salaries Reg-Technologists	3,574	3,228	3,574	3,459	3,574	3,459	3,680	3,712	3,592	3,712	3,592	3,712	42,868
70010-0080 Salaries Reg-Clerical	3,923	3,543	3,923	3,796	3,923	3,796	4,039	4,073	3,942	4,073	3,942	4,073	47,046
70010-0090 Salaries Reg-Support Staff	15,874	14,338	15,874	15,362	15,874	15,362	16,344	16,484	15,953	16,484	15,953	16,484	190,386
70020-0070 Overtime Pay-Technologists	3	3	3	3	3	3	4	4	3	4	3	4	40
70020-0090 Overtime Pay-Support Staff	49	45	49	48	49	48	51	51	50	51	50	51	592
70023-0090 Orientation Pay-Support Staff	33	30	33	32	33	32	34	34	33	34	33	34	395
<b>Worked Productive</b>													
<b>Tot Wk Prd &amp; Wk Non Prd</b>	<b>52,501</b>	<b>47,421</b>	<b>52,501</b>	<b>50,807</b>	<b>52,501</b>	<b>50,807</b>	<b>54,057</b>	<b>54,519</b>	<b>52,762</b>	<b>54,519</b>	<b>52,762</b>	<b>54,519</b>	<b>629,676</b>
<b>Paid Non Productive</b>													
70084-0010 Pto-Management	1,263	1,141	1,263	1,222	1,263	1,222	1,300	1,311	1,269	1,311	1,269	1,311	15,145
70084-0050 Pto-Nurses	349	315	349	338	349	338	359	362	351	362	351	362	4,185

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# Detail Budget by Month with Stats Using Expense Structure (0271)



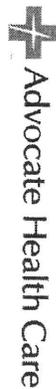
Company: 25 Advocate Health and Hospital  
 Facility: 25096 Older Adult Services

Year Ended for: 2019  
 Run Date - Time: 06/19/2019, 4:22:37 pm

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
70084-0060 Pto-Professionals	567	512	567	548	567	548	563	588	569	588	569	588	588
70084-0070 Pto-Technologists	354	320	354	342	354	342	364	367	356	367	356	367	367
70084-0080 Pto-Clerical	747	675	747	723	747	723	770	776	751	776	751	776	776
70084-0090 Pto-Support Staff	1,451	1,311	1,451	1,404	1,451	1,404	1,494	1,507	1,458	1,507	1,458	1,507	1,507
<b>Paid Non Productive</b>	<b>4,731</b>	<b>4,274</b>	<b>4,731</b>	<b>4,577</b>	<b>4,731</b>	<b>4,577</b>	<b>4,870</b>	<b>4,911</b>	<b>4,754</b>	<b>4,911</b>	<b>4,754</b>	<b>4,911</b>	<b>4,911</b>
<b>Tot</b>	<b>57,232</b>	<b>51,695</b>	<b>57,232</b>	<b>55,384</b>	<b>57,232</b>	<b>55,384</b>	<b>58,927</b>	<b>59,430</b>	<b>57,516</b>	<b>59,430</b>	<b>57,516</b>	<b>59,430</b>	<b>59,430</b>
<b>Manpower Salaries&amp;Wages</b>	<b>57,232</b>	<b>51,695</b>	<b>57,232</b>	<b>55,384</b>	<b>57,232</b>	<b>55,384</b>	<b>58,927</b>	<b>59,430</b>	<b>57,516</b>	<b>59,430</b>	<b>57,516</b>	<b>59,430</b>	<b>59,430</b>
<b>Total Salaries and Wages</b>	<b>57,816</b>	<b>52,274</b>	<b>57,816</b>	<b>55,966</b>	<b>57,816</b>	<b>55,966</b>	<b>59,511</b>	<b>60,014</b>	<b>58,098</b>	<b>60,014</b>	<b>58,098</b>	<b>60,014</b>	<b>60,014</b>
<b>Non Salary/Wage Expense</b>													
60625-0000 Post Emp Costs-ADV	-1,458	-1,458	-1,458	-1,458	-1,458	-1,458	-1,458	-1,458	-1,458	-1,458	-1,458	-1,458	-1,458
Pension Plan	4,076	3,681	4,076	3,944	4,076	3,944	4,196	4,232	4,086	4,232	4,096	4,232	4,232
70240-0000 Fica	671	606	671	649	671	649	671	671	649	671	649	671	671
70250-0000 Pension	1,231	1,112	1,231	1,191	1,231	1,191	1,231	1,231	1,191	1,231	1,191	1,231	1,231
70253-0000 Matched Savings Plan	102	92	102	99	102	99	102	102	99	102	99	102	102
70257-0000 Pension Admin Fees	68	61	68	66	68	66	68	68	66	68	66	68	68
70280-0000 Life Insurance	2,268	2,048	2,268	2,195	2,268	2,195	2,268	2,268	2,195	2,268	2,195	2,268	2,268
70288-0000 Humana EPO	6,599	5,961	6,599	6,386	6,599	6,386	6,599	6,599	6,386	6,599	6,386	6,599	6,599
70289-0000 Blue Cross PPO	2,871	2,593	2,871	2,778	2,871	2,778	2,871	2,871	2,778	2,871	2,778	2,871	2,871
70291-0000 Humana HMO	3,278	2,961	3,278	3,173	3,278	3,173	3,278	3,278	3,173	3,278	3,173	3,278	3,278
70294-0000 Pharmacy	1,316	1,189	1,316	1,274	1,316	1,274	1,316	1,316	1,274	1,316	1,274	1,316	1,316
70295-0000 Health Administration	-4,433	-4,004	-4,433	-4,290	-4,433	-4,290	-4,433	-4,433	-4,290	-4,433	-4,290	-4,433	-4,433
70296-0000 Cobra / Pr Deductions	722	652	722	699	722	699	722	722	699	722	699	722	722
70297-0000 HRA/DRA Expense	15	13	15	14	15	14	15	15	14	15	14	15	15
70298-0000 Vision Care Insurance	323	292	323	312	323	312	323	323	312	323	312	323	323
70301-0000 Dental Insurance	815	736	815	789	815	789	815	815	789	815	789	815	815
70310-0000 Workman's Compensation	93	84	93	90	93	90	93	93	90	93	90	93	93
70320-0000 Long Term Disability	399	361	399	386	399	386	399	399	386	399	386	399	399
70325-0000 Short Term Disability	161	146	161	156	161	156	161	161	156	161	156	161	161
70327-0000 Disability Admin Fees	59	54	59	58	59	58	59	59	58	59	58	59	59
70330-0000 Tuition Reimbursement	81	81	81	81	81	81	81	81	81	81	81	81	81
71850-0000 Misc Patient Supplies	66	66	66	66	66	66	66	66	66	66	66	66	66
71920-0000 Gloves	57	57	57	57	57	57	57	57	57	57	57	57	57
75550-0000 Utilities-Telephone	126	126	126	126	126	126	126	126	126	126	126	126	126
75552-0000 Cellular Telephone													

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# Detail Budget by Month with Stats Using Expense Structure (0271)



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

Year Ended for: 2019  
 Run Date - Time: 06/19/2019, 4:22:37 pm

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
76001-0000 Contr Serv - Linen	147	147	147	147	147	147	147	147	147	147	147	147	1,764
76006-0000 Contr Serv - Refuse/Dispose	175	175	175	175	175	175	175	175	175	175	175	175	2,100
76007-0000 Contr Serv - Housekeeping	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	16,500
76008-0000 Contr Serv - Pest Control	32	32	32	32	32	32	32	32	32	32	32	32	384
76050-0000 Contr Serv - Misc Other	6,358	6,358	6,358	6,358	6,358	6,358	6,358	6,358	6,358	6,358	6,358	6,358	76,296
77402-0000 Employee Travel-Local	274	274	274	274	274	274	274	274	274	274	274	274	3,288
77414-0000 Food & Nonalcoholic Beverage	522	522	522	522	522	522	522	522	522	522	522	522	6,264
77500-0000 Employee Train/Development	17	17	17	17	17	17	17	17	17	17	17	17	204
77501-0000 Employee Books/Subscriptions	119	119	119	119	119	119	119	119	119	119	119	119	1,428
77502-0000 Employee Education Supplies	29	29	29	29	29	29	29	29	29	29	29	29	348
77506-0000 Conference - Local	25	25	25	25	25	25	25	25	25	25	25	25	300
77600-0000 Employee Relations	111	111	111	111	111	111	111	111	111	111	111	111	1,332
77700-0000 Office Supplies	172	172	172	172	172	172	172	172	172	172	172	172	2,064
77709-0000 Misc Dept Supplies	99	99	99	99	99	99	99	99	99	99	99	99	1,188
77803-0000 Gasoline	1,017	1,017	1,017	1,017	1,017	1,017	1,017	1,017	1,017	1,017	1,017	1,017	12,204
77809-0000 Automotive Parts	673	673	673	673	673	673	673	673	673	673	673	673	8,076
77830-0000 Misc. Housekeeping Supply	25	25	25	25	25	25	25	25	25	25	25	25	300
78050-0000 Kitchenware	89	89	89	89	89	89	89	89	89	89	89	89	1,068
78051-0000 Tableware	246	246	246	246	246	246	246	246	246	246	246	246	2,952
78090-0000 Misc Department Expense	903	903	903	903	903	903	903	903	903	903	903	903	10,836
78670-0000 Postage And Freight	8	8	8	8	8	8	8	8	8	8	8	8	96
78671-0000 Postage Mass-Mailings	17	17	17	17	17	17	17	17	17	17	17	17	204
79630-0000 Insurance Gen, Liab, Miscellaneous	260	260	260	260	260	260	260	260	260	260	260	260	3,120
79690-0000 Depr Equipment	102	102	102	102	102	102	102	102	102	102	102	102	1,224
93302-0000 I/D Physch Referral Serv	33	33	33	33	33	33	33	33	33	33	33	33	396
93374-0000 I/D Accounting Services	250	250	250	250	250	250	250	250	250	250	250	250	3,000
93375-0000 I/D Financial Syst Servs	58	58	58	58	58	58	58	58	58	58	58	58	696
93424-0000 I/D Printing Service	171	171	171	171	171	171	171	171	171	171	171	171	2,052
93462-0000 I/D Dietary Services/Sales	5,775	5,775	5,775	5,775	5,775	5,775	5,775	5,775	5,775	5,775	5,775	5,775	69,300
93698-0000 I/D Misc Equip Rental	12	12	12	12	12	12	12	12	12	12	12	12	144
93780-0000 I/D Pharmacy Sales	13	13	13	13	13	13	13	13	13	13	13	13	156

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# Detail Budget by Month with Stats Using Expense Structure (0271)



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

Year Ended for: 2019  
 Run Date - Time: 06/19/2019, 4:22:37 pm

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
93816-0000 /D Disability Case Mgmt	33	33	33	33	33	33	33	33	33	33	33	33	396
93818-0000 /D Employee Health Serv	198	198	198	198	198	198	198	198	198	198	198	198	2,376
93898-0000 /D Rent	2,967	2,967	2,967	2,967	2,967	2,967	2,967	2,967	2,967	2,967	2,967	2,967	35,604
<b>Total Non Salary/Wage Expense</b>	<b>41,811</b>	<b>39,815</b>	<b>41,811</b>	<b>41,146</b>	<b>41,811</b>	<b>41,146</b>	<b>41,931</b>	<b>41,967</b>	<b>41,298</b>	<b>41,967</b>	<b>41,298</b>	<b>41,967</b>	<b>497,968</b>
<b>Total Expenses</b>	<b>99,627</b>	<b>92,089</b>	<b>99,627</b>	<b>97,112</b>	<b>99,627</b>	<b>97,112</b>	<b>101,442</b>	<b>101,981</b>	<b>99,396</b>	<b>101,981</b>	<b>99,396</b>	<b>101,981</b>	<b>1,191,371</b>
<b>Revenue in Excess of Expenses</b>	<b>1,427</b>	<b>8,965</b>	<b>1,427</b>	<b>3,942</b>	<b>1,427</b>	<b>3,942</b>	<b>-388</b>	<b>-927</b>	<b>1,658</b>	<b>-927</b>	<b>1,658</b>	<b>-927</b>	<b>21,277</b>
<b>Manpower Statistics</b>													
<b>Worked Productive Hours:</b>													
70010-0010 Salaries Reg-Management	322	290	322	311	322	311	322	322	311	322	311	322	3,788
70010-0050 Salaries Reg-Nurses	184	166	184	178	184	178	184	184	178	184	178	184	2,166
70010-0060 Salaries Reg-Professionals	332	300	332	321	332	321	332	332	321	332	321	332	3,908
70010-0070 Salaries Reg-Technologists	161	145	161	155	161	155	161	161	155	161	155	161	1,892
70010-0080 Salaries Reg-Clerical	148	134	148	144	148	144	148	148	144	148	144	148	1,746
70010-0090 Salaries Reg-Support Staff	996	899	996	964	996	964	996	996	964	996	964	996	11,727
70020-0070 Overtime Pay-Technologists	0	0	0	0	0	0	0	0	0	0	0	0	0
70020-0090 Overtime Pay-Support Staff	2	2	2	2	2	2	2	2	2	2	2	2	24
70023-0090 Orientation Pay-Support Staff	2	2	2	2	2	2	2	2	2	2	2	2	24
<b>Total Worked Productive Hours:</b>	<b>2,147</b>	<b>1,938</b>	<b>2,147</b>	<b>2,077</b>	<b>2,147</b>	<b>2,077</b>	<b>2,147</b>	<b>2,147</b>	<b>2,077</b>	<b>2,147</b>	<b>2,077</b>	<b>2,147</b>	<b>25,275</b>
<b>Tot Wrk Prd &amp; Wrk Non Prd Hrs:</b>	<b>2,147</b>	<b>1,938</b>	<b>2,147</b>	<b>2,077</b>	<b>2,147</b>	<b>2,077</b>	<b>2,147</b>	<b>2,147</b>	<b>2,077</b>	<b>2,147</b>	<b>2,077</b>	<b>2,147</b>	<b>25,275</b>
<b>Paid Non Prod Hours:</b>													
<b>Paid Non Prod Hours:</b>													
70084-0010 Pto-Management	32	29	32	31	32	31	32	32	31	32	31	32	377
70084-0050 Pto-Nurses	11	10	11	10	11	10	11	11	10	11	10	11	127
70084-0060 Pto-Professionals	21	19	21	20	21	20	21	21	20	21	20	21	246
70084-0070 Pto-Technologists	16	14	16	15	16	15	16	16	15	16	15	16	186
70084-0080 Pto-Clerical	28	26	28	27	28	27	28	28	27	28	27	28	330
70084-0090 Pto-Support Staff	86	78	86	83	86	83	86	86	83	86	83	86	1,012
<b>Total Paid Non Prod Hours:</b>	<b>194</b>	<b>176</b>	<b>194</b>	<b>186</b>	<b>194</b>	<b>186</b>	<b>194</b>	<b>194</b>	<b>186</b>	<b>194</b>	<b>186</b>	<b>194</b>	<b>2,278</b>
<b>Total Paid Non Prod Hours:</b>	<b>194</b>	<b>176</b>	<b>194</b>	<b>186</b>	<b>194</b>	<b>186</b>	<b>194</b>	<b>194</b>	<b>186</b>	<b>194</b>	<b>186</b>	<b>194</b>	<b>2,278</b>
<b>Tot WrkPrd,WrkNonprd, &amp; PdNonPr</b>	<b>2,341</b>	<b>2,114</b>	<b>2,341</b>	<b>2,263</b>	<b>2,341</b>	<b>2,263</b>	<b>2,341</b>	<b>2,341</b>	<b>2,263</b>	<b>2,341</b>	<b>2,263</b>	<b>2,341</b>	<b>27,553</b>

# Detail Budget by Month with Stats Using Expense Structure (0271)



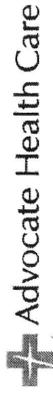
Company: 25 Advocate Health and Hospital  
 Facility: 25096 Older Adult Services

Year Ended for: 2019  
 Run Date - Time: 06/19/2019, 4:22:37 pm

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Total Manpower Statistics	2,341	2,114	2,341	2,263	2,341	2,263	2,341	2,341	2,263	2,341	2,263	2,341	27,553

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# Detail Budget by Month with Stats Using Expense Structure (0271)



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

Year Ended for: 2019  
 Run Date - Time: 06/19/2019, 4:22:37 pm

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
<b>Revenue in Excess of Expenses</b>													
<b>Expenses</b>													
<b>Salaries and Wages</b>													
<b>No Manpower Sal&amp;Wages</b>													
70135-0000 Long Term Incentive	531	531	531	531	531	531	531	531	531	531	531	531	6,372
<b>No Manpower Sal&amp;Wages</b>	<b>531</b>	<b>6,372</b>											
<b>Total Salaries and Wages</b>	<b>531</b>	<b>6,372</b>											
<b>Non Salary/Wage Expense</b>													
60625-0000 Post Emp Costs-ADV Pension Plan	-1,458	-1,458	-1,458	-1,458	-1,458	-1,458	-1,458	-1,458	-1,458	-1,458	-1,458	-1,458	-17,496
70250-0000 Pension	671	606	671	649	671	649	671	671	649	671	649	671	7,899
70253-0000 Matched Savings Plan	1,231	1,112	1,231	1,191	1,231	1,191	1,231	1,231	1,191	1,231	1,191	1,231	14,493
70257-0000 Pension Admin Fees	102	92	102	99	102	99	102	102	99	102	99	102	1,202
70280-0000 Life Insurance	68	61	68	66	68	66	68	68	66	68	66	68	801
70288-0000 Humana EPO	2,268	2,048	2,268	2,195	2,268	2,195	2,268	2,268	2,195	2,268	2,195	2,268	26,704
70289-0000 Blue Cross PPO	6,599	5,961	6,599	6,386	6,599	6,386	6,599	6,599	6,386	6,599	6,386	6,599	77,698
70291-0000 Humana HMO	2,871	2,593	2,871	2,778	2,871	2,778	2,871	2,871	2,778	2,871	2,778	2,871	33,802
70294-0000 Pharmacy	3,278	2,961	3,278	3,173	3,278	3,173	3,278	3,278	3,173	3,278	3,173	3,278	38,599
70295-0000 Health Administration	1,316	1,189	1,316	1,274	1,316	1,274	1,316	1,316	1,274	1,316	1,274	1,316	15,497
70296-0000 Cobra / Pr Deductions	-4,433	-4,004	-4,433	-4,290	-4,433	-4,290	-4,433	-4,433	-4,290	-4,433	-4,290	-4,433	-52,195
70297-0000 HRA/DRA Expense	722	652	722	699	722	699	722	722	699	722	699	722	8,502
70298-0000 Vision Care Insurance	15	13	15	14	15	14	15	15	14	15	14	15	174
70301-0000 Dental Insurance	323	292	323	312	323	312	323	323	312	323	312	323	3,801
70310-0000 Workman's Compensation	815	736	815	789	815	789	815	815	789	815	789	815	9,597
70320-0000 Long Term Disability	93	84	93	90	93	90	93	93	90	93	90	93	1,095
70325-0000 Short Term Disability	399	361	399	386	399	386	399	399	386	399	386	399	4,698
70327-0000 Disability Admin Fees	161	146	161	156	161	156	161	161	156	161	156	161	1,897
70330-0000 Tuition Reimbursement	59	54	59	58	59	58	59	59	58	59	58	59	699
79630-0000 Insurance,Gen,Libab.&Miscellaneous	260	260	260	260	260	260	260	260	260	260	260	260	3,120
93302-0000 I/D Psych Referral Serv	33	33	33	33	33	33	33	33	33	33	33	33	396
93816-0000 I/D Disability Case Mgmt	33	33	33	33	33	33	33	33	33	33	33	33	396
93818-0000 I/D Employee Health Serv	198	198	198	198	198	198	198	198	198	198	198	198	2,376
<b>Total Non Salary/Wage Expense</b>	<b>15,624</b>	<b>14,023</b>	<b>15,624</b>	<b>15,091</b>	<b>15,624</b>	<b>15,091</b>	<b>15,624</b>	<b>15,624</b>	<b>15,091</b>	<b>15,624</b>	<b>15,091</b>	<b>15,624</b>	<b>183,755</b>
<b>Total Expenses</b>	<b>16,155</b>	<b>14,554</b>	<b>16,155</b>	<b>16,622</b>	<b>16,155</b>	<b>16,622</b>	<b>16,155</b>	<b>16,155</b>	<b>16,622</b>	<b>16,155</b>	<b>16,622</b>	<b>16,155</b>	<b>190,127</b>

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# Detail Budget by Month with Stats Using Expense Structure (0271)



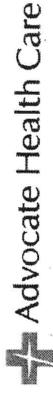
Company: 25 Advocate Health and Hospital  
 Facility: 25096 Older Adult Services  
 Cost Center: 250961135 Divisonal Fringe Benefits

Year Ended for: 2019  
 Run Date - Time: 06/19/2019, 4:22:37 pm

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Revenue in Excess of Expenses	-16,155	-14,554	-16,155	-15,622	-16,155	-15,622	-16,155	-16,155	-15,622	-16,155	-15,622	-16,155	-190,127

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# Detail Budget by Month with Stats Using Expense Structure (0271)



Company: 25 Advocate Health and Hospital  
 Facility: 25096 Older Adult Services  
 Cost Center: 250961170 Older Adult Services Admin  
 Year Ended for: 2019  
 Run Date - Time: 06/19/2019, 4:22:37 pm

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
<b>Revenue in Excess of Expenses</b>													
<b>Expenses</b>													
<b>Salaries and Wages</b>													
<b>No Manpower Sal&amp;Wages</b>													
70089-0000 Pto Accrual	0	0	0	0	0	0	0	0	0	0	0	0	0
70134-0080 Bonus Pay-Clerical	33	30	33	32	33	32	33	33	32	33	32	33	389
<b>No Manpower Sal&amp;Wages</b>	<b>33</b>	<b>30</b>	<b>33</b>	<b>32</b>	<b>33</b>	<b>32</b>	<b>33</b>	<b>33</b>	<b>32</b>	<b>33</b>	<b>32</b>	<b>33</b>	<b>389</b>
<b>Manpower Salaries&amp;Wages</b>													
<b>Tot WrkPd,WrkNonprd,&amp;PdNonPr</b>													
<b>Tot Wrk Prd &amp; Wrk Non Prd</b>													
<b>Worked Productive</b>													
70010-0010 Salaries Reg-Management	8,768	7,919	8,768	8,485	8,768	8,485	9,027	9,105	8,811	9,105	8,811	9,105	105,157
70010-0080 Salaries Reg-Clerical	3,736	3,374	3,736	3,615	3,736	3,615	3,846	3,879	3,754	3,879	3,754	3,879	44,803
<b>Worked Productive</b>	<b>12,504</b>	<b>11,293</b>	<b>12,504</b>	<b>12,100</b>	<b>12,504</b>	<b>12,100</b>	<b>12,873</b>	<b>12,984</b>	<b>12,565</b>	<b>12,984</b>	<b>12,565</b>	<b>12,984</b>	<b>149,960</b>
<b>Tot Wrk Prd &amp; Wrk Non Prd</b>	<b>12,504</b>	<b>11,293</b>	<b>12,504</b>	<b>12,100</b>	<b>12,504</b>	<b>12,100</b>	<b>12,873</b>	<b>12,984</b>	<b>12,565</b>	<b>12,984</b>	<b>12,565</b>	<b>12,984</b>	<b>149,960</b>
<b>Paid Non Productive</b>													
70084-0010 Pto-Management	495	447	495	479	495	479	509	514	497	514	497	514	5,935
70084-0080 Pto-Clerical	701	633	701	678	701	678	721	728	704	728	704	728	8,405
<b>Paid Non Productive</b>	<b>1,196</b>	<b>1,080</b>	<b>1,196</b>	<b>1,157</b>	<b>1,196</b>	<b>1,157</b>	<b>1,230</b>	<b>1,242</b>	<b>1,201</b>	<b>1,242</b>	<b>1,201</b>	<b>1,242</b>	<b>14,340</b>
<b>Tot</b>	<b>13,700</b>	<b>12,373</b>	<b>13,700</b>	<b>13,257</b>	<b>13,700</b>	<b>13,257</b>	<b>14,103</b>	<b>14,226</b>	<b>13,766</b>	<b>14,226</b>	<b>13,766</b>	<b>14,226</b>	<b>164,300</b>
<b>Manpower Salaries&amp;Wages</b>	<b>13,700</b>	<b>12,373</b>	<b>13,700</b>	<b>13,257</b>	<b>13,700</b>	<b>13,257</b>	<b>14,103</b>	<b>14,226</b>	<b>13,766</b>	<b>14,226</b>	<b>13,766</b>	<b>14,226</b>	<b>164,300</b>
<b>Total Salaries and Wages</b>	<b>13,733</b>	<b>12,403</b>	<b>13,733</b>	<b>13,289</b>	<b>13,733</b>	<b>13,289</b>	<b>14,136</b>	<b>14,259</b>	<b>13,798</b>	<b>14,259</b>	<b>13,798</b>	<b>14,259</b>	<b>164,689</b>
<b>Non Salary/Wage Expense</b>													
70240-0000 Fica	1,053	952	1,053	1,019	1,053	1,019	1,085	1,094	1,059	1,094	1,059	1,094	12,634
71850-0000 Misc Patient Supplies	3	3	3	3	3	3	3	3	3	3	3	3	36
71920-0000 Gloves	15	15	15	15	15	15	15	15	15	15	15	15	180
77402-0000 Employee Travel-Local	50	50	50	50	50	50	50	50	50	50	50	50	600
77501-0000 Employee Books/Subscriptions	50	50	50	50	50	50	50	50	50	50	50	50	600
77502-0000 Employee Education Supplies	29	29	29	29	29	29	29	29	29	29	29	29	348
77506-0000 Conference - Local	25	25	25	25	25	25	25	25	25	25	25	25	300
77700-0000 Office Supplies	101	101	101	101	101	101	101	101	101	101	101	101	1,212
77709-0000 Misc Dept Supplies	1	1	1	1	1	1	1	1	1	1	1	1	12
77830-0000 Misc. Housekeeping Supply	25	25	25	25	25	25	25	25	25	25	25	25	300

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# Detail Budget by Month with Stats Using Expense Structure (0271)



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

Year Ended for: 2019  
 Run Date - Time: 06/19/2019, 4:22:37 pm

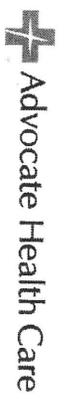
ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
78050-0000 Kitchenware	89	89	89	89	89	89	89	89	89	89	89	89	1,068
78051-0000 Tableware	76	76	76	76	76	76	76	76	76	76	76	76	912
78090-0000 Misc Department Expense	23	23	23	23	23	23	23	23	23	23	23	23	276
78990-0000 Depr. Equipment	26	26	26	26	26	26	26	26	26	26	26	26	312
93374-0000 JD Accounting Services	250	250	250	250	250	250	250	250	250	250	250	250	3,000
93375-0000 JD Financial Syst Servs	58	58	58	58	58	58	58	58	58	58	58	58	696
93424-0000 JD Printing Service	33	33	33	33	33	33	33	33	33	33	33	33	396
93698-0000 JD Misc Equip Rental	12	12	12	12	12	12	12	12	12	12	12	12	144
<b>Total Non Salary/Wage Expense</b>	<b>1,919</b>	<b>1,818</b>	<b>1,919</b>	<b>1,885</b>	<b>1,919</b>	<b>1,885</b>	<b>1,951</b>	<b>1,960</b>	<b>1,925</b>	<b>1,960</b>	<b>1,925</b>	<b>1,960</b>	<b>23,026</b>
<b>Total Expenses</b>	<b>15,652</b>	<b>14,221</b>	<b>15,652</b>	<b>15,174</b>	<b>15,652</b>	<b>15,174</b>	<b>16,087</b>	<b>16,219</b>	<b>15,723</b>	<b>16,219</b>	<b>15,723</b>	<b>16,219</b>	<b>187,715</b>
<b>Revenue in Excess of Expenses</b>	<b>-15,652</b>	<b>-14,221</b>	<b>-15,652</b>	<b>-15,174</b>	<b>-15,652</b>	<b>-15,174</b>	<b>-16,087</b>	<b>-16,219</b>	<b>-15,723</b>	<b>-16,219</b>	<b>-15,723</b>	<b>-16,219</b>	<b>-187,715</b>
<b>Manpower Statistics</b>													
<b>Worked Productive Hours:</b>													
70010-0010 Salaries Reg-Management	159	144	159	154	159	154	159	159	154	159	154	159	1,873
70010-0080 Salaries Reg-Clerical	141	128	141	137	141	137	141	141	137	141	137	141	1,663
<b>Total Worked Productive Hours:</b>	<b>300</b>	<b>272</b>	<b>300</b>	<b>291</b>	<b>300</b>	<b>291</b>	<b>300</b>	<b>300</b>	<b>291</b>	<b>300</b>	<b>291</b>	<b>300</b>	<b>3,536</b>
<b>Tot Wk/Prd &amp; Wk-Non Prd Hrs:</b>	<b>300</b>	<b>272</b>	<b>300</b>	<b>291</b>	<b>300</b>	<b>291</b>	<b>300</b>	<b>300</b>	<b>291</b>	<b>300</b>	<b>291</b>	<b>300</b>	<b>3,536</b>
<b>Paid Non Prod Hours:</b>													
70084-0010 Pto-Management	9	8	9	9	9	9	9	9	9	9	9	9	107
70084-0080 Pto-Clerical	26	24	26	26	26	26	26	26	26	26	26	26	310
<b>Total Paid Non Prod Hours:</b>	<b>35</b>	<b>32</b>	<b>35</b>	<b>417</b>									
<b>Tot Wk/Prd,WkNonprd &amp; PdnNonPr</b>	<b>335</b>	<b>304</b>	<b>335</b>	<b>326</b>	<b>335</b>	<b>326</b>	<b>335</b>	<b>335</b>	<b>326</b>	<b>335</b>	<b>326</b>	<b>335</b>	<b>3,953</b>
<b>Total Manpower Statistics</b>	<b>335</b>	<b>304</b>	<b>335</b>	<b>326</b>	<b>335</b>	<b>326</b>	<b>335</b>	<b>335</b>	<b>326</b>	<b>335</b>	<b>326</b>	<b>335</b>	<b>3,953</b>

# Detail Budget by Month with Stats Using Expense Structure (0271)



Company: 25 Advocate Health and Hospital  
 Facility: 25096 Older Adult Services  
 Cost Center: 250961171 Older Adult Srv Adult Day Care  
 Year Ended for: 2019  
 Run Date - Time: 06/19/2019, 4:22:37 pm

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
<b>Revenue in Excess of Expenses</b>													
<b>Revenue</b>													
44711-0000 Program Reg Fees	69,215	69,215	69,215	69,215	69,215	69,215	69,215	69,215	69,215	69,215	69,215	69,215	830,580
45220-0000 Program Reim Resitced Funds	4,491	4,491	4,491	4,491	4,491	4,491	4,491	4,491	4,491	4,491	4,491	4,491	53,892
<b>Total Revenue</b>	<b>73,706</b>	<b>884,472</b>											
<b>Expenses</b>													
<b>Salaries and Wages</b>													
<b>No Manpower Sal&amp;Wages</b>													
70089-0000 Plo Accrual	0	0	0	0	0	0	0	0	0	0	0	0	0
70134-0090 Bonus Pay-Support Staff	20	18	20	19	20	19	20	20	19	20	19	20	234
<b>No Manpower Sal&amp;Wages</b>	<b>20</b>	<b>18</b>	<b>20</b>	<b>19</b>	<b>20</b>	<b>19</b>	<b>20</b>	<b>20</b>	<b>19</b>	<b>20</b>	<b>19</b>	<b>20</b>	<b>234</b>
<b>Manpower Salaries&amp;Wages</b>													
<b>Tot WrkPd,WrkNonprd,&amp;PdNonPr</b>													
<b>Worked Productive</b>													
70010-0010 Salaries Reg-Management	5,140	4,642	5,140	4,974	5,140	4,974	5,292	5,337	5,165	5,337	5,165	5,337	61,643
70010-0050 Salaries Reg-Nurses	6,034	5,450	6,034	5,839	6,034	5,839	6,213	6,266	6,064	6,266	6,064	6,266	72,369
70010-0070 Salaries Reg-Technologists	3,574	3,228	3,574	3,459	3,574	3,459	3,680	3,712	3,592	3,712	3,592	3,712	42,868
70010-0090 Salaries Reg-Support Staff	15,676	14,159	15,676	15,170	15,676	15,170	16,140	16,279	15,754	16,279	15,754	16,279	188,012
70020-0070 Overtime Pay-Technologists	3	3	3	3	3	3	4	4	3	4	3	4	40
70020-0090 Overtime Pay-Support Staff	48	44	48	47	48	47	50	50	49	50	49	50	580
70023-0090 Orientation Pay-Support Staff	33	30	33	32	33	32	34	34	33	34	33	34	395
<b>Worked Productive</b>	<b>30,508</b>	<b>27,556</b>	<b>30,508</b>	<b>29,524</b>	<b>30,508</b>	<b>29,524</b>	<b>31,413</b>	<b>31,682</b>	<b>30,660</b>	<b>31,682</b>	<b>30,660</b>	<b>31,682</b>	<b>365,907</b>
<b>Tot Wrk Prd &amp; Wrk Non Prd</b>	<b>30,508</b>	<b>27,556</b>	<b>30,508</b>	<b>29,524</b>	<b>30,508</b>	<b>29,524</b>	<b>31,413</b>	<b>31,682</b>	<b>30,660</b>	<b>31,682</b>	<b>30,660</b>	<b>31,682</b>	<b>365,907</b>
<b>Paid Non Productive</b>													
70084-0010 Plo-Management	768	694	768	743	768	743	791	798	772	798	772	798	9,213
70084-0050 Plo-Nurses	349	315	349	338	349	338	359	362	351	362	351	362	4,185
70084-0070 Plo-Technologists	354	320	354	342	354	342	364	367	356	367	356	367	4,243
70084-0090 Plo-Support Staff	1,451	1,311	1,451	1,404	1,451	1,404	1,494	1,507	1,458	1,507	1,458	1,507	17,403
<b>Paid Non Productive</b>	<b>2,922</b>	<b>2,640</b>	<b>2,922</b>	<b>2,827</b>	<b>2,922</b>	<b>2,827</b>	<b>3,008</b>	<b>3,034</b>	<b>2,937</b>	<b>3,034</b>	<b>2,937</b>	<b>3,034</b>	<b>35,044</b>
<b>Tot</b>	<b>33,430</b>	<b>30,196</b>	<b>33,430</b>	<b>32,351</b>	<b>33,430</b>	<b>32,351</b>	<b>34,421</b>	<b>34,716</b>	<b>33,597</b>	<b>34,716</b>	<b>33,597</b>	<b>34,716</b>	<b>400,951</b>
<b>Manpower Salaries&amp;Wages</b>	<b>33,430</b>	<b>30,196</b>	<b>33,430</b>	<b>32,351</b>	<b>33,430</b>	<b>32,351</b>	<b>34,421</b>	<b>34,716</b>	<b>33,597</b>	<b>34,716</b>	<b>33,597</b>	<b>34,716</b>	<b>400,951</b>



# Detail Budget by Month with Stats Using Expense Structure (0271)

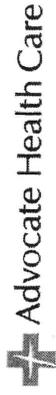
**Company:** 25 Advocate Health and Hospital  
**Facility:** 25096 Older Adult Services  
**Cost Center:** 250961171 Older Adult Srv Adult Day Care

Run Date - Time: 06/19/2019, 4:22:37 pm  
 Year Ended for: 2019

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
<b>Total Salaries and Wages</b>	<b>33,450</b>	<b>30,214</b>	<b>33,450</b>	<b>32,370</b>	<b>33,450</b>	<b>32,370</b>	<b>34,441</b>	<b>34,736</b>	<b>33,616</b>	<b>34,736</b>	<b>33,616</b>	<b>34,736</b>	<b>401,185</b>
<b>Non Salary/Wage Expense</b>													
70240-0000 Fica	2,298	2,076	2,298	2,224	2,298	2,224	2,366	2,387	2,310	2,387	2,310	2,387	27,565
71920-0000 Gloves	50	50	50	50	50	50	50	50	50	50	50	50	600
75550-0000 Utilities-Telephone	57	57	57	57	57	57	57	57	57	57	57	57	684
75552-0000 Cellular Telephone	126	126	126	126	126	126	126	126	126	126	126	126	1,512
76001-0000 Contr Serv - Linen	147	147	147	147	147	147	147	147	147	147	147	147	1,764
76006-0000 Contr Serv - Refuse/Dispose	175	175	175	175	175	175	175	175	175	175	175	175	2,100
76007-0000 Contr Serv - Housekeeping	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	16,500
76008-0000 Contr Serv - Pest Control	32	32	32	32	32	32	32	32	32	32	32	32	384
76050-0000 Contr Serv - Misc Other	25	25	25	25	25	25	25	25	25	25	25	25	300
77402-0000 Employee Travel-Local	38	38	38	38	38	38	38	38	38	38	38	38	456
77414-0000 Food & Nonalcoholic Beverage	370	370	370	370	370	370	370	370	370	370	370	370	4,440
77500-0000 Employee Train/Development	17	17	17	17	17	17	17	17	17	17	17	17	204
77501-0000 Employee Books/Subscriptions	69	69	69	69	69	69	69	69	69	69	69	69	828
77600-0000 Employee Relations	33	33	33	33	33	33	33	33	33	33	33	33	396
77700-0000 Office Supplies	42	42	42	42	42	42	42	42	42	42	42	42	504
77709-0000 Misc Dept Supplies	47	47	47	47	47	47	47	47	47	47	47	47	564
77803-0000 Gasoline	1,017	1,017	1,017	1,017	1,017	1,017	1,017	1,017	1,017	1,017	1,017	1,017	12,204
77809-0000 Automotive Parts	673	673	673	673	673	673	673	673	673	673	673	673	8,076
78051-0000 Tableware	170	170	170	170	170	170	170	170	170	170	170	170	2,040
78090-0000 Misc Department Expense	654	654	654	654	654	654	654	654	654	654	654	654	7,848
78670-0000 Postage And Freight	8	8	8	8	8	8	8	8	8	8	8	8	96
79890-0000 Depr Equipment	77	77	77	77	77	77	77	77	77	77	77	77	924
93424-0000 I/D Printing Service	105	105	105	105	105	105	105	105	105	105	105	105	1,260
93462-0000 I/D Dietary Services/Sales	4,525	4,525	4,525	4,525	4,525	4,525	4,525	4,525	4,525	4,525	4,525	4,525	54,300
93780-0000 I/D Pharmacy Sales	13	13	13	13	13	13	13	13	13	13	13	13	156
93898-0000 I/D Rent	2,967	2,967	2,967	2,967	2,967	2,967	2,967	2,967	2,967	2,967	2,967	2,967	35,604
<b>Total Non Salary/Wage Expense</b>	<b>15,110</b>	<b>14,888</b>	<b>15,110</b>	<b>15,036</b>	<b>15,110</b>	<b>15,036</b>	<b>15,178</b>	<b>15,199</b>	<b>15,122</b>	<b>15,199</b>	<b>15,122</b>	<b>15,199</b>	<b>181,309</b>
<b>Total Expenses</b>	<b>48,560</b>	<b>45,102</b>	<b>48,560</b>	<b>47,406</b>	<b>48,560</b>	<b>47,406</b>	<b>49,619</b>	<b>49,935</b>	<b>48,738</b>	<b>49,935</b>	<b>48,738</b>	<b>49,935</b>	<b>582,494</b>
<b>Revenue in Excess of Expenses</b>	<b>25,146</b>	<b>28,604</b>	<b>25,146</b>	<b>26,300</b>	<b>25,146</b>	<b>26,300</b>	<b>24,087</b>	<b>23,771</b>	<b>24,968</b>	<b>23,771</b>	<b>24,968</b>	<b>23,771</b>	<b>301,978</b>

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# Detail Budget by Month with Stats Using Expense Structure (0271)



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

Year Ended for: 2019  
 Run Date - Time: 06/19/2019, 4:22:37 pm

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
<b>Manpower Statistics</b>													
<b>Worked Productive Hours:</b>													
70010-0010 Salaries Reg-Management	154	139	154	149	154	149	154	154	149	154	149	154	1,813
70010-0050 Salaries Reg-Nurses	184	166	184	178	184	178	184	184	178	184	178	184	2,166
70010-0070 Salaries Reg-Technologists	161	145	161	155	161	155	161	161	155	161	155	161	1,892
70010-0090 Salaries Reg-Support Staff	983	888	983	952	983	952	983	983	952	983	952	983	11,577
70020-0070 Overtime Pay-Technologists	0	0	0	0	0	0	0	0	0	0	0	0	0
70020-0090 Overtime Pay-Support Staff	2	2	2	2	2	2	2	2	2	2	2	2	24
70023-0090 Orientation Pay-Support Staff	2	2	2	2	2	2	2	2	2	2	2	2	24
<b>Total Worked Productive Hours:</b>	<b>1,486</b>	<b>1,342</b>	<b>1,486</b>	<b>1,438</b>	<b>1,486</b>	<b>1,438</b>	<b>1,486</b>	<b>1,486</b>	<b>1,438</b>	<b>1,486</b>	<b>1,438</b>	<b>1,486</b>	<b>17,496</b>
<b>Tot Wrk Prd &amp; Wrk Non Prd Hrs:</b>	<b>1,486</b>	<b>1,342</b>	<b>1,486</b>	<b>1,438</b>	<b>1,486</b>	<b>1,438</b>	<b>1,486</b>	<b>1,486</b>	<b>1,438</b>	<b>1,486</b>	<b>1,438</b>	<b>1,486</b>	<b>17,496</b>
<b>Paid Non Prod Hours:</b>													
<b>Paid Non Prod Hours:</b>													
70084-0010 Pro-Management	23	21	23	22	23	22	23	23	22	23	22	23	270
70084-0050 Pro-Nurses	11	10	11	10	11	10	11	11	10	11	10	11	127
70084-0070 Pro-Technologists	16	14	16	15	16	15	16	16	15	16	15	16	186
70084-0090 Pro-Support Staff	86	78	86	83	86	83	86	86	83	86	83	86	1,012
<b>Total Paid Non Prod Hours:</b>	<b>136</b>	<b>123</b>	<b>136</b>	<b>130</b>	<b>136</b>	<b>130</b>	<b>136</b>	<b>136</b>	<b>130</b>	<b>136</b>	<b>130</b>	<b>136</b>	<b>1,595</b>
<b>Total Paid Non Prod Hours:</b>	<b>136</b>	<b>123</b>	<b>136</b>	<b>130</b>	<b>136</b>	<b>130</b>	<b>136</b>	<b>136</b>	<b>130</b>	<b>136</b>	<b>130</b>	<b>136</b>	<b>1,595</b>
<b>Tot WrkPrd,WrkNonprd,&amp; PdNonPr</b>	<b>1,622</b>	<b>1,465</b>	<b>1,622</b>	<b>1,568</b>	<b>1,622</b>	<b>1,568</b>	<b>1,622</b>	<b>1,622</b>	<b>1,568</b>	<b>1,622</b>	<b>1,568</b>	<b>1,622</b>	<b>19,091</b>
<b>Total Manpower Statistics</b>	<b>1,622</b>	<b>1,465</b>	<b>1,622</b>	<b>1,568</b>	<b>1,622</b>	<b>1,568</b>	<b>1,622</b>	<b>1,622</b>	<b>1,568</b>	<b>1,622</b>	<b>1,568</b>	<b>1,622</b>	<b>19,091</b>

# Detail Budget by Month with Stats Using Expense Structure (0271)



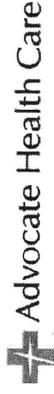
Company: 25 Advocate Health and Hospital  
 Facility: 25096 Older Adult Services  
 Cost Center: 250961172 Older Adult Serv Home Del Meal

Run Date - Time: 06/19/2019, 4:22:37 pm  
 Year Ended for: 2019

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
<b>Revenue in Excess of Expenses</b>													
Revenue													
44711-0000 Program Reg Fees	1,510	1,510	1,510	1,510	1,510	1,510	1,510	1,510	1,510	1,510	1,510	1,510	18,120
45220-0000 Program Reim Resliced Funds	430	430	430	430	430	430	430	430	430	430	430	430	5,160
49000-0000 Other Misc Revenues	18	18	18	18	18	18	18	18	18	18	18	18	216
<b>Total Revenue</b>	<b>1,958</b>	<b>23,496</b>											
<b>Expenses</b>													
<b>Salaries and Wages</b>													
<b>Manpower Salaries&amp;Wages</b>													
<b>Tot WkPd, WkNonprd, &amp; PPNonPr</b>													
<b>Tot Wk Pd &amp; Wk Non Prod</b>													
<b>Worked Productive</b>													
70010-0010 Salaries Reg-Management	487	440	487	471	487	471	502	506	489	506	489	506	5,841
70010-0060 Salaries Reg-Professionals	446	403	446	432	446	432	460	464	449	464	449	464	5,355
70010-0080 Salaries Reg-Clerical	187	169	187	181	187	181	192	194	188	194	188	194	2,242
70010-0090 Salaries Reg-Support Staff	198	179	198	192	198	192	204	206	199	206	199	206	2,377
70020-0090 Overtime Pay-Support Staff	1	1	1	1	1	1	1	1	1	1	1	1	12
<b>Worked Productive</b>	<b>1,319</b>	<b>1,192</b>	<b>1,319</b>	<b>1,277</b>	<b>1,319</b>	<b>1,277</b>	<b>1,359</b>	<b>1,371</b>	<b>1,326</b>	<b>1,371</b>	<b>1,326</b>	<b>1,371</b>	<b>15,827</b>
<b>Tot Wk Pd &amp; Wk Non Prod</b>	<b>1,319</b>	<b>1,192</b>	<b>1,319</b>	<b>1,277</b>	<b>1,319</b>	<b>1,277</b>	<b>1,359</b>	<b>1,371</b>	<b>1,326</b>	<b>1,371</b>	<b>1,326</b>	<b>1,371</b>	<b>15,827</b>
<b>Paid Non Productive</b>													
70084-0060 Pro-Professionals	50	45	50	48	50	48	51	52	50	52	50	52	598
70084-0080 Pro-Clerical	47	42	47	45	47	45	48	49	47	49	47	49	562
<b>Paid Non Productive</b>	<b>97</b>	<b>87</b>	<b>97</b>	<b>93</b>	<b>97</b>	<b>93</b>	<b>99</b>	<b>101</b>	<b>97</b>	<b>101</b>	<b>97</b>	<b>101</b>	<b>1,160</b>
<b>Tot</b>	<b>1,416</b>	<b>1,279</b>	<b>1,416</b>	<b>1,370</b>	<b>1,416</b>	<b>1,370</b>	<b>1,458</b>	<b>1,472</b>	<b>1,423</b>	<b>1,472</b>	<b>1,423</b>	<b>1,472</b>	<b>16,987</b>
<b>Manpower Salaries&amp;Wages</b>	<b>1,416</b>	<b>1,279</b>	<b>1,416</b>	<b>1,370</b>	<b>1,416</b>	<b>1,370</b>	<b>1,458</b>	<b>1,472</b>	<b>1,423</b>	<b>1,472</b>	<b>1,423</b>	<b>1,472</b>	<b>16,987</b>
<b>Total Salaries and Wages</b>	<b>1,416</b>	<b>1,279</b>	<b>1,416</b>	<b>1,370</b>	<b>1,416</b>	<b>1,370</b>	<b>1,458</b>	<b>1,472</b>	<b>1,423</b>	<b>1,472</b>	<b>1,423</b>	<b>1,472</b>	<b>16,987</b>
<b>Non Salary/Wage Expense</b>													
70240-0000 Fica	102	92	102	98	102	98	105	106	102	106	102	106	1,221
77402-0000 Employee Travel-Local	25	25	25	25	25	25	25	25	25	25	25	25	300
77414-0000 Food & Nonalcoholic Beverage	109	109	109	109	109	109	109	109	109	109	109	109	1,308
77709-0000 Misc Dept Supplies	19	19	19	19	19	19	19	19	19	19	19	19	228
78090-0000 Misc Department Expense	160	160	160	160	160	160	160	160	160	160	160	160	1,920
93462-0000 I/D Dietary Services/Sales	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	15,000

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# Detail Budget by Month with Stats Using Expense Structure (0271)

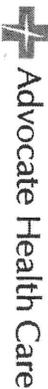


Company: 25 Advocate Health and Hospital  
 Facility: 25096 Older Adult Services  
 Cost Center: 250961172 Older Adult Serv Home Del Meal

Year Ended for: 2019  
 Run Date - Time: 06/19/2019, 4:22:37 pm

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
<b>Total Non Salary/Wage Expense</b>	1,665	1,655	1,665	1,661	1,665	1,661	1,668	1,669	1,665	1,669	1,665	1,669	19,977
<b>Total Expenses</b>	3,081	2,934	3,081	3,031	3,081	3,031	3,126	3,141	3,088	3,141	3,088	3,141	36,964
<b>Revenue in Excess of Expenses</b>	-1,123	-976	-1,123	-1,073	-1,123	-1,073	-1,168	-1,183	-1,130	-1,183	-1,130	-1,183	-13,468
<b>Manpower Statistics</b>													
<b>Worked Productive Hours:</b>													
70010-0010 Salaries Reg-Management	9	8	9	9	9	9	9	9	9	9	9	9	107
70010-0060 Salaries Reg-Professionals	16	14	16	15	16	15	16	16	15	16	15	16	186
70010-0080 Salaries Reg-Clerical	7	6	7	7	7	7	7	7	7	7	7	7	83
70010-0090 Salaries Reg-Support Staff	12	11	12	12	12	12	12	12	12	12	12	12	143
70020-0090 Overtime Pay-Support Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Worked Productive Hours:</b>	44	39	44	43	44	43	44	44	43	44	43	44	519
<b>Tot Wrk Prd &amp; Wrk Non Prd Hrs:</b>	44	39	44	43	44	43	44	44	43	44	43	44	519
<b>Paid Non Prod Hours:</b>													
<b>Paid Non Prod Hours:</b>													
70084-0060 Pio-Professionals	2	2	2	2	2	2	2	2	2	2	2	2	24
70084-0080 Pio-Clerical	2	2	2	2	2	2	2	2	2	2	2	2	24
<b>Total Paid Non Prod Hours:</b>	4	4	4	4	4	4	4	4	4	4	4	4	48
<b>Total Paid Non Prod Hours:</b>	4	4	4	4	4	4	4	4	4	4	4	4	48
<b>Tot WrkPrd,WrkNonprd,&amp; PdNonPr</b>	48	43	48	47	48	47	48	48	47	48	47	48	567
<b>Total Manpower Statistics</b>	48	43	48	47	48	47	48	48	47	48	47	48	567

# Detail Budget by Month with Stats Using Expense Structure (0271)

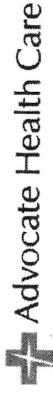


Company: 25 Advocate Health and Hospital  
 Facility: 25096 Older Adult Services  
 Cost Center: 250961174 Older Adult Service Trinity

Year Ended for: 2019  
 Run Date - Time: 06/19/2019, 4:22:37 pm

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
<b>Revenue in Excess of Expenses</b>													
<b>Expenses</b>													
Non Salary/Wage Expense													
77809-0000 Automotive Parts	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Non Salary/Wage Expense	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0
Revenue in Excess of Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0

# Detail Budget by Month with Stats Using Expense Structure (0271)



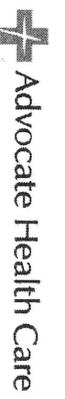
Company: 25 Advocate Health and Hospital  
 Facility: 25096 Older Adult Services  
 Cost Center: 250961176 Older Adult Ser-Alzheimer Prog

Year Ended for: 2019  
 Run Date - Time: 06/19/2019, 4:22:37 pm

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
<b>Revenue in Excess of Expenses</b>													
Revenue													
44711-0000 Program Reg Fees	13,570	13,570	13,570	13,570	13,570	13,570	13,570	13,570	13,570	13,570	13,570	13,570	162,840
<b>Total Revenue</b>	<b>13,570</b>	<b>162,840</b>											
<b>Expenses</b>													
Salaries and Wages													
No Manpower Sal&Wages	0	0	0	0	0	0	0	0	0	0	0	0	0
70089-0000 Pto Accrual	0	0	0	0	0	0	0	0	0	0	0	0	0
No Manpower Sal&Wages	0	0	0	0	0	0	0	0	0	0	0	0	0
Manpower Salaries&Wages													
Tot WrkPd,WrkNonprd,&PdNonPr	4,053	3,661	4,053	3,923	4,053	3,923	4,173	4,209	4,073	4,209	4,073	4,209	48,612
Tot Wrk Prd & Wrk Non Prd	4,053	3,661	4,053	3,923	4,053	3,923	4,173	4,209	4,073	4,209	4,073	4,209	48,612
Worked Productive	4,053	3,661	4,053	3,923	4,053	3,923	4,173	4,209	4,073	4,209	4,073	4,209	48,612
70010-0060 Salaries Reg-Professionals	170	153	170	164	170	164	175	176	170	176	170	176	2,034
70084-0060 Pto-Professionals	170	153	170	164	170	164	175	176	170	176	170	176	2,034
Paid Non Productive	4,223	3,814	4,223	4,087	4,223	4,087	4,348	4,385	4,243	4,385	4,243	4,385	50,646
Manpower Salaries&Wages	4,223	3,814	4,223	4,087	4,223	4,087	4,348	4,385	4,243	4,385	4,243	4,385	50,646
Total Salaries and Wages	4,223	3,814	4,223	4,087	4,223	4,087	4,348	4,385	4,243	4,385	4,243	4,385	50,646
Non Salary/Wage Expense													
70240-0000 Fica	303	274	303	294	303	294	312	315	305	315	305	315	3,638
71850-0000 Misc Patient Supplies	77	77	77	77	77	77	77	77	77	77	77	77	924
77414-0000 Food & Nonalcoholic Beverage	42	42	42	42	42	42	42	42	42	42	42	42	504
77600-0000 Employee Relations	77	77	77	77	77	77	77	77	77	77	77	77	924
77700-0000 Office Supplies	13	13	13	13	13	13	13	13	13	13	13	13	156
77709-0000 Misc Dept Supplies	24	24	24	24	24	24	24	24	24	24	24	24	288
78090-0000 Misc Department Expense	58	58	58	58	58	58	58	58	58	58	58	58	696
93424-0000 I/D Printing Service	33	33	33	33	33	33	33	33	33	33	33	33	396
<b>Total Non Salary/Wage Expense</b>	<b>627</b>	<b>598</b>	<b>627</b>	<b>618</b>	<b>627</b>	<b>618</b>	<b>636</b>	<b>639</b>	<b>629</b>	<b>639</b>	<b>629</b>	<b>639</b>	<b>7,526</b>
<b>Total Expenses</b>	<b>4,850</b>	<b>4,412</b>	<b>4,850</b>	<b>4,705</b>	<b>4,850</b>	<b>4,705</b>	<b>4,984</b>	<b>5,024</b>	<b>4,872</b>	<b>5,024</b>	<b>4,872</b>	<b>5,024</b>	<b>58,172</b>

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# Detail Budget by Month with Stats Using Expense Structure (0271)



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

Run Date - Time: 06/19/2019, 4:22:37 pm  
 Year Ended for: 2019

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Revenue in Excess of Expenses	8,720	9,158	8,720	8,865	8,720	8,865	8,586	8,546	8,698	8,546	8,698	8,546	104,669
<b>Manpower Statistics</b>													
<b>Worked Productive Hours:</b>													
70010-0060 Salaries Reg-Professionals	170	153	170	164	170	164	170	170	164	170	164	170	1,999
Total Worked Productive Hours:	170	153	170	164	170	164	170	170	164	170	164	170	1,999
<b>Tot Wk Prd &amp; Wk Non Prd Hrs:</b>													
Paid Non Prod Hours:	7	6	7	7	7	7	7	7	7	7	7	7	83
Paid Non Prod Hours:	7	6	7	7	7	7	7	7	7	7	7	7	83
Total Paid Non Prod Hours:	7	6	7	7	7	7	7	7	7	7	7	7	83
<b>Tot WkPrd,WkNonPrd, &amp; PdNonPr</b>													
Total Manpower Statistics	177	159	177	171	177	171	177	177	171	177	171	177	2,082
	177	159	177	171	177	171	177	177	171	177	171	177	2,082

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# Detail Budget by Month with Stats Using Expense Structure (0271)



Company: 25 Advocate Health and Hospital  
 Facility: 25096 Older Adult Services  
 Cost Center: 250962525 Older Adult Serv Info & Referr  
 Year Ended for: 2019  
 Run Date - Time: 06/19/2019, 4:22:37 pm

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
<b>Revenue in Excess of Expenses</b>													
Revenue													
44600-0000 Management Services And Fees	3,232	3,232	3,232	3,232	3,232	3,232	3,232	3,232	3,232	3,232	3,232	3,232	38,784
44711-0000 Program Reg Fees	8,588	8,588	8,588	8,588	8,588	8,588	8,588	8,588	8,588	8,588	8,588	8,588	103,056
<b>Total Revenue</b>	<b>11,820</b>	<b>141,840</b>											
<b>Expenses</b>													
<b>Salaries and Wages</b>													
<b>Manpower Salaries&amp;Wages</b>													
Tot WrkPd,WrkNonprd,&PdNonPr													
Tot Wrk Prd & Wrk Non Prod													
<b>Worked Productive</b>													
70010-0060 Salaries Reg-Professionals	4,116	3,718	4,116	3,984	4,116	3,984	4,238	4,275	4,137	4,275	4,137	4,275	49,371
Worked Productive	4,116	3,718	4,116	3,984	4,116	3,984	4,238	4,275	4,137	4,275	4,137	4,275	49,371
Tot Wrk Prd & Wrk Non Prod	4,116	3,718	4,116	3,984	4,116	3,984	4,238	4,275	4,137	4,275	4,137	4,275	49,371
<b>Paid Non Productive</b>													
70084-0060 Plo-Professionals	347	314	347	336	347	336	358	361	349	361	349	361	4,166
Paid Non Productive	347	314	347	336	347	336	358	361	349	361	349	361	4,166
<b>Tot</b>	<b>4,463</b>	<b>4,032</b>	<b>4,463</b>	<b>4,320</b>	<b>4,463</b>	<b>4,320</b>	<b>4,596</b>	<b>4,636</b>	<b>4,486</b>	<b>4,636</b>	<b>4,486</b>	<b>4,636</b>	<b>53,537</b>
<b>Manpower Salaries&amp;Wages</b>	<b>4,463</b>	<b>4,032</b>	<b>4,463</b>	<b>4,320</b>	<b>4,463</b>	<b>4,320</b>	<b>4,596</b>	<b>4,636</b>	<b>4,486</b>	<b>4,636</b>	<b>4,486</b>	<b>4,636</b>	<b>53,537</b>
<b>Total Salaries and Wages</b>	<b>4,463</b>	<b>4,032</b>	<b>4,463</b>	<b>4,320</b>	<b>4,463</b>	<b>4,320</b>	<b>4,596</b>	<b>4,636</b>	<b>4,486</b>	<b>4,636</b>	<b>4,486</b>	<b>4,636</b>	<b>53,537</b>
<b>Non Salary/Wage Expense</b>													
70240-0000 Fica	319	288	319	309	319	309	328	331	320	331	320	331	3,824
76050-0000 Contr Serv - Misc Other	6,333	6,333	6,333	6,333	6,333	6,333	6,333	6,333	6,333	6,333	6,333	6,333	75,996
77402-0000 Employee Travel-Local	161	161	161	161	161	161	161	161	161	161	161	161	1,932
77700-0000 Office Supplies	17	17	17	17	17	17	17	17	17	17	17	17	204
77709-0000 Misc Dept Supplies	8	8	8	8	8	8	8	8	8	8	8	8	96
78090-0000 Misc Department Expense	7	7	7	7	7	7	7	7	7	7	7	7	84
78671-0000 Postage Mass-Mailings	17	17	17	17	17	17	17	17	17	17	17	17	204
<b>Total Non Salary/Wage Expense</b>	<b>6,862</b>	<b>6,831</b>	<b>6,862</b>	<b>6,852</b>	<b>6,862</b>	<b>6,852</b>	<b>6,871</b>	<b>6,874</b>	<b>6,863</b>	<b>6,874</b>	<b>6,863</b>	<b>6,874</b>	<b>82,340</b>
<b>Total Expenses</b>	<b>11,325</b>	<b>10,863</b>	<b>11,325</b>	<b>11,172</b>	<b>11,325</b>	<b>11,172</b>	<b>11,467</b>	<b>11,510</b>	<b>11,349</b>	<b>11,510</b>	<b>11,349</b>	<b>11,510</b>	<b>135,877</b>
<b>Revenue in Excess of Expenses</b>	<b>495</b>	<b>957</b>	<b>495</b>	<b>648</b>	<b>495</b>	<b>648</b>	<b>353</b>	<b>310</b>	<b>471</b>	<b>310</b>	<b>471</b>	<b>310</b>	<b>5,963</b>
<b>Manpower Statistics</b>													
<b>Worked Productive Hours:</b>													

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# Detail Budget by Month with Stats Using Expense Structure (0271)



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

Year Ended for: 2019  
 Run Date - Time: 06/19/2019, 4:22:37 pm

ACCOUNT DESCRIPTION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
70010-0060 Salaries Reg-Professionals	147	132	147	142	147	142	147	147	142	147	142	147	1,729
<b>Total Worked Productive Hours:</b>	147	132	147	142	147	142	147	147	142	147	142	147	1,729
<b>Total Wk Prd &amp; Wk Non Prd Hrs:</b>	147	132	147	142	147	142	147	147	142	147	142	147	1,729
<b>Paid Non Prod Hours:</b>													
<b>Paid Non Prod Hours:</b>													
70084-0060 Plo-Professionals	12	11	12	12	12	12	12	12	12	12	12	12	143
<b>Total Paid Non Prod Hours:</b>	12	11	12	12	12	12	12	12	12	12	12	12	143
<b>Total Paid Non Prod Hours:</b>	12	11	12	12	12	12	12	12	12	12	12	12	143
<b>Total WkPrd,WkNonPrd, &amp; PdNonPr</b>	159	143	159	154	159	154	159	159	154	159	154	159	1,872
<b>Total Manpower Statistics</b>	159	143	159	154	159	154	159	159	154	159	154	159	1,872

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# Detail Budget by Month with Stats Using Expense Structure (0271)



## REPORT CRITERIA INFORMATION

Year Ended for: 2019  
Run Date - Time: 06/19/2019, 4:22:37 pm

Current Budget.

Using Lawson GL Structure Accounts;

Group Structure is based on Lawson RW Row Listing EXPSTRUCTURE;

Note: Format not intended for Export to Excel (Data Only).



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

Agency Name Center for Enriched Living (CEL)

Address 280 Saunders Road, Riverwoods, IL 60015

Phone 847-948-7001 Fax 847-948-7621

Email info@CenterForEnrichedLiving.org

Contact Person Karen Fay Title Grants Manager

Grant Contact Person Karen Fay Title Grants Manager

Phone 847-315-9918 Email Karen@CenterforEnrichedLiving.org

**Brief Description of Agency**

At CEL, programming is person-centered and promotes the belief that people with developmental disabilities are people first. Empowering individuals with developmental disabilities to make choices and express opinions better prepares them to function independently and actively participate in the world around them.

In fiscal year 2019, CEL helped to combat the isolation faced by individuals with disabilities by offering 60 different day time, evening, and weekend programs designed to help eliminate loneliness and social isolation to 480 members from 50 different Chicago area communities. We provided over 115,000 program hours to CEL members.

Youth, ages 12-21, participate in after-school enrichment and transitional programs and in our annual summer camp. Youth are also welcomed to join our afternoon programming at the Center; weekend excursions; dances; and weeknight programs (i.e. bowling, art, cooking, etc.). For adults, age 22 and up, we offer an adult day program, REACH for Success; afternoon, weeknight, and weekend programs; seasonal events like dances; excursions; vacations; programs for the homebound (Center on Wheels); and a individualized employment programs.

Agency Total Budget \$4,003,100 Amount requesting from Maine Township \$2,500  
(Please provide a copy of your budget)  
Agency Fiscal Year July 2019 – June 2020

Total number of all unduplicated clients directly served last fiscal year 480

Total number of unduplicated Maine Township clients directly served last fiscal year 37

If your grant is restricted, what is the total number of unduplicated Maine Township clients directly served last fiscal year in the program(s) we fund? 37

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

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

1. Harriet Levy, Executive Director – \$161,312
2. Melissa Juarez-Ehlers, Director of Program Services – \$107,000
3. Randi Frank, Director of Development – \$105,428
4. Cindy Genteman, Director of Finance and Operations – \$104,948
5. April Booze, Marketing and Communications Manager - \$73,449

**1. Is your agency not for profit? (If so, attach Certificate of Good Standing).**

Yes, see attached Certificate of Good Standing.

**2. Has your organization been in business for at least one year?**

Yes, CEL has been in business for 51 years.

**3. Are all your programs, services, activities, and facilities provided by your organization available to residents of Maine Township? Yes.**

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

CEL employs an Outreach Team. This department works to find new members (through schools/ transitional programs, meetings with area residential facilities, publicizing about CEL in local papers, word of mouth, etc.) and keeping current members involved. We share information with the community by announcing it: on our social media networks (Facebook, Twitter, LinkedIn); on the CEL website; in our newsletters, which are distributed monthly via both regular mail and e-mail to our members, their families, and donors; and in a press release announcement for distribution to local news organizations.

**5. Has the agency ever received township funding?**

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

Yes, thank you for so many years of support.

2004 - \$750

2015 - \$1,000

2016 - \$1,500

2017 - \$2,000

2018 - \$1,900

2019 - \$1,960

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

We used Maine Township funds last year to provide financial aid to needy residents. Thirty (30) unduplicated residents applied for and received scholarships in FY18. In total, we distributed \$8,000 to Maine Township residents.

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

Funding from Maine Township will directly support CEL's members who reside in Maine Township.

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

- |   |  |
|---|--|
| <input type="checkbox"/> Public safety            | <input 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 checked="" type="checkbox"/> Social services for the aged |
| <input type="checkbox"/> Other (please explain):  |  |

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

CEL meets all the Townships Eligibility Criteria per your website. CEL is a 501(c)(3) non-profit organization in operation for 50 years; we provide direct services to Township residents; have appropriate non-profit infrastructure in place that ensures accountability and performance to its clients and funders; and meets the funding priority under developmental disabilities.

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

CEL has completed our five-year strategic plan (FY19 – FY23) called 'Dream Big.' In the next five years, we will: 1) double the number of people we serve; 2) assess five new locations and expand our service area; 3) implement additional high school satellite programs at each location, 4) launch a business that employees people with developmental disabilities; 5) provided continued learning, skill-building and enrichment opportunities; and 6) develop a family resource center that offers respite and support for families.

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:**
    - A. **A description of each program, service, activity or facility you provided or offered**
    - B. **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**
    - C. **An identification of those programs, services, activities or facilities, which are not accessible to the disabled**
    - D. **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**
    - E. **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?**  
 CEL does not have a geographic service area. We serve 50 different communities including those in Maine Township.
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.** We do charge fees for every CEL program, but fees only cover programs' direct costs—which average \$10-\$12/hour. Our staff are experts in minimizing costs, so that we pass on as little as possible to members. For those members who need it, we have an extensive scholarship program. Aid is given on a first-come, first-serve basis, enabling members to apply for aid in multiple programs. In FY19, we distributed \$93,000 in scholarship aide across the organization (260 members received scholarship). We have budgeted to distribute \$91,000 in FY20. Our goal is to assist every person requesting financial aid.
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.** Over 400 individuals volunteered with CEL last year. CEL had 200 volunteers assist with program related activities and events, with 200 volunteers helped with special events. We also have a volunteer board of directors.  
 **No. Please give specific reasons for not using volunteers.**
22. **Does your organization provide any bilingual services?**  
 **Yes. Please indicate languages.**  
 **No** We are happy to translate program flyers into Spanish; supply Spanish-speaking families with updates in Spanish; and use volunteer translators to communicate with members whose native language is Spanish.
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**  
 CEL enhances and enriches the lives of people with developmental and intellectual disabilities – from youth through adulthood – by providing programming for our members to grow and learn new social, educational and independent living skills as well as have equal opportunities to fulfill their dreams and become vital participants within their communities. In order to achieve this goal, community partners are important to

CEL. In FY19, CEL collaborated with more than 80 different agencies, schools, and businesses.

In Maine Township area, CEL works closely with agencies, workshops, schools and residential facilities that also serve people with developmental disabilities, such as Golfview, Shore, Glenkirk, and Trinity. These collaborative efforts give members greater opportunities to meet and form friendships with peers.

In 2006, CEL began a longstanding collaboration with the Northern Suburban Special Recreation Association which provides the Enriched Lifestyles for Adults (ELA) adult day program in our Riverwoods building. Several ELA members also participate in CEL programs (afternoon, evening, and weekend programs).

CEL also provides off-site programming in collaboration with other organizations. We offer two satellite after-school programs at local schools, as well as our Center on Wheels program to four community integrated living arrangements (CILAs, also known as group homes). The Center on Wheels Program provides programming to those who are not comfortable attending programs at our Riverwoods location. The goal for these individuals is to increase their comfort level and encourage them to eventually interact with peers at the Riverwoods facility.

Finally, our Outreach Team fosters member relationships. They contact all elementary, junior, and high schools within a 15 miles radius twice per year. All local students and families are invited to our open house (Community Day Event), which show off our building and offer more information about our programs.

25. **Does your organization participate in cooperative programs with any other service organizations? (e.g. Rotary, Kiwanis, Optimist, etc.) Please explain.**  Yes  No  
We received funding from one Rotary Club and two Women's Leagues.

26. **Does your organization participate in cooperative programs with any community businesses? Please explain.**  Yes  No  
CEL collaborates with many local businesses for our day-to-day programming, as well as for our Employment Opportunities Program.

Our members in our REACH Adult Day Program spend up to 70% of the time in the community learning about what is offered and available to them. Some businesses collaborations for volunteering include: Marriot Hotel, Sunrise Senior Living, Feed My Starving Children, and Whitehall Nursing Facility Center to provide our members volunteer opportunities. CEL's adult day program helps members find meaningful forms of productivity, and an important part of feeling productive is giving back to the community. REACH partners with these local businesses (and many more), which enable members to gain real work experience.

Our Employment Opportunities Program creates relationships with other agencies and businesses in order to support our members seeking part-time/full-time work. Some business collaborations include: Culver's, Jewel, Mariano's, Panera Bread, Chili's, CEL, Taco Bell, Sparrow, Noggin Builders, and CDW.

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	\$1960	Annual Application	1%
Foundations	\$300,000	Annual Application	7%
Private Donors	\$1,020,000	Annual Ask	25%
Federal	\$0		0
State	\$0		0
Municipalities	\$3,500	Annual Application	1%
Other Townships	\$59,540	Annual Application	1%
Other (Program Fees and Special Events, In-kind, Rental)	\$2,618,100		65%
<b>Total</b>	<b>\$4,003,100</b>		<b>100%</b>

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.

Golf Outing in August - R: \$331,568; C: \$85,251

Chefs Night in May - R: \$560,871; C: \$33,476

Car Raffle - R: \$86,635; C: \$34,441

(Money raised for: General Operations and/or Employment Program)

29. What fundraising efforts are planned for next year?

Same events as last year.

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.).

N/A

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

1. Administration & Administrative Support 18

2. Management of Service Providers 11

3. Direct Service Providers 46

32. Number of certified staff members:

All staff are certified in CPR/First Aid and Crisis Intervention Prevention Training.

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

34. Number of licensed staff members: 3

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

CPI Instructor, CPR/First Aid Instructor

36. Please list all accreditations your organization has earned.

CEL received accreditation through the Council on Quality and Leadership in March 2019

**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 request the support of Maine Township because, due to changing guidelines and/or geographic priorities, people with developmental disabilities are not a priority for many funders. If your funding was reduced or eliminated, we would be forced to draw more heavily from the general pool, which in turn puts a greater strain on our ability to award scholarships to Maine Township residents. Maine Township residents comprise 8% of CEL's total membership. We requested Township funds last year to provide financial aid to qualifying Maine Township residents. Twenty-five (25) unduplicated residents applied for and received scholarships in FY19. In total, we distributed \$8,000 to Maine Township residents.

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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 for Enriched Living  
By [Signature]  
Its Authorized Representative  
Printed Name Harriet Levy  
Title CEO  
Date 8-21-19

SUBSCRIBED and SWORN to  
before me this 21st day of August, 2019.

Notary Kathryn M. Parrish





**CENTER FOR ENRICHED LIVING  
2020 BUDGET**

<b><u>INCOME</u></b>	<b>2020 BUDGET</b>
CONTRIBUTIONS/MAJOR GIFTS	1,020,000
IN-KIND CONTRIBUTIONS	162,000
OTHER SOURCES OF INCOME (Rental & ELA)	74,000
SPECIAL EVENTS	1,046,500
GRANTS	365,000
MEMBERSHIP	1,318,850
INVESTMENT INCOME	10,800
BOARD ACCOUNT	5,950
<b>TOTAL INCOME</b>	<b>\$4,003,100</b>

<b><u>EXPENSES</u></b>	<b>2020 BUDGET</b>
PROFESSIONAL SALARIES	652,000
DEVELOPMENT DEPT. SALARIES	347,300
CLERICAL SALARIES	243,300
MAINTENANCE SALARIES	53,700
PROGRAM SALARIES	1,082,700
EMPLOYEE BENEFITS/TAXES	362,000
EMPLOYEE EXPENSES	24,700
UNEMPLOYMENT RESERVE	8,000
MARKETING AND PUBLIC RELATIONS	11,300
OTHER PURCHASED SERVICES	67,800
SUPPLIES	43,000
TELEPHONE	10,000
POSTAGE/SHIPPING	19,000
BUILDING MAINTENANCE	40,100
RENT/LEASE	135,000
UTILITIES	39,700
TECHNOLOGY	48,000
EQUIP. RENTAL AND REPAIR	8,200
OUTSIDE PRINTING	29,000
STAFF PARKING & MILEAGE	10,000
AGENCY VEHICLE-REPAIRS	17,000
PROGRAM TRANS.-VAN	31,000
CONFERENCES AND TRAINING	17,400
SUBSCRIPTIONS/BOOKS, ETC.	3,800
MEMBERSHIP DUES	3,500
SMALL EQUIPMENT	7,500
CC PROCESSING FEES	36,000
INSURANCE	76,100
OTHER SOURCES OF INCOME (ELA)	50,000
SCHOLARSHIPS	91,300
MEMBER /ACTIVITY FEES	31,000
SPECIAL EVENTS EXPENSE	184,700
BOARD ACCOUNT EXPENSE	7,000
IN-KIND EXPENSES	162,000
CONTINGENCY/RESERVES	50,000
<b>TOTAL EXPENSES</b>	<b>\$4,003,100</b>
<b>SURPLUS/DEFICIT</b>	<b>\$0</b>

Presented and approved by the Board of Directors on June 24, 2019



northwest casa

**NORTHWEST  
CENTER  
AGAINST  
SEXUAL  
ASSAULT**



415 west golf road  
suite 47  
arlington heights  
illinois 60005

847 806 6526 phone  
847 806 6531 fax  
www.nwcasa.org

programs  
advocacy  
counseling  
education  
prevention  
communities  
arlington heights  
barrington  
bartlett  
buffalo grove  
des plaines  
elk grove village  
evanston  
glencoe  
glenview  
golf  
hanover park  
hoffman estates  
inverness  
kenilworth  
lincolnwood  
morton grove  
mount prospect  
niles  
northbrook  
northfield  
palatine  
park ridge  
prospect heights  
rolling meadows  
schaumburg  
skokie  
streamwood  
wheeling  
wilmette  
winnetka

24 hour crisis hotline  
888 802 8890



united way agency

August 13, 2019

Kristina Christie, MPA  
Agency and Program Coordinator  
Maine Township  
MaineStay Youth & Family Services  
1700 Ballard Road  
Park Ridge, IL. 60068

Dear Kristina,

Enclosed are 14 copies of Northwest CASA's funding application to Maine Township.

Also enclosed are 14 copies of Northwest CASA's FY 2020 budget, one copy of our Certificate of Good Standing and one copy of our most recent audit.

Thank you for your support. Please contact me if you have any questions.

Sincerely,

Jim Huenink, MA, LCSW  
Executive Director

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



**Agency Name** \_\_\_ Northwest Center Against Sexual Assault (Northwest CASA)

**Address** \_\_\_ 415 West Golf Road, Suite 47, Arlington Heights, IL 60005

**Phone** \_847-806-6526\_ **Fax** \_847-806-6531\_ **Email** \_\_\_\_\_office@nwcasa.org |

**Contact Person** \_\_\_ Jim Huenink \_\_\_ **Title** \_\_\_ Executive Director

**Grant Contact Person** Jim Huenink \_\_\_ **Title** Executive Director

**Phone** \_\_847-806-6526 x140\_ **Email** \_\_\_\_\_ jhuenink@nwcasa.org

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**Brief Description of Agency**

Northwest CASA's mission is to facilitate the healing for survivors of sexual violence and to eradicate sexual violence in our communities. To accomplish this, we provide specialized counseling for sexual assault survivors of all ages. We also provide 24/7 crisis intervention and 24/7 medical and criminal justice advocacy services at 12 area hospitals and 37 police departments. We provide sexual assault prevention programs in schools, colleges and to the general public and we provide training to allied professionals. All services are free and are provided in English and Spanish.

**Agency Total Budget** \_\$1,239,233 **Amount requesting from Maine Township** \_\$2,000  
(Please provide a copy of your budget.)

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

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

943 clients received Counseling, Advocacy & Crisis Services; 30,923 received Sexual Assault/Abuse Prevention Education.

**Total number of unduplicated Maine Township clients directly served during your last fiscal year** \_\_\_70 clients received Counseling, Advocacy & Crisis Services; 4,015 received Sexual Assault/Abuse Prevention Education.

**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?** \_\_\_70\_\_\_\_\_

**What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year?** \_\_\_52\_\_\_\_\_

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

1. Jim Huenink Executive Director \$84,050
2. Caryn Brauweiler Counseling Services Manager \$66,625
3. Patricia Nolan McHenry Services Manager \$56,375
4. Rebecca Plascencia Community Support Activist \$56,375
5. Allyson Schnoor Volunteer Coordinator, \$51,250

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.** Northwest CASA has written agreements with all the local hospitals in the Maine Township area. The agreements state that Northwest CASA will be contacted when a resident seeks emergency room medical care. Northwest CASA also has agreements with local police departments in the area to contact Northwest CASA whenever a sexual assault victim files a report. Northwest CASA regularly makes presentations at the high schools in Maine Township to educate students on how to reduce their risk for sexual victimization and how to access our services.
5. **Has your organization ever received funding from Maine Township?**  Yes  No  
**If yes, list all years and the allocation amount.**  
FY03: \$1,000 FY04: \$3,000 FY05: \$3,000 FY06: \$3,000  
FY07: \$1,000 FY08: 0 FY09: \$1,000 FY10: \$1,000  
FY11: \$1,000 FY12: \$1,000 FY13: \$1,500 FY14: \$1,500  
FY15: \$1,500 FY16: \$1,500 FY17: \$2,000 FY18: \$2,000 FY19:\$2,000
6. **Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).**  
Township funds were used to support portions of the salary and benefits of direct service staff who provided counseling, advocacy and 24/7 crisis intervention services to our clients. Funds were also used to cover the expenses for maintaining a 24/7 crisis line.
7. **Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.**  
Maine Township funds will be used to provide direct service to Maine Township residents who are victims of sexual assault. Services include crisis intervention, medical advocacy, criminal justice advocacy and counseling. Portions of the salary for an advocate and counselor will be paid with Maine Township funds. Also Township funds will support the cost of maintaining our 24/7 crisis line.
8. **Which of the following best describes the services that your organization will be providing with the funds that you have requested? (Please check all that apply.)**

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

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

Any survivor of sexual violence, of any age, is eligible to receive Northwest CASA services. We also provide services to significant others affected by sexual trauma.

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

Northwest CASA offers a trauma informed yoga group for any of its clients. Yoga group is available in Schaumburg and Evanston as a result of partnerships with TriBalance Yoga Studio and the Heartwood Center. Northwest CASA provides taxi vouchers to and from our offices for clients who do not have access to either public or private transportation.

**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?** Northwest CASA serves 30 communities in North/Northwest Suburban Cook County including the cities of Niles, Park Ridge, Glenview, Morton Grove, and Des Plaines in Maine Township. Northwest CASA also has a satellite office in McHenry County to serve residents of McHenry County who are survivors of sexual violence. This satellite office is located in McHenry, IL.

19. Does your organization charge for services?  Yes  No

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

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined.

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

21. Are volunteers used within your organization?

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

Northwest CASA used 47 volunteers this past year. 33 volunteers are trained to provide telephone crisis and in-person medical advocacy on our 24/7 crisis line; 2 volunteers have Master's degrees in counseling and receive training and ongoing clinical supervision from Northwest CASA so that they can provide counseling services to Northwest CASA clients; 2 volunteers (graduate school interns) provided counseling to victims of sexual assault under the supervision of a licensed social worker; 10 volunteers serve on our board of directors. Except for board members all volunteers undergo 40-hour training prior to any provision of service. All direct service volunteers work under the guidance of a supervisor.

No. Please give specific reasons for not using volunteers.

22. Does your organization provide any bilingual services?

Yes. Please indicate languages.

Counseling services are provided by bilingual, master's level Spanish speaking counselors. We also provide advocacy services and prevention education programs in Spanish. Services to non-English speaking clients can also be provided through a language line that we have contracted with.

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 Northwest CASA staff are members of and participate in many organizations that are made up of social service providers, like: Sexual Assault Response Team for 3<sup>rd</sup> District (SART3) – a multidisciplinary group of medical hospital providers, police departments, Cook County State's Attorney, school districts and advocacy agencies, to ensure victim centered response to adult sexual assault victims and enhance prosecution of offenders; Family Violence Coordinating Council for McHenry County; Court Committee of 3<sup>rd</sup> District; Northwest Suburban

Alliance Against Domestic Violence, Safe From the Start; Illinois Coalition Against Sexual Assault and the Mount Prospect Family Services Network. In Cook County we also have networking agreements with 8 area hospitals (Evanston, St. Francis, Lutheran General, Glenbrook, Skokie, St. Alexius, Alexian Brothers and Northwest Community) and 28 law enforcement agencies as well as with WINGS and Community Crisis Center (domestic violence agencies in our area. Northwest CASA provides training to the staff of Korean American Women in Need so that they can better serve Korean speaking victims of sexual violence.

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

On occasion Northwest CASA is asked to provide a program for a service organization meeting, like the Jaycees, the Lions Club or Rotary Club. Some service organizations, like the Women's Club of Inverness, the Rotary Club of Arlington Heights and the Rotary Club of Crystal Lake, provide charitable support to Northwest CASA, but in general, we are not involved in any ongoing cooperative programs with service organizations.

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

Through several businesses, like Wells Fargo, AT&T and Allstate, Northwest CASA receives charitable giving from employee giving programs. We also receive corporate grants from corporations like Zurich, Northwest Community Hospital, RSM and Amita Health System. We have worked with several Whole Foods stores and local restaurants to sponsor a giving campaign for Northwest CASA but generally we are not involved in any cooperative program with 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	2,000	Annually	.16
Foundations	500	One Time	.04
Private Donors	87,715	Annually	7.0
Federal	727,463	Annually	58.65
State	291,555	Annually	23.5
Municipalities	27,000	Annually	2.2
Other Townships	26,000	Annually	2.1
Cook County	40,000	Annually	3.2
McHenry MHB	22,000	Annually	1.8
Park Ridge Comm Fund	1,900	Annually	.15
United Way-McHenry	15,000	Annually	1.2
<b>Total</b>	<b>\$1,239,233</b>		<b>100%</b>

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.**

Last October 2018, Northwest CASA sponsored "Walk a Mile in Her Shoes" event on Evanston's Lakefront. Despite rescheduling the event due to rain, 54 walkers participated in this event. The

event grossed \$12,030 with expenses of \$2,272. On April 24, 2019 Northwest CASA had a "Casino Night" annual fundraising event at Coopershawk Winery with a silent auction. Northwest CASA's net for this event was \$31,708. Total income was \$39,554. Fundraising dollars support the sexual assault intervention program, the prevention education program and some administrative expenses.

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

This fiscal year Northwest CASA has two events planned. On September 28, 2019 we will sponsor the "Walk a Mile in Her Shoes" community awareness and fundraising event on Evanston's lakefront. This will be our 6<sup>th</sup> year sponsoring Walk a Mile. In April of 2020 we will hold a Casino Night fundraising event similar to last years.

**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.).**

Demand for Northwest CASA services have increased over the last two years. Hospital emergency room calls, where we respond, 24/7 in person, increased by 22% this past year. With increased federal funding and state general revenue support Northwest CASA hired another full time counselor who will provide counseling services in our Arlington Heights and Evanston offices. The increased funds will also permit Northwest CASA to hire a Spanish Speaking Advocate for our McHenry office which serves all of McHenry county.

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

- |   |                  |
|---|------------------|
| <b>1. Administration &amp; Administrative Support</b> | <u>1.3 FTE</u>   |
| <b>2. Management of Service Providers</b>             | <u>.7 FTE</u>    |
| <b>3. Direct Service Providers</b>                    | <u>11.15 FTE</u> |

**32. Number of certified staff members** 20

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

All Northwest CASA staff must undergo a 40-hour training required by law in order for them to act as Rape Crisis Workers and qualify for privileged communication with clients. Counselors are required to complete 60 hours of training in counseling children.

**34. Number of licensed staff members** 5

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

While no license is required for our staff, Northwest CASA has 10 Master's level counselors/social workers on staff. 5 of them have clinical licenses in their professions.

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

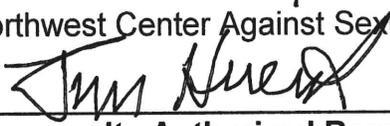
Northwest CASA is a certified member of the Illinois Coalition Against Sexual Assault (ICASA) which has developed standards for service delivery and fiscal accountability for sexual assault centers in Illinois.

**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?** Maine Township funds are used to support direct service positions at Northwest CASA. A reduction or elimination in funds would result in a reduction in direct service staff and a reduction in services to victims of sexual violence.

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

**Name of Applicant Organization** Northwest Center Against Sexual Assault

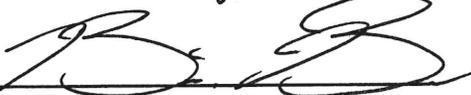
By   
**Its Authorized Representative**

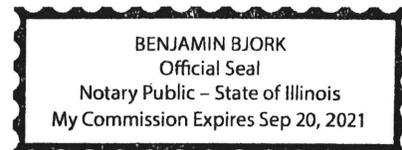
**Printed Name** Jim Huenink

**Title** Executive Director

**Date** August 12, 2019

**SUBSCRIBED and SWORN to**  
**before me this** 12 **day of** August, **20** 19.

**Notary** 



**NORTHWEST CENTER AGAINST SEXUAL ASSAULT (Northwest CASA)  
FY 20 BUDGET**

**REVENUE**

Cook County		\$40,000
McHenry 708		22,000
ICASA General		\$ 245,135
VAWA Prevention		40,004
VOCA ADV/Couns		633,126
STOP		54,333
Subtotal	\$864,686	
Attorney General		46,420
United Way-McHenry		15,000
Townships/City		
A H CDBG		2,500
DP City		2,500
Evanston		19,000
Palatine		3,000
Niles		2,000
Hanover		8,500
Mt. Prospect		3,000
Schaumburg		11,000
Maine		2,000
Northfield		1,500
Subtotal	\$55,000	
Park Ridge Fund		1,900
Fundraising		50,197
Contributions		35,618
MEF Fund		500
<b>TOTAL</b>		<b>\$1,239,233</b>

**EXPENSES**

Salaries & Wages		858,975
Fringe benefits		155,300
Subtotal	(1,014,275)	
Advertising		0
Bank charges		300
Accounting		18,000
Audit		7,000
Contractual Staff		22,475
Technology		3,000
Depreciation		1,247
Dues and subscriptions		1,800
Equipment lease/maint.		3,500
Fundraising		9,204
Insurance-D&O & liability		6,500
Payroll processing		4,800
Postage		1,000
Printing		2,000
Rent (3 offices)		82,676
Office Maintenance.		3,000
Staff education		9,181
Telecommunications		12,154
Misc.		9,729
Travel: staff		12,962
Clients		2,000
Supplies: Office		7,442
Program		4,928
Equipment		0
Victim Awareness		0
Subtotal	(\$224,958)	
<b>TOTAL</b>		<b>1,239,233</b>



# MAINE TOWNSHIP APPLICATION FOR FUNDING 2020-2021



**Agency Name :** North Suburban Legal Aid Clinic, formerly the Highland Park-Highwood Legal Aid Clinic

**Address :** 491 Laurel Ave., Highland Park, IL 60035

**Phone:** 847.737.4042

**Fax:** 847.737.4381

**Email:** info@nslegalaid.org

**Contact Person:** Susan B. Shulman

**Title** Executive Director

**Grant Contact Person:** Joanne Lee

**Title** Grant Writer

**Phone:** 847.737.4042

**Email:** info@nslegalaid.org

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## Brief Description of Agency

In 2013, the city of Highland Park's Human Services Task Force identified in a Needs Assessment the lack of access to affordable legal services. In response, the North Suburban Legal Aid Clinic (formerly the Highland Park-Highwood Legal Aid Clinic) was founded in 2015 to provide legal assistance in the areas of immigration, housing, and domestic violence. The mission of the North Suburban Legal Aid Clinic is to provide quality pro-bono legal services in the areas of immigration, domestic violence, and housing to give those in need of access to justice the opportunity to live productive and secure lives. Today, the Clinic accomplishes this mission with a full-time executive director, eight staff, a seventeen-member Board of Directors, as well as nearly 80 volunteer attorneys and professionals in the community.

In 2018, the Clinic Board agreed to pursue expansion more broadly into southern Lake County and northern Cook County, based on a review of demographics and domestic violence statistics in neighboring towns. The Clinic currently serves Moraine, West Deerfield, and New Trier Townships. We accept cases outside of this service area when capacity allows. The Clinic hosts monthly off-site clinics at KAN-WIN, HANA Northwest Center, Niles Township, and Harper College Learning and Career Center. To be eligible for services, clients must be at or below 250% of the federal poverty guidelines, approximately \$64,400 for a family of four. There are no income requirements for victims of domestic violence. As of the end of July, the Clinic has served 500 clients in 2019, compared to 550 clients in all of 2018.

**Agency Total Budget:** \$610,000      **Amount requesting from Maine Township** \$10,000  
(Please provide a copy of your budget.)

**Agency Fiscal Year (e.g. March 2018-February 2019):** January 1, 2019- December 31, 2019

**Total number of all unduplicated clients directly served during your last fiscal year:** 557

**Total number of unduplicated Maine Township clients directly served during your last fiscal year:** 24

**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

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

1. Executive Director: \$72,000
2. Director of Immigration: \$67,000
3. Director of Domestic Violence: \$65,000
4. Fully-Accredited DOJ: \$48,000
5. Director of Client Services: \$45,500

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

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

The Clinic's services are promoted through our partner organizations and our local referral network, as well as through outreach activities. We frequently receive referrals for Maine Township residents through Harper College, KANWIN, HANA Center and Maine West High School. Additionally, Clinic does outreach activities and presentations about the services we offer.

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

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

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

The Clinic is requesting funding to provide domestic violence and immigration legal services to residents of Maine Township.

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

- |  |   |
|--|---|
| <input type="checkbox"/> Public safety   | <input type="checkbox"/> Recreation                   |
| <input type="checkbox"/> Environmental protection  | <input type="checkbox"/> Library                      |
| <input type="checkbox"/> Public transportation   | <input type="checkbox"/> Social services for youth    |
| <input checked="" type="checkbox"/> Health   | <input type="checkbox"/> Social services for the aged |
| <input checked="" type="checkbox"/> <b>Other (please explain):</b> Legal services for domestic violence survivors and their families |   |

and economically challenged immigrant families

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

The North Suburban Legal Aid Clinic project aligns with the Township's funding priority of providing services to domestic violence survivors and economically challenged families. Our Domestic Violence practices focuses on cases that involve the personal safety for victims and their children, including Emergency and Plenary Orders of Protection, child support, custody, and other family law matters. Our Immigration practice is accredited through the Board of Immigration Appeals and provides services to eligible immigrants seeking help with U-Visas, citizenship applications, family-based permanent resident status, asylum and removal proceedings. To be eligible for services, clients must be at or below 250% of the federal poverty guidelines, approximately \$64,400 for a family of four. There are no income requirements for survivors of domestic violence.

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

The Clinic is working to actively working to secure funding that would allow us to expand our capacity. We are hoping to hire a part-time housing attorney by the end of 2019. We would also like to take our part time Immigration Practice Assistant to full-time.

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

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

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

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

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

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

**B. At such times and in such forms as Maine Township may require, any other statements, records, reports, data or information pertaining to matters covered by**

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

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

- I. A description of each program, service, activity or facility you provided or offered**
- II. A statement that all such programs, services, activities and facilities are accessible to the disabled within the meaning of the Americans with Disabilities Act and the Rules and Regulations on disabled as promulgated thereunder**
- III. An identification of those programs, services, activities or facilities, which are not accessible to the disabled**
- IV. With respect to those programs, services, activities or facilities identified in response to item 15(C)(III) above, a detailed statement setting forth the specific steps and plans (including timetables for completion) to be taken to achieve accessibility and**
- V. If structural modifications will be required to achieve accessibility, a detailed statement setting forth the modifications required and a timetable for completion**

Yes    No

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

Yes    No

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

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

The primary service area of the North Suburban Legal Aid Clinic is Moraine, West Deerfield, and New Trier Township. We accept cases outside of this service area as capacity allows. The Clinic hosts monthly off-site clinics at KAN-WIN (Park Ridge), HANA Northwest Center (Prospect Heights), Niles Township (Skokie), YWCA Lake County (Gurnee), and Harper College Learning and Career Center (Prospect Heights), most of which serve residents of Maine Township.

19. Does your organization charge for services?  Yes  No

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

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined.

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

21. Are volunteers used within your organization?

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

The Clinic has approximately 80 volunteers. Volunteer attorneys take on pro-bono cases, help staff clinics and events, or volunteer at the office on a regular basis. Non-attorney volunteers help with event planning, translation, and fundraising.

No. Please give specific reasons for not using volunteers.

22. Does your organization provide any bilingual services?

Yes. Please indicate languages.

The Clinic provides services in Spanish, Korean, and Polish. Additionally, we will arrange for translators if clients have other language proficiencies.

No

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

Yes. Please describe briefly.

No

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

Yes  No

The Clinic has partnerships with KANWIN, HANA Center Northwest, Niles Township, YWCA Gurnee, and Harper College Learning and Career Center. Additionally, the Clinic's referral network includes many local social services organizations such as A Safe Place, Northwest CASA, and Open Communities, as well as many local police departments and places of worship.

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

The Clinic receives funding and has a strong relationship with the Rotary Club of Highland Park/Highwood. As we continue to expand, the Clinic has been working on creating relationships with other local rotary clubs. Most recently, our Executive Director spoke with the Rotary Club of Skokie about the legal service needs of our community and the Clinic's work.

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

The Clinic frequently partners with the legal teams at AbbVie Inc. and Abbott Laboratories to host Power of Attorney Clinics for low-income seniors and other pro-bono opportunities.

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

Funding Source	Amount	Frequency & Duration	Percentage
Maine Township	\$0		
Foundations	206,500	1x a year/per year	43%
Private Donors	\$70,000	Several asks throughout the year	15%
Federal	\$160,000	1x a year/per year	33%
State	\$0		
Municipalities	\$15,000	1x a year/per year	3%
Other Townships	\$17,500	1x a year/per year	4%
Other (list all)	\$12,000	HP/HW Rotary (\$2000), Allstate (\$10,000)	2%
<b>Total</b>	<b>480,500</b>		<b>100%</b>

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.

Spring Event- General Funding	Revenue: \$114,000	Cost: \$10,000
Taco Run- General Funding	Revenue: \$8,000	Cost: \$0

29. What fundraising efforts are planned for next year?

The Spring Event and Taco Run are annual events. Additionally, each fall, we host an online matching grant called the Immigration Defense Fund. We expect to raise \$40,000 in total.

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

In late 2018, the Clinic's Board of Directors approved expansion more broadly into southern Lake County and Northern Cook County in response to demonstrated need in the area and funding. With regard to staff, the Clinic welcomed Rebecca Weinger as our full-time Director of Domestic Violence. Rebecca has been critical in growing the DV practice and developing meaningful relationships with local key players. Additionally, in response to the growing need in our Immigration Practice, the Clinic welcomed Sarah Dincin as our part-time Immigration Practice Assistant. Sarah is currently in the process of obtaining partial-DOJ accreditation.

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

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

32. Number of certified staff members: 7

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

All full-time service providers must complete the 40 Hour Domestic Violence Training, Mental Health First Aid Training, trauma informed care training. All attorneys must fulfil their continuing legal training requirements. All immigration staff and volunteers must complete Catholic Legal Immigration Network's Comprehensive Overview of Immigration Law course.

34. **Number of licensed staff members: 5**

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

All service providers must be licensed to practice law or have DOJ accreditation. DOJ's are supervised by a licensed attorney.

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

The Clinic's Immigration practice is accredited through the Board of Immigration Appeals.

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?**

The Clinic is eager to grow our geographic service area and without Maine Township funding, we would be limited in the number of cases we could accept from Maine Township residents. Additionally, we would not have the capacity to expand our off-site clinics in this area or develop new ones.

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 NORTH Suburban Legal Aid Clinic

By Joanne Lee  
Its Authorized Representative

Printed Name Joanne Lee

Title Grant Writer

Date 8/29/19

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

Notary Sarah Dincin  
Sarah Dincin



## 2019 Budget

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<b>Reserves</b>	<b>25,000.00</b>
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### Ordinary Income/Expense

#### Income

4000 Grant Revenue	Grants	344,500.00
4100 Contributions Received	Personal Contributions	50,000.00
4200 Major Gifts	Major Gifts	20,000.00
4300 Spring Event Revenue	Events	100,000.00
4400 Other Event Revenue	Events	20,000.00
Reimbursed Advanced Client Expenses		1,500.00
4800 Interest Income	Interest Income	40.00
Surplus from 2018		89,500.00
<b>Total Revenue</b>		<b>625,540.00</b>

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#### Expense

6020 Accounting Fees	<b>Accounting</b>	<b>10,500.00</b>
6060 Advertising & Promotion	Advertising	2,000.00
6095 PayPal Fees	Paypal fees	1,200.00
6105 Case Management System	CMS	10,200.00
6120 Computer & Interent Expenses	Computer Related, Consultant	3,000.00
6120 Computer & Interent Expenses	New Computer	4,000.00
6200 Consultant Fees	Consultant Fees	10,000.00
	<b>Communications</b>	<b>1,500.00</b>
	<b>Database Management</b>	<b>9,000.00</b>
	<b>IT Support</b>	<b>1,500.00</b>
6240 Continuing Education	Books	1,500.00
Little Green Light	Donor Software	421.00
6260 Dues & Subscriptions	Dues and Subscriptions	4,000.00
6280 Spring Event Expense	Spring Event Expense	10,000.00
6300 Other Event Expense	Other Event Expenses	0.00
6330 Insurance Expense	Insurance	9,000.00
6440 Licenses & Fees	Licenses and Fees	2,000.00
6460 Meals & Entertainment	Meals and Entertainment	2,500.00
6490 Office Supplies	Supplies	3,500.00
6840 Travel Expense	Travel	3,000.00
6510 Salary	Salary	406,000.00
6520 ER OASDI	Fica	25,172.00
6530 ER Medicare	Medicare	5,887.00
6550 ER FUI	FUI	812.00
6560 ER SUI	SUI	3,421.44
6570 Health Insurance	Health Insurance	36,793.32
<b>Subtotal * **</b>		<b>478,085.76</b>
6590 Payroll Service Expense	Payroll Expenses	1,500.00
6650 Postage & Delivery	Postage	1,600.00

6660 Printing Expense	Printing	5,000.00
6710 Rent Expense	Rent	15,570.00
6710 Research Services	Lexis Nexis	2,418.00
6720 Repairs and Maintenance		2,400.00
6810 Telephone and Internet	Telephone	5,740.00
6850 Training	Training	4,000.00
6860 Utilities	Utilities	2,400.00
6870 Website	Website	1,000.00
Security System	Security System	360.00
Reserve for Advance of Client Expenses		1,500.00
6900 Miscellaneous Expense	Miscellaneous	2,000.00
	<b>Total Expenses</b>	<b>610,894.76</b>
<b>Net Income/Loss</b>		<b>14,645.24</b>



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



Agency Name National Alliance on Mental Illness – Cook County North Suburban

Address 8324 Skokie Blvd., Skokie, IL 60077

Phone (847) 716-2252 Fax (847) 716-2253 E-mail nekman@namiccns.org

Contact Person Nathaniel Ekman Title Executive Director

Grant Contact Person Nathaniel Ekman Title Executive Director

Phone (847) 716-2252 Email nekman@namiccns.org

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**Brief Description of Agency** NAMI Cook County North Suburban, a local affiliate of the National Alliance on Mental Illness, wants to change how people think about mental illness. Our mission is to give help and hope to individuals with mental health disorders and those who love and care for them through education, advocacy, resources, and peer and family support. Our goal is to eliminate the harmful stigma associated with mental illness at the individual, family and community levels. Our vision is that the stigma associated with mental illness will no longer exist.

Agency Total Budget \$403,415 Amount requesting from Maine Township \$7,000  
(Please provide a copy of your budget.)

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

Total number of all unduplicated clients directly served during your last fiscal year 4,571

Total number of unduplicated Maine Township clients directly served during your last fiscal year 700 (approximate)

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

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

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

1. Executive Director: \$55,000
2. Development Director: \$38,000
3. Program Director: \$35,000
4. Finance Director: \$32,500
5. Administrator: \$14,040

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.

NAMI Cook County North Suburban promotes its services to the residents of Maine Township through direct mail, e-mail, our website, word of mouth, referrals, print advertising and social media, and through our network of partner agencies and organizations in the north suburban community.

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

FY2016	\$1,000
FY2017	\$1,500
FY2018	\$2,100
FY2019	\$4,520

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

In the 2019 fiscal year, NAMI Cook County North Suburban (CCNS) provided direct community-based mental health education, advocacy and support services to approximately 700 unduplicated Maine Township residents. This represents an increase of approximately 28% from fiscal year 2018 and can be attributed to greater investment in our communications program, website, program promotion, and use of social media. Funding by Maine Township was used to provide programs and services that support the mental health needs of Township residents, and their families. An estimated 1 in 5 individuals will experience a mental illness in his or her lifetime, and countless families in Maine Township and across suburban Cook County are touched by mental illness.

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

Grant funding by Maine Township in fiscal year 2020 will be used in its entirety to provide community-based programs, services, resources and advocacy that meet the needs of Township residents.

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

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

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

NAMI CCNS is a 501(c)3 not-for-profit organization in operation for more than one fiscal year that provides direct services to Maine Township Residents. NAMI CCNS has the organizational infrastructure in place to ensure accountability and performance to its clients and funders. Our programs and services address the Township's stated funding priority of Mental Health.

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

We have recently developed an equine therapy program for individuals with mental illness, along with both a veterans' support group and a faith-based support group. We are currently developing a revised Dual Solutions support group for individuals living with both mental illness and a substance use disorder, along with a Grief and Loss support group for family members of those affected by mental illness.

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?**

NAMI CCNS serves individuals in and around Chicago and its northern suburbs, including the 17 communities of Evanston, Glencoe, Glenview, Des Plaines, Golf, Kenilworth, Lincolnwood, Morton Grove, Mount Prospect, Niles, Northbrook, Northfield, Park Ridge, Rosemont, Skokie, Wilmette, and Winnetka.

**19. Does your organization charge for services?**  Yes    No

If yes, does your organization offer a sliding fee scale? (Not applicable.)

- 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.

NAMI CCNS maintains a network of approximately 65 active volunteers who donate a combined 1,800 annual hours to the organization. All peer and family support groups and education classes are volunteer-led. Other volunteers assist us with gift processing and donor acknowledgement, fundraising, data entry, at the Fall Walk/Run, and at the Spring Gala. All 18 members of the NAMI CCNS Board of Directors serve on a volunteer basis and constitute a “working board” that actively supports the agency in its external relations, community outreach, strategic planning, program development, and fundraising.

- No. Please give specific reasons for not using volunteers.

22. Does your organization provide any bilingual services?

- Yes. Please indicate languages. (Spanish; this class is not currently offered.)

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

NAMI CCNS partners with a range of community-based social service, not-for-profit and municipal agencies in its efforts to reach, and serve, the greatest possible number of constituents within the 17-community catchment area. Additional detail on these partnerships will be provided as an attachment upon request.

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 established partnerships with a number of community businesses throughout north suburban Cook County, of which several have assisted NAMI CCNS in its fundraising and publicity in the past year. Additional detail on these partnerships is available upon request.

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	\$4,540	Annual (12 months)	1.1%
Foundations	\$29,460	Annual (12 months)	7.5%
Private (Corps.)	\$2,515	Annual (12 months)	0.6%
Private Donors	\$10,000	Annual (12 months)	2.5%
Federal	-	Annual (12 months)	0.0%
State	-	Annual (12 months)	0.0%
Muni./Other Twp.	\$35,890	Annual (12 months)	9.1%
Other (Civic Org.)	\$13,900	Annual (12 months)	3.5%
Other (Events)	\$242,500	2x/year: Oct. Walk & Apr. Gala	61.6%
Other (Pgm. Rev.)	\$5,250	Throughout the fiscal year	1.3%
Other (Appeal)	\$45,500	1x/year: Nov./Dec.	11.6%
Other (Dues/Int.)	\$4,060	Throughout the fiscal year	1.2%
<b>Total</b>	<b>\$393,615</b>		<b>100%</b>

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.

NAMI Walks/Runs (5K)                      All Programs/General Support  
 Revenue: \$130,000  
 Expenses: \$ 15,000

Spring Gala                                      All Programs/General Support  
 Revenue: \$112,500  
 Expenses: \$ 22,000

29. What fundraising efforts are planned for next year?

Major FY2020 events are the same as in FY2019—Walk and Gala. Additional smaller events will be held occasionally; schedule and focus TBD.

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

New programs include Hope for the Journey (faith-based group), Grief & Loss Support Group, and a revised Dual Solutions support group (mental illness & co-occurring substance use disorder). A majority of programs have expanded to serve more participants in new locations across north suburban Cook County, to the benefit of Maine Township residents. Gary Kenzer resigned as Executive Director in February 2019; and longtime board member and mental health advocate Nathaniel Ekman became Interim Executive Director in March and was voted in as the permanent E.D., effective July 1, 2019. No changes to facility, or purchases.

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

- |  |          |
|--|----------|
| 1. Administration & Administrative Support | <u>9</u> |
| 2. Management of Service Providers         | <u>0</u> |
| 3. Direct Service Providers                | <u>0</u> |

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?

If faced with a reduction in or elimination of Township funding, NAMI Cook County North Suburban would continue to broaden, deepen and diversify its fundraising activities in the private and public funding communities and within its growing network of individual supporters, clients and allies.

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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 NAMI Cook County North Suburban

By Nathaniel E. Ekman  
Its Authorized Representative

Printed Name Nathaniel Ekman

Title Executive Director

Date 8/29/19

SUBSCRIBED and SWORN to  
before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary \_\_\_\_\_

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 NAMI Cook County North Suburban

By Nathaniel P. Ekman  
Its Authorized Representative

Printed Name Nathaniel P. Ekman

Title Executive Director

Date 8/29/19

SUBSCRIBED and SWORN to  
before me this 29<sup>th</sup> day of August, 2019.

Notary Martina Villanueva



## NAMI CCNS FY20 Operating Budget

### Income

#### Public Support

Foundations	\$ 34,000
Government (local)	\$ 35,890
FBOs & Civic Orgs	\$ 13,900
Corporations	\$ 2,515
Individual Giving (includes in kind)	\$ 10,000

#### Fundraising Events

Fall Walk/Run	\$ 130,000
Annual Appeal	\$ 45,500
Spring Gala	\$ 112,500

#### Other Income

Program Revenue	\$ 5,250
Membership Dues	\$ 4,000
Interest	\$ 60
	\$ 393,615

### Expenses

#### Program

Payroll/Wages	\$ 148,875
Payroll/Taxes	\$ 12,375
Program Delivery	\$ 141,311
	\$ 302,561

Administrative Overhead Payroll/Wages	\$ 29,775
Payroll/Taxes	\$ 2,475
General Operations	\$ 28,262
	\$ 60,512

Fundraising Events Payroll/Wages	\$ 19,850
Payroll/Taxes	\$ 1,650
Other Fundraising	\$ 18,842
	\$ 40,342

\$ 403,415

### Deficit

\$ (9,800)



# MAINE TOWNSHIP APPLICATION FOR FUNDING 2020-2021



**Agency Name: Maine-Niles Association of Special Recreation**

**Address: 6820 W. Dempster St., Morton Grove, IL 60053**

**Phone: 847-966-5522 Fax: 847-966-8340 Email: info@mnasr.org**

**Contact Person: Trisha Breitlow Title: Executive Director**

**Grant Contact Person: Peggy Wilson Title: Development Officer**

**Phone: 847-966-5522 ext. 2019 Email: pwilson@mnasr.org**

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## **Brief Description of Agency**

**M-NASR provides engaging, community-based social and recreational programs and inclusion services for individuals of all ages with disabilities. Our programs give individuals the opportunity to grow personally, connect with their community and discover their potential.**

**Agency Total Budget: \$2,457,475 Amount requesting from Maine Township: \$5,000  
This includes \$529,246 of our Member District's Direct Inclusion staff reimbursement  
(Please provide a copy of your budget.)**

**Agency Fiscal Year (e.g. March 2018-February 2019): January 2020-December 2020**

**Total number of all unduplicated clients directly served during your last fiscal year: 1,357**

**Total number of unduplicated Maine Township clients directly served during your last fiscal year: 468**

**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? 68 Maine Township residents received financial assistance from M-NASR in 2019.**

**What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? M-NASR does not directly refer individuals, but we do share many community resources with families.**

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

- 1. Executive Director - \$105,000 (20+ years in the field)**
- 2. Superintendent of Recreation - \$86,592 (24 years at M-NASR)**
- 3. Business Manager - \$78,400 (3 years at M-NASR/30+ years in the field)**
- 4. Senior Operations Manager - \$73,770 (21 years at M-NASR)**
- 5. Inclusion Manager - \$66,477 (2 years at M-NASR/15 years in the field)**

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. M-NASR produces 4 seasonal brochures that are distributed to families, schools, social agencies and local organizations. Staff attend community outreach fairs, parent nights, etc. M-NASR also supports a website and Facebook page along with sending out a monthly constant contact news update.

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

1998 - \$1,000	2001 - \$1,000	2004 - \$5,000	2007 - \$7,500
1999 - \$1,000	2002 - \$1,500	2005 - \$5,000	
2000 - \$1,300	2003 - \$5,000	2005 - \$5,000	

From the Reilly-Bialczak scholarship:

Summer 2017 – 2 families were awarded a total of \$355.80

Summer 2018 – 2 families were awarded a total of \$665.00

Summer 2019 – 2 families were awarded a total of \$422.00

6. Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).  
The Reilly-Bialczak scholarship assisted 2 families with day camp fees

7. Describe how your organization plans to use the requested funding from Maine Township during the upcoming funding year.  
At M-NASR play is the name of our game! Whether you have a knack for sports, a flair for artistry, or just want to have fun, M-NASR is the place to play! As you know, M-NASR provides a safe, fun and engaging community recreational opportunities and services for individuals of all ages with disabilities.

All of us in order to lead a happy and healthy lifestyle need socialization, companionship, fitness and a sense of community – that is truly what M-NASR provides to so many.

Meet Ramon – Ramon is truly a prime example of what the scholarship program is all about. Ramon is a Maine-Township resident, he resides in Golf View Developmental Center in Des Plaines. Ramon was born with physical disabilities and has epilepsy. Ramon loves to participate in M-NASR programs specifically designed for adults with physical challenges. A few of his favorite are Lean Machine, Adapted Bocce, Winners Circle, Friday Night Lights and a variety of special events. Ramon's nephew provides some financial assistance but without a scholarship from M-NASR he would be unable to participate. His nephew states that the programs are the highlight of his days and weeks. They have seen tremendous change in his overall well-being since joining the M-NASR family. Whenever Ramon sees a M-NASR staff he has the biggest smile and it is contagious!

We certainly see the positive our programs and services have on individuals with

disabilities but an issue many continue to face is financial hardships. The proposed scholarship funding request would be restricted to Maine-Township residents and assist with providing support for current and additional families to participate.

Financial assistance would be awarded to individuals struggling financially and are low-income families. Qualified individuals would be eligible to participate in two recreational programs each season and up to eight weeks of day camp.

**2019 Maine-Township Scholarship Allocations (as of 9/19)**

Number of Individuals	Number of Scholarships	Dollars Allocated
68	276	\$18,643.76

The financial aid goal is to support all eligible families. The objective is to raise financial support to provide this assistance. Scholarships are not budgeted for, so we are dependent on raising the dollars in order to allocate scholarships.

To date in 2019, M-NASR has allocated close to \$55,000 in assistance. In order to assist with the high demand for requests we have been forced to reduce the individual percentage of awards.

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 checked="" 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 type="checkbox"/> Other (please explain):  |   |

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

M-NASR is a non-profit organization directly serving the needs of Maine-Township residents who have a disability.

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

Currently working with Niles Township District for Special Education and Molloy School with a cooperative after-school program five days per week. Targeted students are those with disabilities that need a structured program with trained staff. The challenge is the staff ratio that is required – a maximum of a 1-2 ratio.

In house recreational programming for Clearbrook clients in Park Ridge.

Purchase of a braille embosser and software to allow us to directly communicate with those who read braille.

Increased programming for Veterans with disability – expansion of Healthy Minds/Healthy Bodies and new monthly social opportunities.

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?** M-NASR serves the communities of Des Plaines, Morton Grove, Nilas, Park Ridge, Skokie, Lincolnwood and Golf-Maine. Our doors are open to anyone who can benefit from our services for an additional fee.

**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.

M-NASR does not have a sliding scale but due to the high costs of service those with disabilities (required staff ratios, transportation, adaptive equipment) all programs are subsidized. Full-time staff costs are not included in any program fee.

**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.

In 2018, M-NASR was fortunate to have 217 dynamic volunteers who assisted with programs and events throughout the year. Individuals may volunteer for one event per year but many volunteer in our weekly programs.

No. Please give specific reasons for not using volunteers.

22. Does your organization provide any bilingual services?

Yes. Please indicate languages.

No

M-NASR contracts with several translation service providers whom we contract when translation needs arise. We work to meet all needs, no matter the language. Very often we hire sign language interpreters for many of M-NASR programs along with our member district programs. In addition, we have a braille embosser to allow us to communicate directly with those who read braille.

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

M-NASR /Member Districts – The Association works cooperatively with their 6 park districts and one recreation department to meet the needs of their residents.

Social Service Agencies – M-NASR continues to work with local social service agencies such as Avenues, SEARCH, Trinity, SHORE, Over the Rainbow, At Home Mission, Orchard Village and Clearbrook to provide recreational and social programs to their residents/clients.

Local School Districts/Special Education Cooperatives – M-NASR works cooperatively to offer leisure education, before and after-school programs, school day off programming and an extended day program.

Other community agencies include – Paralympic sports, Special Olympics of Illinois, Healthy Minds/Healthy Bodies and many more.

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

M-NASR works with many service organizations including the Optimist Club of Des Plaines, Morton Grove Foundation, Park Ridge Community Fund, Niles Township along with local Rotary Clubs, Kiwanis Clubs and Women' Clubs.

M-NASR receives volunteer and financial support and the agency supports many of their activities.

M-NASR also supports the Liponi Foundation fundraisers each year.

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

One of M-NASR's goals is a sense of belonging to the community. Most of our programs are based in the community either at park district community centers, pools, fitness centers or at local businesses such as bowling alleys, restaurants, martial art studios,

dance studios, movie theaters and more. This year's raffle sponsor for the 1<sup>st</sup> time is Illinois Bone & Joint Institute.

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-2018	Amount	Frequency & Duration	Percentage
Maine Township	0		0
Foundations	\$127,650	Ongoing	5.3%
Private Donors	\$ 48,042	Ongoing	2%
Federal	0		0
State	0		0
Municipalities	\$1,380,228	1 time per year	57.5%
Other Townships	\$ 4,000	1 time per year	.2%
Other (list all)			
Program Fees	\$315,376	4 program seasons	13.2%
Fundraising	\$ 30,544	Ongoing	1.2%
PD Inclusion	\$496,283	1 time per year	20.6%
Reimbursement			
<b>Total</b>	<b>\$2,402,123</b>		<b>100%</b>

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.
- Holiday Visa Raffle – secured \$1,000 sponsor for the Visa card – ticket printing cost \$150 – goal is to sell 500 tickets at \$10 each – 2018 sold 430 tickets – program scholarships
  - Annual Appeal/#Giving Tuesday – anticipated revenue \$8,000 if receive matching grant from the Coleman Foundation – general operating
  - Trivia Night – cancelled in 2019 due to weather. 2020 projected profit is \$3,500 – with expense less than \$500 - general operating
29. What fundraising efforts are planned for next year?
- Holiday Visa Raffle, Annual Appeal/#Giving Tuesday and Trivia Night
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.).
- Technology upgrades – M-NASR has dedicated dollars for direct service, transportation, specialized equipment, and staff training, all which is very important but has truly lagged in keeping up with current technology. Upgrades for this year and next include; on-line registration which requires purchasing Web Trac and a new server, financial software (current software will expire in 2020), redesign of M-NASR's current website and a Braille Embosser and software.
  - After-school programming – per parent requests M-NASR is cooperatively offering an after-school program, 5 days a week at Molloy School. The program is designed for students that require more structure then the typical after-school provides and

- a max. of a 1-2 staff to participant ratio. A much-needed service but costly.
- Purchase of a braille embosser and software to enable staff to speak directly with those who read braille
- The minimum wage increase will continue to have a major effect on the agency.
- Sue Bear the Executive Director for over 20 years retired this past June.
- Continued increase in financial aid requests.

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

- |  |                                   |
|--|-----------------------------------|
| 1. Administration & Administrative Support | 4 Full-time/4 permanent part-time |
| 2. Management of Service Providers         | 8 Full-time                       |
| 3. Direct Service Providers                | 269 Part-Time                     |

32. Number of certified staff members: 9

33. What kinds of certifications are required for your service providers? Full-time recreation staff are certified through the National Council for Therapeutic Recreation (CTRS). All full-time and part-time staff are trained in CPR, First-Aid, and non-violent crisis intervention along with many disability trainings, behavior management and vehicle trainings.

34. Number of licensed staff members 0

35. What kind of licensing is required for your service providers? There is currently no licensing for Therapeutic Recreation professionals.

36. Please list all accreditations your organization has earned.

Every three years, M-NASR is reviewed for accreditation by the Park District Risk Management Agency – this past year M-NASR received a score of 99.79

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?

To date this year M-NASR has allocated close to \$55,000 in financial assistance - \$18,644 directly benefited residents of Maine Township. As mentioned, scholarships are not a budgeted line item. All dollars need to be raised. Without community funding such as Maine Township we will be forced to reduce assistance that we can provide which will cause many to be unable to participate in these much need services.

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

Name of Applicant Organization **Maine-Niles Association of Special Recreation**

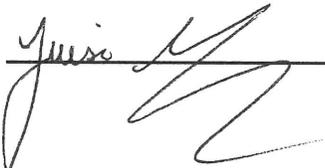
By: **Trisha Breitlow**  
**Its Authorized Representative**

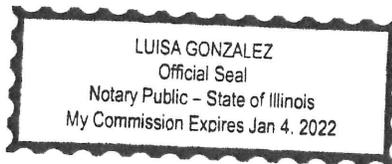
Printed Name: *TRISHA BREITLOW*

Title: **Executive Director**

Date: *9/5/2019*

**SUBSCRIBED and SWORN to**  
before me this *05* day of *September*, 20*19*.

Notary *Luisa* \_\_\_\_\_  




Maine-Niles Association of Special Recreation  
2019 Budget

**REVENUE**

<b>General Revenues</b>		2019 Budget
413037	Pub/Priv Foundations & Grants	85,000
413075	Fundraising	22,300
413200	Interest Earned	4,200
413350	Donations/Other Income	30,200
<b>Total General Revenues</b>		<b>141,700</b>

<b>Park District Contributions</b>		
440100	Des Plaines	288,954
440200	Golf-Maine	38,396
440300	Lincolnwood	114,336
440400	Morton Grove	136,237
440500	Niles	181,370
440600	Park Ridge	267,992
440700	Skokie	418,353
	Insurance Savings	
<b>Total District Contributions</b>		<b>1,445,638</b>

<b>Member District Inclusion Contribution</b>		
	Inclusion Wages	488,749
	FICA	37,389
	Workmen's Compensation	3,108
<b>Total Inclusion Contributions</b>		<b>529,246</b>

<b>Program Revenue</b>		
490720	Ongoing Youth Programs	48,000
490721	Special Events for Youth	14,700
490722	Youth Day Camp	76,600
490723	Leisure Education	700
490730	Ongoing Adult Programs	130,891
490731	Special Events for Adults	55,000
490733	Found Sponsored Events	15,000
<b>Total Program Revenue</b>		<b>340,891</b>
<b>TOTAL REVENUE</b>		<b>2,457,475</b>

Maine-Niles Association of Special Recreation  
2019 Budget

**EXPENSES**

<b>Salaries Expense</b>		2019 Budget
514120	Administrative Staff	209,038
514250	Clerical Part Time	57,905
514360	Special Recreation Managers	299,658
514363	Development Coordinator	65,831
514365	Specialists	114,581
514368	Business Manager	76,500
	Liponi Liaison	-
	HR Administrator	26,000
	Inclusion Wages	488,749
<b>Total Salaries Expense</b>		<b>1,338,262</b>

<b>Insurance Expense</b>		
525125	Group Employee Health	121,000
525150	Group Employee Life	3,300
525175	Worker's Compensation	7,393
525200	Liability	30,525
<b>Total Insurance Expense</b>		<b>162,218</b>

Maine-Niles Association of Special Recreation  
2019 Budget

<b>Contractual Service Expense</b>		2019 Budget
536000	Advertising	7,150
536025	Association Dues	5,500
536530	Website Maintenance	2,230
536050	Periodicals	300
536200	Postage	7,000
536210	Bulk Mail Postage	1,350
536240	Telephone	8,500
536300	Printing	19,425
536410	Building Rental	69,455
536500	Professional Services	7,500
536550	Pension - IMRF	66,000
536575	Pension - FICA	124,294
536590	Unemployment Compensation	1,000
<b>Total Contractual Service Exp.</b>		<b>319,704</b>

<b>Utilities Expense</b>		
546610	Electricity	11,500
546620	Natural Gas	2,000
<b>Total Utilities Expense</b>		<b>13,500</b>

Maine-Niles Association of Special Recreation  
2019 Budget

<b>Materials &amp; Supplies Expense</b>		2019 Budget
557000	Printed Supplies	3,000
557025	Office Supplies	5,000
557100	Safety and Training Supplies	3,500
557020	Computer Supplies	2,700
557030	Copy Machine Supplies	1,700
557150	Gas, Oil & Lubricants	18,500
<b>Total Materials &amp; Supplies Exp.</b>		<b>34,400</b>

<b>Maint. &amp; Repairs Expense</b>		
567700	M & R - Office Equipment	25,000
567725	M & R - Vehicles	20,000
<b>Total Maint. &amp; Repairs Expense</b>		<b>45,000</b>

<b>Capital Expenditures</b>		
578075	Program Equipment	13,000
578110	Office Equipment	55,380
578200	Vehicles	-
<b>Total Capital Expenditures</b>		<b>68,380</b>

Maine-Niles Association of Special Recreation  
2019 Budget

<b>Other Expenses</b>		<b>2019 Budget</b>
589100	Travel Expense	3,500
589125	Personnel Expense	13,500
589175	Educational Training	10,000
589200	Board Expense	600
589225	Photography	800
589226	Fundraising	11,100
589240	Bank Charges	6,000
589245	Inclusion Expenses	1,500
<b>Total Other Expenses</b>		<b>47,000</b>

Maine-Niles Association of Special Recreation  
2019 Budget

<b>Program Expenses</b>		<b>2019 Budget</b>
590720	Ongoing Youth Programs	55,200
590721	Special Events for Youth	9,411
590722	Youth Day Camp	130,000
590723	Leisure Education	1,000
590730	Ongoing Adult Programs	126,081
590731	Special Events for Adults	92,319
590733	Found Sponsored Events	15,000
<b>Total Program Expenses</b>		<b>429,011</b>
<b>TOTAL EXPENSES</b>		<b>2,457,475</b>

<b>TOTAL FUND REVENUE</b>	<b>2,457,475</b>
<b>TOTAL FUND EXPENSE</b>	<b>2,457,475</b>
<b>NET FUND INCOME/LOSS</b>	

**Maine-Niles Association of Special Recreation**

**Financial Aid Allocations Summary/Budget  
(as of 9/2019)**

<b>Year</b>	<b>Number of Individuals</b>	<b>Dollars Allocated</b>
2011	86	\$33,349
2012	89	\$39,664
2013	92	\$40,664
2014	92	\$39,139
2015	87	\$40,972
2016	167	\$65,462
2017	202	\$46,120
2018	216	\$54,764
2019 Anticipated	212	\$54,980

## Maine-Niles Association of Special Recreation

### 2019 Grant Requests

Grantors	Dollars Requested	Purpose	Received	Pending
2 <sup>nd</sup> Chance Foundation	\$1,000	Inclusion Training	X	
Des Plaines Community Foundation	\$1,500	Scholarships	X	
City of Des Plaines	\$1,500	Scholarships	X	
Niles Township	\$5,000	Scholarships	X	
Park Ridge Lions	\$ 500	General Support	X	
Chicago Board of Trade	\$5,000	General Support		X
Optimist Club of Des Plaines	\$ 1,500	Recognition Night	X	
Harry S. Black & Allon Fuller Fund	\$ 5,000	Assistive Technology	X	
Knights of Columbus	\$ 1,800	Special Olympics	X	
Rivers Casino	\$10,000	Extended Summer Program		X
Muslim Community Center	\$ 500	General Support	X	
Park Ridge Community Fund	\$ 1,400	Scholarships	X	
Daniel F. & Ada Rice Foundation	\$10,000	Scholarships		X
Autism Speaks	\$ 5,000	Inclusion Behavior Specialist		X
Henrietta Lange Burke Fund	\$ 6,000	Adaptive musical instruments/art tools	X	



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



Agency Name Maryville Academy (dba) Family Behavioral Health Clinic

Address 1455 Golf Road, Suite 210, Des Plaines, IL 60016

Phone 847-390-3004 Fax 847-390-3016 Email info@fbhclinic.com

Contact Person Fred Smith Title Director, Community Services

Grant Contact Person Daniela Krivak Title Grants Manager

Phone 847-294-1996 Email krivakd@maryvilleacademy.org

**Brief Description of Agency**

Maryville opened the Family Behavioral Health Clinic in Des Plaines in 2014 to provide community based mental health services, substance use disorder counseling and recovery services, court mandated anger management, and DUI risk education and counseling to children, adults, and families. The clinic is open 6 days a week and accepts Medicaid.

Agency Total Budget \$451,626 Amount requesting from Maine Township \$25,000  
(Please provide a copy of your budget.)

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

Total number of all unduplicated clients directly served during your last fiscal year 298

Total number of unduplicated Maine Township clients directly served during your last fiscal year 92

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? 92

What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year? 46

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

1. Director, Community Services - \$67,351 (FTE = .75 to FBHC)
2. Director of Psychological Services - \$61,358 (FTE = .60 to FBHC)
3. Office Coordinator - \$32,444 (FTE = 1.00 to FBHC)
4. Manager of Substance Use Disorder Services - \$30,982 (FTE = .50 to FBHC)
5. Director of Clinical Services - \$30,343 (FTE = .30 to FBHC)

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.**

Services provided by the Family Behavioral Health Clinic (FBHC) are promoted to residents of Maine Township through flyers, brochures, face to face meetings, presentations, and on the clinic's website, [www.familybehavioralhealthclinic.com](http://www.familybehavioralhealthclinic.com). Services are also promoted through the Des Plaines Ministerial Association, local school districts, through MaineStay Youth and Family Services, the Des Plaines Chamber of Commerce, and through local police districts. In addition, Maryville annually participates in the Maine Township Agency Day to promote the services provided by our Family Behavioral Health Clinic. Furthermore, in September 2019, a series of advertisements will be printed in the Daily Herald over a one-week period to promote the services provided by the FBHC and to recognize September 10<sup>th</sup> as Suicide Prevention Day. The ads will appear in newspapers circulated in our service area.

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

2017-2018 - \$8,000  
 2018-2019 - \$10,600  
 2019-2020 - \$14,100

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

The Family Behavioral Health Clinic (FBHC) meets a need in the community by providing access to high-quality mental health and substance use disorder services in the northwest suburbs. Most of the clients we serve are low-income individuals with Medicaid coverage. A few have private insurance. It is often a financial burden for providers to accept Medicaid patients due to low reimbursement rates. Maryville accepts Medicaid patients and subsidizes the gap between the cost of services and the payments received from Medicaid for each client. Private insurance payments are only slightly higher than Medicaid payments but still leave a substantial gap for Maryville to cover.

The allocation of \$14,100 from Maine Township is distributed in six installments during the 2019-2020 funding year. Two installments of \$2,350 have already been received and applied against the variance between the cost of services provided to Maine Township residents between March 1, 2019 and June 30, 2019 and the payments received from Medicaid and private insurance for services provided to those clients during the 4-month period. The remaining four installments will be applied as they are received against the variance between the cost of services provided to Maine Township residents between July 1, 2019 and February 28, 2020 and the payments received from Medicaid and private insurance for services provided to those clients during this 8-month period. Maryville subsidizes the balance of the variance.

Maryville's Family Behavioral Health Clinic served 92 unduplicated Maine Township residents in fiscal year 2019 (July 1, 2018 – June 30, 2019) through 585 appointments and 572 hours of service. The variance for the 92 Maine Township residents was \$43,500 in FY 2019. Maryville expects to serve as many or more Maine Township residents in our fiscal year 2020.

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

Funding from Maine Township during the 2020-2021 funding year will be applied towards the gap between the cost of services provided by the Family Behavioral Health Clinic (FBHC) to Maine Township residents and the payments received from Medicaid and private insurance for services provided to Maine Township residents between March 1, 2020 and February 28, 2021.

The variance between the cost of services provided to Maine Township residents alone and the payments received from Medicaid and private insurance for services provided to those residents totals over \$161,000 over the last four years and averages a \$40,000 variance annually. The allocations provided by Maine Township in the last three years have helped close this gap.

A \$25,000 allocation from Maine Township during the upcoming funding year would provide significant financial assistance to Maryville by reducing the amount subsidized by Maryville for services provided to Maine Township residents and enabling the FBHC to continue to operate and provide behavioral health services to individuals in need of these services, including Maine Township residents. Thank you for your consideration of our request for continued support of Maryville's Family Behavioral Health Clinic.

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

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

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

Although the Family Behavioral Health Clinic (FBHC) does not have any geographic restrictions, most of the clients we serve live in the northwest suburbs of Chicago. FBHC accepts clients from the entire Chicago metropolitan area. No one is denied service based on their address. FBHC services are available to everyone with no specific eligibility requirements. We accept private insurance, Medicaid, and self-pay clients.

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

There are no new programs, services, activities or facilities that are currently proposed or contemplated by the Maryville Family Behavioral Health Clinic.

**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?

Although Maryville's Family Behavioral Health Clinic (FBHC) does not have any geographic restrictions, most of the clients we serve live in the northwest suburbs of Chicago and within 10 miles of our Des Plaines office. FBHC accepts clients from the entire Chicago metropolitan area. No one is denied service based on their address.

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. *Copies Attached.*

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

FBHC has served clients who meet the criteria on a pro-bono basis when appropriate, including Maine Township residents, and will continue to do so as necessary.

21. Are volunteers used within your organization?

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

No. Please give specific reasons for not using volunteers.

The Family Behavioral Health Clinic is a small office and does not currently have a need for volunteers.

22. Does your organization provide any bilingual services?

Yes. Please indicate languages. Spanish and Polish

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

Maryville has consistently served as a leader in our community, developing collaborative working relationships with other not-for-profits, the business community, civic organizations, and faith-based organizations. Maryville staff are active members of the Des Plaines Ministerial Association and the Des Plaines Chamber of Commerce. We have established reciprocal referral relationships with many organizations, including Lutheran General Hospital, Chicago Behavioral Health Hospital, Alexian Brothers Hospital, MaineStay Youth and Family Services, Oakton Community College, and local school districts. We maintain reciprocal referral relationships with Soft Landing, Brookdale Senior Living, Kenneth Young Center, Streamwood Health Hospital, Chicago Lakeshore Behavioral Health Hospital, Hartgrove Hospital, DuPage County Juvenile Probation Department and the Illinois Department of Children and Family Services. The professional staff at the Family Behavioral Health Clinic are active members in their professional organizations and are committed to ongoing professional development.

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

Maryville is an active member of the Rotary Club of River Cities (includes Des Plaines, Mount Prospect, and Prospect Heights) and our representatives are engaged in various service activities including packing meals for Feed My Starving Children and The Night Ministry, serving meals to residents in need at the First United Methodist Church in partnership with Bessie's Table; collecting food and other items for the Des Plaines Food Pantry and Self-Help Closet; providing scholarships for local college students; bell-ringing for the Salvation Army in December; and sponsoring and/or attending various events and fundraisers hosted by local organizations including the Des Plaines Chamber of Commerce, the Des Plaines Park District, Oakton Community College, and the Maine Community Youth Assistance Foundation.

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

Maryville's Stephen Sexton Training Institute was developed to support the exchange of information on mental health issues and suicide prevention. Maryville conducts quarterly seminars annually on the subjects of depression, suicide, children at risk, and other mental health issues. In FY 2019, the Sexton Training Institute held three Mental Health First Aid all-day training sessions in partnership with Presence Health/Amita Holy Family Medical Center. Through support from the Stephen Sexton Memorial Foundation, Maryville provides these professional development opportunities at no cost to social service workers, teachers, parents, and other community members. CEU's are offered to participants.

Maryville also participates in the Arlington Heights Health Center Advisory Council. The Cook County Health Department coordinates this quarterly meeting for social service agencies and Cook County Health staff to promote health care options in the region and services that are available within Cook County or from outside providers.

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	\$14,100	6 distributions/1-year funding period	10%
Foundations	\$0	N/A	
Private Donors	\$0	N/A	
Federal	\$86,000	Monthly/Per Medicaid Contract	61%
State	\$19,000	Monthly/Per DASA Contract	14%
Municipalities	\$8,000	1 distribution/1-year funding period	6%
Other Townships	\$7,500	Quarterly/1-year funding period	5%
Other (list all)	\$5,500	Private Pay Clients – Monthly	4%
<b>Total</b>	<b>140,100</b>		<b>100%</b>

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.

Maryville's annual fundraising plan for support of all programs and services includes seeking public and private grant awards, soliciting individuals for contributions through direct mail appeals and online donations through our website, and hosting special events whose net proceeds directly support a specific program. In fiscal year 2019 (July 1, 2018 – June 30, 2019), Maryville submitted grant requests to the following for support of the Family Behavioral Health Clinic (FBHC):

<u>Organization</u>	<u>FY 2018 Variance</u>	<u>FY 2019 Request Amount</u>	<u>Status</u>	<u>FY 2019 Award Amount</u>
Northwest Community Healthcare	N/A	\$ 10,000	Declined	\$0
Maine Township	\$62,000	\$ 30,000	Awarded	\$14,100
Wheeling Township	\$24,000	\$ 12,000	Declined	\$0
Elk Grove Township	\$17,000	\$ 15,000	Awarded	\$7,500
City of Des Plaines	\$61,000	\$ 15,000	Awarded	\$8,000
<b>Totals:</b>	<b>\$164,000</b>	<b>\$ 82,000</b>		<b>\$29,600</b>

Maryville continues to seek federal and state funding opportunities for support of FBHC. Maryville has not hosted any fundraising events for direct support of the FBHC.

29. What fundraising efforts are planned for next year?

Maryville's fundraising plan for the Family Behavioral Health Clinic (FBHC) for our fiscal year 2020 (July 1, 2019 – June 30, 2020) includes submitting grant requests to Maine Township, Elk Grove Township, City of Des Plaines, and to other corporations and foundations whose funding priorities align with the mission and work of the FBHC. To ensure sustainability, Maryville needs to increase its fundraising efforts and close the gap between the actual cost of services and the payments received from Medicaid and private insurance for all clients.

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

The Family Behavioral Health Clinic enhanced its services by adding SMART Recovery meetings on Monday evenings. SMART (Self-Management and Recovery Training) Recovery is a support group for individuals recovering from alcoholism, drug addiction and other behavioral disorders such as food addiction or gambling addiction. The tools and techniques taught in SMART Recovery meetings are based on scientific research that can help people make healthy life choices. The key focus of SMART Recovery groups is self-empowerment, self-discipline, and self-responsibility. Meetings provide individuals with information on setting achievable goals and milestones throughout the recovery journey, building and maintaining motivation, learning how to cope with urges, managing emotions and behaviors, and living a well-balanced lifestyle. James Eaglin, Manager of Substance Use Disorder Services at FBHC, is a certified and trained SMART Recovery Facilitator.

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

<b>1. Administration &amp; Administrative Support</b>	<u>2</u>
<b>2. Management of Service Providers</b>	<u>2</u>
<b>3. Direct Service Providers*</b>	<u>14</u>

*(\*4 salaried employees and 10 Doctoral, Masters and Bachelors Level interns)*

**32. Number of certified staff members** 2

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

Certified Alcohol and Drug Counselor (CADC) or Anger Management Certificate.

**34. Number of licensed staff members** 2

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

Our service providers (Psychiatrist, Psychologist) require a state license or a certificate through the Illinois Department of Financial and Professional Regulation. Current licenses are posted in the FBHC office.

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

Maryville programs are accredited by the Council on Accreditation (COA). COA is an international, independent, non-profit, human service accrediting organization that accredits the full continuum of child welfare, behavioral health, and community-based social services. Maryville underwent the accreditation process in 2017 and per a letter dated July 13, 2017 from Richard Klarberg, President and CEO of the Council on Accreditation, Maryville – including the Family Behavioral Health Clinic – has been re-accredited through April 30, 2021.

**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 Maine Township funding will result in a higher amount that Maryville will be required to subsidize to cover the variance between the cost of services provided to Maine Township residents and the amounts received from Medicaid and private insurance for those clients. A complete elimination of Township funding will result in Maryville subsidizing the entire

variance between the cost of services for Maine Township residents and the payments received from Medicaid and private insurance.

Maryville will be deeply grateful to Maine Township for any amount of funding provided in the 2020-2021 funding year. We appreciate all financial assistance received to help us continue to provide behavioral health services to members of our community.

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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 Maryville Academy

By Sr. Catherine M. Ryan  
Its Authorized Representative

Printed Name Sr. Catherine M. Ryan, O.S.F.

Title Executive Director

Date August 19, 2019

SUBSCRIBED and SWORN to  
before me this 19 day of August, 2019.

Notary Thelma Hemphill



# MARYVILLE ACADEMY - FAMILY BEHAVIORAL HEALTH CENTER

## SLIDING FEE SCHEDULE

2019

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)																
Poverty Level*	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%				
Family Size	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%				
1	\$12,490	\$13,739	\$14,988	\$16,237	\$17,486	\$18,735	\$19,984	\$21,233	\$22,482	\$23,731	\$24,980	\$24,981				
2	\$16,910	\$18,601	\$20,292	\$21,983	\$23,674	\$25,365	\$27,056	\$28,747	\$30,438	\$32,129	\$33,820	\$33,821				
3	\$21,330	\$23,463	\$25,596	\$27,729	\$29,862	\$31,995	\$34,128	\$36,261	\$38,394	\$40,527	\$42,660	\$42,661				
4	\$25,750	\$28,325	\$30,900	\$33,475	\$36,050	\$38,625	\$41,200	\$43,775	\$46,350	\$48,925	\$51,500	\$51,501				
5	\$30,170	\$33,187	\$36,204	\$39,221	\$42,238	\$45,255	\$48,272	\$51,289	\$54,306	\$57,323	\$60,340	\$60,341				
6	\$34,590	\$38,049	\$41,508	\$44,967	\$48,426	\$51,885	\$55,344	\$58,803	\$62,262	\$65,721	\$69,180	\$69,181				
7	\$39,010	\$42,911	\$46,812	\$50,713	\$54,614	\$58,515	\$62,416	\$66,317	\$70,218	\$74,119	\$78,020	\$78,021				
8	\$43,340	\$47,674	\$52,008	\$56,342	\$60,676	\$65,010	\$69,344	\$73,678	\$78,012	\$82,346	\$86,680	\$86,681				
For each additional person, add	\$4,420	\$4,862	\$5,304	\$5,746	\$6,188	\$6,630	\$7,072	\$7,514	\$7,956	\$8,398	\$8,840	\$8,841				

<https://aspe.hhs.gov/poverty-guidelines>

# MARYVILLE FAMILY BEHAVIORAL HEALTH CLINIC

## FISCAL YEAR 2020 PROGRAM BUDGET

### REVENUES AND SUPPORT

#### REVENUES

Third Party Billing and Other Program Revenues	\$ 292,734
<b>TOTAL REVENUES</b>	<b>\$ 292,734</b>

#### SUPPORT

Contributions, Bequests and Grants	\$ 61,700
<b>TOTAL SUPPORT</b>	<b>\$ 61,700</b>

<b>TOTAL REVENUES AND SUPPORT</b>	<b>\$ 354,434</b>
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### EXPENSES

#### PROGRAM EXPENSES

Program Staff Salaries, Fringe Benefits, and Taxes	\$ 246,516
Direct Service Equipment and Supplies	\$ 3,000
Staff Transportation	\$ 3,000
Direct Service Staff Conferences and Conventions	\$ 2,000
Program Insurance	\$ 1,680
Telecommunication Costs Assigned to Program	\$ 2,872
All Other Program Expenses	\$ 1,000
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$ 260,068</b>

#### SUPPORT EXPENSES

Dietary Supplies	\$ 2,000
<b>TOTAL SUPPORT EXPENSES</b>	<b>\$ 2,000</b>

#### OCCUPANCY EXPENSES

Building and Equipment Operations and Maintenance	\$ 4,116
Depreciation and Amortization	\$ 3,917
All Other Leases/Rent/Taxes	\$ 31,000
<b>TOTAL OCCUPANCY EXPENSES</b>	<b>\$ 39,033</b>

#### ADMINISTRATIVE AND OFFICE EXPENSES

Administration Salaries, Fringe Benefits, and Taxes	\$ 78,962
Office Supplies and Equipment	\$ 5,192
All Other Administrative and Office Expenses	\$ 24,000
Management and General Allocation	\$ 42,371
<b>TOTAL ADMINISTRATIVE AND OFFICE EXPENSES</b>	<b>\$ 150,525</b>

<b>TOTAL EXPENSES</b>	<b>\$ 451,626</b>
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<b>NET SURPLUS/(DEFICIT)</b>	<b><u>(\$ 97,192)</u></b>
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**MAINE TOWNSHIP  
APPLICATION FOR FUNDING 2020-2021**



**Agency Name** Northwest Compass Inc.

**Address** 1300 W. Northwest Hwy., Mount Prospect, IL. 60056

**Phone** 847-392-2344

**Fax** 847-305-3972

**Email**

**Contact Person** Sonia Ivanov

**Title** Executive Director

**Grant Contact Person** Sonia Ivanov

**Title** Executive Director

**Phone** 847-305-2764

**Email**

sivanov@northwestcompass.org

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**Brief Description of Agency**

Northwest Compass is a 501 (C) 3 nonprofit organization that has provided various programs to the moderate and low income populations in the Northwest suburbs of Chicago in Cook County for more than 30 years. Its mission has been to enhance the community by providing emergency services, education, and empowerment which foster personal responsibility for those that are vulnerable or in crisis.

Northwest Compass (NWC) provides comprehensive solution-focused case management, brief crisis intervention, counseling and assistance to people experiencing housing instability or homelessness by connecting them to housing options, resources and various supportive services. The programs strive to positively impact the lives of our clients in three major categories – Stabilization, Empowerment and Housing. These include access to our in-house food pantry, linkage to mainstream benefits, career coaching and job readiness assistance, money management, life skills, legal assistance and more. The Housing Program consists of Transitional Living program, Permanent Supportive Housing Program, housing counseling and homelessness diversion and prevention, and immediate short-term assistance to prevent individuals and families at risk of becoming homeless for the first time or to assist them to exit homelessness.

Northwest Compass is the Lead Agency in the North as a partner in the Coordinated Entry Initiative in the Suburban Cook County area and the only one Walk -In Center in our area who is experiencing homeless or housing instability. As a lead agency in the region, we provide the most comprehensive individual housing counseling, navigation, assistance and education for a clientele experiencing homelessness or housing crisis.

Most of the programs include assessment, wrap around services and care coordination in order to provide the needed assistance and support, so people can make better informed choices and build a foundation toward creating a stable and sustainable future.

**Agency Total Budget** \$1,027,604     **Amount requesting from Maine Township** \$8,500

**(Please provide a copy of your budget.)**

**Agency Fiscal Year (e.g. March 2018-February 2019)** July 1<sup>st</sup> 2019 – June 30<sup>th</sup> 2020

**Total number of all unduplicated clients directly served during your last fiscal year** 3036

**Total number of unduplicated Maine Township clients directly served during your last fiscal year** 476

**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? 95

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

1. Executive Director: \$67,500
2. Housing Program Manager: \$ 42,840
3. Accountant: \$43,493
4. Case Manager: \$36,067
5. Case Manager: \$36,067

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.

Northwest Compass communicates on a monthly basis with the local school district, libraries, AHAND members, etc. to make sure the community is aware of all of the available services we provide, and how to contact us when needed. In addition Northwest Compass publicizes funding from Maine Township on its website, on social media sites such as Facebook, and Linked In, and through public service announcements and press releases.

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

Northwest Compass has received:

- Grant Period 03/01/14-02/28/15 = \$9,000
- Grant Period 03/01/15-02/28/16 = \$9,000
- Grant Period 03/01/16-02/28/17 = \$9,000
- Grant Period 03/01/17-02/28/18 = \$7,200
- Grant Period 03/01/18-02/28/19 = \$6,160
- Grant Period 03/01/19-02/28/20 = \$0

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

In grant period 03/01/19-02/28/20 Northwest Compass did not receive funding from Maine Township. In previous grant periods (2014-2019) we served those Maine Township residents who are homeless or at risk of becoming homelessness. We provided to those individuals and families the necessary case management, limited financial assistance, connection to mainstream benefits and supportive services, so they can exit homelessness, secure housing and/or remain housed. Program staff have provided follow up services with clients to assure their current housing situation and well-being needs are being met.

Services provided include;

- information and referrals

- solution focused case management
- food pantry access
- individual housing counseling
- limited homeless prevention financial assistance
- education and advocacy for those facing eviction, foreclosure, or homelessness
- money management counseling and education
- career counseling and support

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

The requested funds will be allocated to provide \$3,500 for Helping Hands and \$5,000 for HYPE (Helping Youth on the Path to Empowerment)/ and homeless prevention. The Helping Hands program covers life's needs of those people for whom there are no other programs available, or they do not qualify for those existing programs. HYPE addresses life's challenges for youth in the age bracket of 18-24 years old who are unstably housed and facing an uncertain future.

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

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

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

All residents of Maine Township who are experiencing homelessness or crises in housing qualify for our Housing Program of counseling services. In order to be eligible for services in the Housing Program, participants must reside within the boundaries of Maine Township, fulfill the low-income guidelines used by CDBG, and be in danger of being evicted, in a housing crises or homeless (as defined by HUD).

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

NWC is the Lead agency and a Walk-In Center for the Coordinated Entry in the North Region of Cook County for the Alliance to End Homelessness. NWC is actively involved with other service providers, local businesses, and landlords coordinating housing resources and support, and various stabilization services to help clients actively find solutions.

The organization has been increasing its focus on issues such as youth (HYPE), and veteran homelessness, seeking additional sources of funding and network partnerships for innovative solutions. We have been working closely with local school districts and we strive to support HB261. HYPE focuses its efforts in Maine Township residents age group 18 to 24, for whom there are limited or no safety-net services. HYPE is providing access to storage lockers, food and basic necessity, linkage to services and benefits, as well as educational opportunity exploration services, career coaching, job readiness and linkage to employment, money management, legal services, life skills, housing counseling and

navigation, connection to other housing options and rent assistance if available.

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

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

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

Yes  No

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

Yes  No

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

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

The service area includes the following townships: Maine, Palatine, Elk Grove, Wheeling, Hanover, Barrington, and Schaumburg

**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.

Northwest Compass has implemented a staffing plan that incorporates an approach utilizing a combination of skill based volunteers, and interns to accomplish administrative tasks in support of staff. We have seen our vision become a reality where volunteers have used their passion, skills, and knowledge to be a seamless extension of our portfolio of services and

become advocates of our mission. For fiscal year 2019 (07-01-2018 to 06-30-2019) Northwest Compass has used a total of 5,977 volunteer hours, and a total of 4,820 intern hours, contributing an estimated value of \$215,940 towards achieving our goals.

**No. Please give specific reasons for not using volunteers.**

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

**Yes. Please indicate languages.** , Spanish, Polish, Russian

**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**

Northwest Compass is an active participant in AHAND, representing all housing agency providers in Northern Cook County and the North Region of the Alliance to End Homelessness in suburban Cook County. As a part of the Alliance's efforts to respond to HUD's requirements for greater collaboration to end homelessness, Northwest Compass is the lead agency in the North Region in an initiative of the Alliance called Coordinated Entry. In this capacity, Northwest Compass is working with all social services, and other providers in the Northern Suburbs of Cook County.

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

Northwest Compass is the Lead agency and a Walk-In Center in the North Region of Suburban Cook County and work with clients referred to us from each of the four access points, including Call Center (phone/internet); Street Outreach, emergency shelters, and the walk-In Center.

In addition we also receive referrals from our own network of other social service providers, and those crisis response system entities including police departments and hospital emergency rooms. Staff maintains frequent communications with the liaisons for homeless students in the local school districts, social worker in local hospitals and police departments, and the staff of health and human service departments of local municipalities, advising them of our housing and supportive services being available regardless of race, color, origin, religion, sex, age, familiar status, and disability. The staff attends various fairs and meetings to disseminate information about available programs and services for the homeless population.

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

Northwest Compass works closely with several area banks that assist clients with housing education, budgeting and financial counseling. We also coordinate and participate with area businesses to conduct projects such as food drives, landscaping, painting projects, and continuing education for staff and volunteers. In addition Northwest Compass works with local schools, and libraries to coordinate seminars and/or workshops to further the effort to



All Program staff is certified though various workshops and trainings ( Ex: DV, SA, MH, CE, Sanitation, etc.)

34. Number of licensed staff members 1

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

Licensing is nor required, however BA in social services is preferred

36. Please list all accreditations your organization has earned.

- Guide Star Gold participant
- Better Business Bureau Accredited Charity
- Live United, United Way North-Northwest
- Certified Service Enterprise Points of Light

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?

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

Name of Applicant Organization: Northwest Compass Inc

By : *S. Ivanov*  
Its Authorized Representative

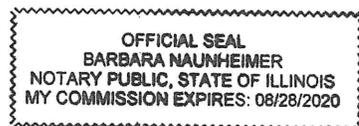
Printed Name: Sonia Ivanov

Title: Executive Director

Date 08/27/2019

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

Notary *Barbara Naunheimer*



**Northwest Compass  
2020 FS Total Budget**

	<b>FS 2020 Budget</b>
<b>Support and Revenue</b>	
Township Revenue	50,730
Municipalities Revenue	36,998
United Way	20,500
Rents/Fees Apartments	81,246
CEDA Rent Income	27,228
Fees & Charges	412
Unrestricted Contributions	35,548
Restricted Contributions	8,534
Government/Federal Grants	472,646
Grants -Corp and Found - Non Cash	11,456
Food Donations (Non Cash)	186,080
Fundraising	3,823
In Kind Donations	
Miscellaneous/Investment Revenue	8,580
Gain/(loss) on Investments	651
Senator's Grant	40,179
<b>Total Revenue</b>	<b>984,610</b>
<b>Operating Expenses</b>	
Salaries /Benefits	440,919
Contract Wages and Benefits	17,920
Client Support	506
Direct Client Support	40,002
Office Expense	6,264
Professional Services	1,059
Equipment Purchases	699
Equipment Expense	2,333
Occupancy (Remove Depreciation)	140,936
Mortgage Interest	3,807
Food Distributed (non cash value)	193,473
Administrative	76,825
Miscellaneous	10,836
Depreciation	57,873
Senator Grant Expenses	34,152
Volunteer and Director Expense	0
<b>Total Expenses</b>	<b>1,027,604</b>
<b>Change in Net Assets</b>	<b>(42,994)</b>
<b>Net Assets at Beginning of Year</b>	<b>1,236,662</b>
<b>Net Assets at End of Year</b>	<b>1,193,668</b>



# MAINE TOWNSHIP APPLICATION FOR FUNDING 2020-2021



Agency Name Connections for the Homeless

Address 2121 Dewey Avenue, Evanston, IL 60201

Phone (847)475-7070 Fax (847)864-6558 Email info@connect2home.org

Contact Person Betty Bogg Title Executive Director

Grant Contact Person Elizabeth Novak Title Associate Director of Development

Phone (847) 475-7070 ext. 128 Email enovak@connect2home.org

## Brief Description of Agency

A woman is 8-months pregnant and about to be evicted. A man is being released from prison with no job, no housing, and no family. A young man is being discharged from the hospital and his parents won't let him back in the home. The causes of homelessness are uniquely personal, and Connections for the Homeless takes an equally personal approach to prevent and end homelessness for each person we serve. We end homelessness across northern Cook County through three programs: homelessness prevention, shelter, and housing. Annually, we serve 1,500 people from across the region and our work is driven by our community. More than 1,600 annual volunteers engage in our work and help us to fulfill our mission to end homelessness, one person at a time.

Agency Total Budget \$5,496,224 Amount requesting from Maine Township \$10,000  
(Please provide a copy of your budget.)

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

Total number of all unduplicated clients directly served during your last fiscal year 1,503

Total number of unduplicated Maine Township clients directly served during your last fiscal year 89

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.

1. Executive Director, \$134,000
2. Director of Development, \$120,000
3. Director of Finance & Administration, \$100,000
4. Director of Housing Programs, \$85,000

5. Director of Community Programs, \$85,000

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 actively inform the community about our programs through our street-based outreach efforts and our community relations activities. We have two dedicated Outreach Specialists who travel across northern Cook County to connect with people experiencing homelessness and inform them of our services. We also have robust community engagement activities and regularly meet and present to faith communities, community organizations, schools, municipalities, and businesses. Annually, 1,600 volunteers engage in our work and help build awareness about our services.

5. **Has your organization ever received funding from Maine Township?**  Yes  No  
**If yes, list all years and the allocation amount.**  
2019-2020 \$800

6. **Describe how your organization used the funding received from Maine Township during the previous funding year (if applicable).**  
Funding supported our efforts to serve 89 Maine Township residents across our programs. 20 Township families were supported in avoiding an eviction and homelessness. 25 people accessed our drop-in services which includes free physical and mental healthcare services, showers, laundry, case management, food, clothing, and storage. Finally, 18 people were provided housing subsidies and robust services to help them exit homelessness for good. We worked with families and young people who were homeless and connected them to our housing programs to help them heal and move forward on their path to overcome homelessness.

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

A \$10,000 grant from Maine Township will support our efforts to serve 100 Township residents who are homeless or at-risk of homelessness. Your grant will support the direct assistance we provide to residents across our programs and services. With your partnership, and at an approximate cost of \$100 per Township resident, we will:

- Provide financial assistance to help families avoid evictions and homelessness. For approximately \$1,800 per family, we paid rent, mortgage, and utility arrears for 20 households during the last year. We expect to serve 25 households this year and keep more Maine Township families in their homes.
- Connect with people who are homeless and meet their day-to-day needs. 25 people utilized our shelter or drop-in services during the last year. All 25 of them were homeless and living on the street, in their car, or in an unsafe situation. Maine Township residents were given bus

passes to get to and from appointments and jobs, free physical and mental health services, a place to sleep at night, basic necessities like food and toiletries, and case management services so they could recover and rebuild their lives. We expect to serve 30 people this year and meet their daily needs.

- Help families and individuals who are homeless move into a safe, stable home to restore their hope, confidence, and capacity. Last year 18 Township residents received subsidized housing and robust case management services to maintain their home for good. We expect to serve at least 20 Township residents through our housing programs in the coming year.

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

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

We serve individuals and families who are homeless or housing insecure.

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

Connections has expanded during the past 18-months and we expect more growth in the year to come. This year we will:

- Launch a new women's shelter to ensure everyone has access to a safe, stable place to sleep each night;
- Expand our homelessness prevention program to ensure even more families can stay in their homes and avoid evictions and foreclosures;
- Explore models and partnerships to further grow and sustain more short-and long-term housing subsidy programs; and,
- Advance our advocacy efforts and expand our partnerships with other municipalities and communities to bring and preserve more affordable homes throughout our region.

Homelessness can be solved and prevented. With Maine Township's support we can end homelessness, one person at a time.

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?**

Our primary service area is north suburban Cook County. However, our programs and services are open to anyone seeking them, regardless of geographic affiliation.

19. **Does your organization charge for services?**  Yes    No

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

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined.

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

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

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

1,600 annual volunteers support our work. During the last year, volunteers logged more than 12,000 hours to help the people we serve strengthen, secure, and stabilize their future. From cooking daily breakfast and dinner at our shelter and sorting donations, to staffing our reception desks and maintaining our spaces, volunteers provide a range of support that helps to extend our impact and reach.

No. Please give specific reasons for not using volunteers.

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

Yes. Please indicate languages.

We have bilingual staff that are fluent in English, Spanish, and Arabic. We contract with Language Link, a translation tool, to communicate with participants when staff do not speak the 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

We work cooperatively with Northwest Compass, the Center of Concern, and Catholic Charities to regionally manage and provide homelessness prevention assistance to households across northern Cook County. We also work closely with the City of Evanston to administer a family housing program for households with children in Evanston's public schools. We have a number of partnerships with other organizations. A year ago we launched a partnership with the Josselyn Center to provide onsite mental health services to people in our housing programs. Two Josselyn Center therapists come to our program sites and work with young people in our residential housing program and individuals and families in our housing programs.

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

We have extensive partnerships with service organizations, corporations, and faith communities across our region. Many of these groups volunteer with the agency and provide financial support. We have a close partnership with Evanston Lighthouse Rotary who is helping advance our advocacy efforts for affordable housing.

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

Like described above, we are working with a number of partners, including businesses, who provide volunteer and financial resources to help us advance our mission. We also work closely with a number of local chambers to help build a deeper understanding and approach to working with people experiencing homelessness.

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	\$800	Annually	<1%
Foundations	\$707,510	Annually	13%
Private Donors	\$1,845,193	Annually	33%
Federal	\$1,131,302	Annually	20%
State	\$1,120,873	Annually	20%
Municipalities	\$526,221	Annually	10%
Other (Cook County)	\$79,129	Annually	<1%
Other (participant rent payments)		Monthly	2%
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.

We have a strong fundraising operation that includes individual donors, major donors, foundations, and community organizations. Most of our fundraising is through one-on-one meetings, proposals, and solicitations. Our fall luncheon, INSPIRE, raises approximately \$100,000 and supports our general operations. The event costs, on average, \$20,000. We also host an annual gala, THRIVE, that supports our general operations. The event raises approximately \$500,000 and costs \$80,000.

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

Our fall luncheon, INSPIRE, is on October 3 and will feature an author, Jennifer Eberhardt, who will discuss her new book *Biased* with approximately 250 guests. Following the luncheon and author session, we will host a panel discussion to dive deeper into the local impact unconscious biases have on our community and local policies. Our gala, THRIVE, is planned for February 8.

**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 the agency continued to serve more participants and expand our programs and services in the following ways:

- Increased our homelessness prevention fund to help more families avoid evictions;
- Tripled our health staff to provide more free physical and mental health services to better meet the immediate health needs of people experiencing homelessness;
- Opened a secondary drop in center at our administrative offices and expanded our primary drop in center's operation from two days per week to five; serving more than 850 people and providing thousands more services;
- Formed a new partnership with the Josselyn Center, a North Shore mental healthcare provider, which is enabling us to provide on-site mental health services and counseling to adults, youth, and families in our housing programs;
- Connected 15% more people to safe, stable housing; and,
- Added 56 units of affordable housing across the North Shore to ensure more families have the opportunity to stay in their community.

To support this incredible growth to better serve our community, we have increased our private and public revenue to sustain our efforts.

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

<b>1. Administration &amp; Administrative Support</b>	10
<b>2. Management of Service Providers</b>	6
<b>3. Direct Service Providers</b>	30

**32. Number of certified staff members 9**

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

Our Director of Housing Programs is a LCSW, and our Director of Community Programs has a master's degree. Many of our Case Managers also have master's degrees, most in social work. Our health team includes a Registered Nurse, a Licensed Clinical Professional Counselor & registered Art Therapist, a licensed and board-certified psychiatrist, and licensed and board-certified physicians. All staff are required to attend harm-reduction and trauma-informed care trainings, as these are approaches that are infused into our work. Also, all our direct service staff engage in ongoing training to stay informed of best practices and trends in the homeless services system.

34. Number of licensed staff members 6

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

As noted above, we have staff that are LCSWs, LCPCs, registered Art Therapists, Registered Nurses, Psychiatrists and Physicians. Each follows state and local laws in terms of licensing, and we seek these licensed positions when it's necessary to perform the required duties.

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?

This funding will help to sustain our expanded efforts to help prevent and end homelessness across the northern suburbs, ensuring that Maine Township residents have a safe, stable place to call home.

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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

Connections for the Homeless

By

Elizabeth Novak

Its Authorized Representative

Printed Name

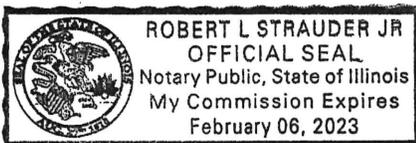
Elizabeth J. Novak

Title

Associate Director of Development

Date

August 29<sup>th</sup>, 2019.



SUBSCRIBED and SWORN to

before me this 29 day of August, 2019.

Notary

[Signature]



**connections**  
FOR THE HOMELESS

Fiscal Year 2020 Operating Budget

(July 2019 - June 2020)

		Agency Total FY20
<b>Revenue</b>		
<i>Individuals</i>		604,193
<i>Events</i>		600,000
<i>Institutional Giving</i>		683,510
<i>United Way</i>		24,000
	<b>Private Funding</b>	<b>1,911,703</b>
	<b>Events</b>	<b>641,000</b>
<i>Emergency Food &amp; Shelter Program</i>		44,615
<i>US Dept of Housing &amp; Urban Development</i>		936,687
<i>Dept. of Health &amp; Human Services</i>		150,000
<i>Illinois Department of Human Services</i>		1,120,873
<i>City of Evanston</i>		526,221
<i>Northfield Township</i>		4,000
<i>City of Des Plaines</i>		3,500
<i>Cook County</i>		71,625
	<b>Public Funding</b>	<b>2,857,521</b>
	<b>Client, Contracted and Other Income</b>	<b>86,000</b>
<b>Total Revenue</b>		<b>5,496,224</b>

<b>Expenses</b>		
	Personnel	2,826,571
	Staff recruitment, Training and Development	41,167
	Occupancy	231,981
	Vehicles	20,121
	Direct Support to Individuals	1,754,089
	Professional and Contractual Services	343,859
	Equipment and Supplies	74,275
	Office Management	92,913
	Insurance	44,652
	Interest Expense	2,400
	Depreciation and Amortization	64,196
	Other Non-Cash Expenses	
	Miscellaneous Expense	
<b>Total Expenses</b>		<b>5,496,224</b>

<b>Net Income (Loss)</b>	<b>0</b>
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**MAINE TOWNSHIP  
APPLICATION FOR FUNDING 2020-2021**



Agency Name Zacharias Sexual Abuse Center

Address 4275 Old Grand Avenue

Phone 847-244-1187 Fax 847-244-6380 Email MNavarro@zcenter.org

Contact Person Allison Barnett Title Director of Development

Grant Contact Person Mary Navarro Title Grant Manager

Phone 847-244-1187 x. 117 Email MNavarro@zcenter.org

- 
1. **Brief Description of Agency** Our mission is to provide a place where survivors of sexual assault and abuse can heal, and to mobilize the community toward action to end sexual violence. Since 1983, Zacharias Sexual Abuse Center (ZCenter) has been providing crisis intervention, counseling, advocacy and community awareness and education for survivors of sexual abuse. In February 2016, we opened a second site in Skokie where we provide sexual assault counseling and therapy. Our sites serve a culturally diverse group of individuals including many who are below the poverty level.

Agency Total Budget \$2,059,411 Amount requesting from Maine Township \$5,000

(Please provide a copy of your budget.)

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

Total number of all unduplicated clients directly served during your last fiscal year 4,546

Total number of unduplicated Maine Township clients directly served during your last fiscal year 25

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? ZCenter is fortunate to have support and collaboration from other agencies in Lake County. While we cannot provide this exact data, we do provide referrals with partner social service agencies to address all the problems a client may be facing.

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

1. Executive Director \$150,000
2. Associate Executive Director \$89,600

- 3. Director of Development \$79,500
- 4. Director of Administration \$75,000
- 5. Director of Services \$74,600

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 promote our services through a variety of channels to the communities of Lake County and Northeastern, Illinois. ZCenter is involved with numerous relevant interdisciplinary organizations that bring sexual violence to the forefront of community needs. Through our leadership with coalitions, memberships and participation we contribute to improved service coordination and delivery to reach and serve more people in need. Some of our memberships include: North Suburban Community Network (practitioners serving the LGBTQ+ community), Northwest Suburban Alliance on Domestic Alliance, Oakton Community College, Children's Advocacy Center of Northwest Suburbs Trauma Consultation Group, Lake County State's Attorney's Office Sexual Assault coordinating Council (including participation on Medical, Higher Education, Training, Law Enforcement, Human Trafficking, Faith-based and other sub-committees), Lake Forest College Title IX Committee, JCFS Chicago, Illinois Imagines, LAN 41, Latino Coalition of Lake County, and others. We have our website which displays our services we offer including the availability to volunteer. We have a number of social media outlets to keep the community informed of updates and our events which include Facebook and Instagram.
5. Has your organization ever received funding from Maine Township?  Yes  No  
If yes, list all years and the allocation amount.
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. ZCenter plans to use the requested funding from Maine Township to our Sexual Assault Programs which include Counseling, Advocacy, Prevention Education and Children's Program.
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 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
<input checked="" type="checkbox"/> Other (please explain):	

9. **Describe how your organization meets the eligibility requirements for the requested funding.** ZCenter is the only rape crisis center in Lake and Northern Cook County. We provide vital services in public safety, health, social services for children, youth and for the aged. ZCenter's Counseling Program actively improves the mental and behavioral health of Lake County. Like the Maine Township, we, too, value "operating an effective program that reflects best practices." Specialized counseling is needed by adults and children who have faced the trauma of sexual assault and abuse. ZCenter's extensive outreach and culturally competent services help us to reach potential clients and help them to break their silence. Survivors feel more comfortable in seeking help when they know they will be believed and that our agency can address any problems they face. Trained counselors are available to provide emotional support, problem-solving skills, and strategies for coping to adults and children. We believe in meeting the survivors and their families where they are in their healing process. In order to do so, we understand that not every treatment modality is the best fit for every client and thus always are working to provide clients with a full range of options throughout their healing process. In addition to individual and group therapy, survivors utilize expressive therapies to help them to learn appropriate ways of working through their trauma. Because services are free to anyone who needs them, we are especially helpful to lower-income families who may not have the resources to afford private therapy or services at other agencies. If a child lacks the resources to attend counseling at our offices campus, we will meet him or her at school to provide the therapy there. This gives the child the psychological help she or he needs in a convenient setting. We always work to serve our communities with the highest standards of integrity and professionalism.
10. **Describe any new programs, services, activities or facilities that are currently proposed or contemplated by your organization.**  
In an effort to expand our capacity to serve the various ages of victims and significant others, throughout their process of healing, we are developing new psycho-educational programs. Examples of programs address but are not limited to the following areas: Legal Advocacy Education, Parenting Challenges, Healthy Intimacy for Young Adults, Safe Haven for Faith-based Organizations, and culturally relevant programs for Latino, LGBTQ+ and Faith communities. These programs will be implemented in addition to increased offerings in our Group Counseling Services (Adult Sexual Assault Survivor Group, Adults Survivor of Child Sexual Abuse-Male and Female, Adolescent Survivor Groups, Caregiver Groups).
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? Lake and Northern Cook County.

19. Does your organization charge for services?  Yes  No

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

Yes. Attach 14 copies of the sliding fee scale.

No. Please explain how charges are determined.

The support of our funders allows all our direct client services to be provided at no cost to survivors and their non-offending significant others.

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.

We currently have 110 volunteers. Volunteers who have chosen to work with clients are required to complete the state-mandated 40-hour training and at least 12 hours of continuing education with rape survivors on crisis intervention. Volunteers are required to attend monthly meetings to network while learning of new ZCenter cases and any changes in law or treatment methods.

Zacharias Center utilizes 8-12 Interns per calendar year. Interns from a variety of graduate programs complete their clinical practicum with ZCenter by providing sexual assault victims with crisis intervention, support line assistance and advocacy immediately following a rape, as well as counseling services. Bachelor-level Interns participate in prevention education programs, community education and outreach, crisis services and development throughout their time at ZCenter. Interns are provided with weekly supervision, involvement in team and staff meetings, networking opportunities and professional development.

No. Please give specific reasons for not using volunteers.

22. Does your organization provide any bilingual services?

Yes. Please indicate languages.

ZCenter offers language services available in English, Spanish and other languages as 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

ZCenter is involved with numerous relevant interdisciplinary organizations that bring sexual violence to the forefront of community needs. Through our leadership with coalitions, memberships and participation we contribute to improved service coordination and delivery to reach and serve more people in need. Some of our memberships include: North Suburban Community Network (practitioners serving the LGBTQ+ community), Northwest Suburban Alliance on Domestic Alliance, Oakton Community College, Children's Advocacy Center of Northwest Suburbs Trauma Consultation Group, Lake County State's Attorney's Office Sexual Assault coordinating Council (including participation on Medical, Higher Education, Training, Law Enforcement, Human Trafficking, Faith-based and other sub-committees), Lake Forest College Title IX Committee, JCFS Chicago, Illinois Imagines, LAN 41, Latino Coalition of Lake County, and others.

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

ZCenter has received grants from several other service organizations such as local Rotary clubs.

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	0	0	0
Foundations	\$410,500	Fiscal Year	19
Private Donors	\$570,000	Fiscal Year	28
Federal	\$351,402	Fiscal Year	17
State	\$ 30,500	Fiscal Year	1
Municipalities	\$ 1,000	Fiscal Year	1
Other Townships	\$ 19,000	Fiscal Year	1
Other (list all)	\$677,009	Fiscal Year	33
<b>Total</b>	<b>\$2059,411</b>		<b>100%</b>

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.

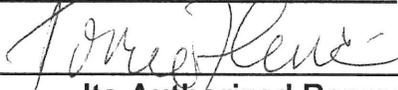
We continually seek new funding sources from foundation, corporation, government, and individuals for all of our programs. We also host three special events throughout the year. Our 2019 main fundraising signature events include: 5<sup>th</sup> Annual Taste of the Town Gala; 7<sup>th</sup> Annual Race to Zero 5K, Giving Tuesday, and 17<sup>th</sup> Annual Spring Luncheon. These events raise awareness about our role in the community. We raised at total of \$430,000 last fiscal year. Additionally, we request funds through annual appeals to individuals in our database.

29. What fundraising efforts are planned for next year? We will host three special events throughout the year. Our 2020 main fundraising signature events include: 6<sup>th</sup> Annual Taste of the Town Gala; 8<sup>th</sup> Annual Race to Zero 5K and 18<sup>th</sup> Annual Spring Luncheon.

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.). NA
31. Please provide numerical breakdown of all staff member positions.
- |  |          |
|--|----------|
| 1. Administration & Administrative Support | <u>9</u> |
| 2. Management of Service Providers         | <u>6</u> |
| 3. Direct Service Providers                | <u>7</u> |
32. Number of certified staff members 5
- Saira Khan, LCPC, CADAC, NCC, CTTS  
 Stephanie Sajuan, LSW  
 Christine Schwanda, LPC (LCPC-IL in process)  
 Anna Valianos, LCSW  
 Valerie Walker, LCSW, ACSW
33. What kinds of certifications are required for your service providers? None. All of ZCenter staff members have to complete the 40-Hour Sexual Assault Crisis Intervention Training as required per ICASA's Standards.
34. Number of licensed staff members 5
35. What kind of licensing is required for your service providers? None
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?  
 ZCenter direct client services are provided at no cost to the individual, which means that we rely on funding like this to continue providing our services to anyone who seeks them.

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 Zacharias Sexual Abuse Center

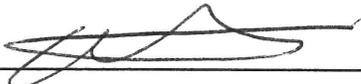
By   
 Its Authorized Representative

Printed Name Torrie Flink

Title Executive Director

Date 8/29/19

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

Notary  Adela Gonzalez



**Zacharias Sexual Abuse Center  
for Gurnee and Skokie locations**

	<b>approved FY20</b>
<b>INCOME</b>	
ICASA	351,402
UNITED WAYS	65,000
CORP. & FOUNDATION	410,500
CONTRIBUTIONS	505,000
SPECIAL EVENTS (net)	430,000
GOVERNMENT	50,500
PROGRAM	6,500
Other Income	100,000
Reserves Appropriation	<b>140,509</b>
<b>total:</b>	<b>2,059,411</b>
<b>EXPENSES</b>	
PERSONNEL	1,673,345
OCCUPANCY	132,691
CONTRACTUAL	192,035
SUPPLIES	17,000
TELECOMMUNICATIONS	19,940
TRAVEL	9,400
PRINTING	5,000
EQUIPMENT	10,000
<b>total:</b>	<b>2,059,411</b>
<b>net:</b>	<b>0</b>



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



**Agency Name** East Maine School District Foundation

**Address** East Maine School District 63 10150 Dee Road, Des Plaines, IL 60016

**Phone** 847.827.4137 **Fax** 847.827.6274 **Email** aschab@emsd63.org

**Contact Person** Angelica Schab **Title** Director of Family Services

**Grant Contact Person** Angelica Schab **Title** District 63 Foundation Liaison

**Phone** 847.827.4137 **Email** aschab@emsd63.org

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**Brief Description of Agency**

The District 63's out-of-school-time programs are operated by Expanded Learning. This academic year marks the 19<sup>th</sup> year of providing necessary services to the families of District 63. The District 63 Education Foundation (hereby referred to as The Foundation) exists to sustain programs delivered by Expanded Learning to the families of District 63 and Maine Township.

TLC, as Expanded Learning was named prior to rebranding in 2017, was established due to the receipt of a federal grant aimed at providing high quality and safe childcare after school. Today, our programs expand beyond after-school, incorporating before-school, school break camps, early dismissal day programs, summer camp as well as our open gym drop-in hours four days a week and basketball leagues. Maine Township's continued support of our program has helped it to remain a consistent element in the lives of our District families and residents of Maine Township. Many of whom rely on our programs to provide safe, quality, and affordable childcare for their school-aged children.

Expanded Learning provides youth, regardless of their family's economic situation, a place where they are exposed to enrichment, academics, and wellness. Youth participate in a wide-range of activities including home economics, science, technology, engineering, art, math (STEAM), service learning, character development, fitness, and mindfulness.

Affordable and quality childcare that helps bridge gaps in accessibility is only made better with the establishment of the Family Resource Center. The Expanded Learning office is now housed in this building and it will also serve as the hub for many of our youth programs throughout the year. This dedicated space provides youth with more opportunities and a place where they feel like they belong beyond the school bell.

Bridging accessibility concerns for our families is one of our goals and we see that we are meeting this goal by providing before-school program participants with transportation to their home schools so that their families can go to work knowing that their child is getting to school safely and on time. We provide youth in our after school programs with a snack every afternoon and our summer camp program provides youth with breakfast and lunch to

help ensure all of our youth are receiving a balanced meal, especially during the summer months. The Foundation and Expanded Learning programs work hard to meet the needs of our constituents and stakeholders, namely our youth and families.

**Agency Total Budget** \$55,000 **Amount requesting from Maine Township** \$50,000  
(Please provide a copy of your budget.)

**Agency Fiscal Year (e.g. March 2018-February 2019)** July 1, 2020 - June 30, 2021

**Total number of all unduplicated clients directly served during your last fiscal year** 1044

**Total number of unduplicated Maine Township clients directly served during your last fiscal year** 1035

**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?** 1035

**What is the approximate number of Maine Township clients referred to other agencies during your last fiscal year?** 10

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

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 their 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.

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

Year	Amount
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 scholarship and financial assistance to those who were in need, affording more youth with the opportunity to attend our programs. The funds were also used to support general 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.**

8. 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. 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 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.

**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 5019(c)(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.**

Through our continued partnership with East Maine School District 63, the Foundation is helping to establish the Family Education Series. This is a new program that brings a focus to families by offering several workshops for families, at no cost, in topics like nutrition, fitness, financial literacy, and more. These workshops will be held at the Family Resource Center at 9000 Capitol Drive, in Des Plaines.

**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.

The Foundation is led by a Board of volunteers. For operating purposes, the Foundation has 10-20 program volunteers throughout the year.

No. Please give specific reasons for not using volunteers.

23. Does your organization provide any bilingual services?

Yes. Please indicate languages.

Spanish and 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, 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. 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 maintain a partnership with Des Plaines Bank & Trust. They come and teach financial literacy to our summer camp participants and will lead some financial literacy workshops for families this coming year.

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	\$22,500	Annually – FY19	90%
Foundations			

<b>Private Donors</b>	<b>\$2,500</b>	<b>Annually FY19</b>	<b>10%</b>
<b>Federal</b>			
<b>State</b>			
<b>Municipalities</b>			
<b>Other Townships</b>			
<b>Other (list all)</b>			
<b>Total</b>			<b>100%</b>

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 not participated in fundraising efforts in the past year due to transitions of leadership (directors).

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 patrons' 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.

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

The Foundations program Expanded Learning has moved its main office to the (new) Family Resource Center. The benefits of this move to Expanded Learning programs are as follows:

- Dedicated space for programs in:
  - Recreation
  - Art
  - STEM
  - Fitness & Wellness
  - Literacy
  - Kindergarten-Age Youth
- Centralized location for District 63 residents

The Foundation also went through an administrative change with the departure of Brian Williams in early April and the arrival of Angelica Schab in late April, 2019.

Stevenson School, that used to be a site for Expanded Learning after school programs has been transformed to the Family Resource Center and now serves Gemini, Mark Twain, and Apollo School in the Expanded Learning after school programming.

The change of the D63 junior high school to a middle school and the addition of full day kindergarten created a need for more middle school and kindergarten-aged programming which is now available at Expanded Learning in the Family Resource Center.

In partnership with the District, the Foundation is able to extend our programming to youth and families by hosting a variety of adult workshops led by community partners.

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

1. **Administration & Administrative Support**                      Foundation: 0 Expanded Learning: 2
2. **Management of Service Providers**                              Foundation: 0 Expanded Learning: 1
3. **Direct Service Providers**    Foundation: 0 Expanded Learning: 24

32. **Number of certified staff members**   6

**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 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

**34. Number of licensed staff members 6**

**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

**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 affected negatively in that we would not be able to offer as much assistance to families in need of assistance. This 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 it most. The funds that we receive toward our scholarships helped to send a child with special needs to the entire summer camp program. This was an experience that this child would never otherwise have been afforded the opportunity to participate. He gained confidence in himself and made new friends through his time with Expanded Learning this past summer. If there were no funding to help those individuals who need us most, I am certain that this particular child would have not had the same opportunity to grow.

**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** \_\_\_\_\_

**By** \_\_\_\_\_  
**Its Authorized Representative**

**Printed Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**SUBSCRIBED and SWORN to**  
**before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_.

**Notary** \_\_\_\_\_





## Rates for the 2019/2020 School Year - Sliding Scale Fees

Tier 1 - Full Rate  
Tier 2 - Free/Reduced Rate  
Tier 3 - Fee Waiver Rate

Program Description	Tier 1 Rate	Tier 2 Rate	Tier 3 Rate
After School Academy (5FW5D)	\$ 260.00	\$ 247.00	\$ 234.00
After School Academy (5FW3D)	\$ 180.00	\$ 171.00	\$ 162.00
After School Academy (6FW5D)	\$ 390.00	\$ 370.50	\$ 351.00
After School Academy (6FW3D)	\$ 270.00	\$ 256.50	\$ 243.00
After School Academy (FE5D)	\$ 325.00	\$ 308.75	\$ 292.50
After School Academy (FE3D)	\$ 225.00	\$ 213.75	\$ 202.50
After School Academy (5WW5D)	\$ 275.00	\$ 261.25	\$ 247.50
After School Academy (5WW3D)	\$ 195.00	\$ 185.25	\$ 175.50
After School Academy (6WW5D)	\$ 412.50	\$ 391.88	\$ 371.25
After School Academy (6WW3D)	\$ 292.50	\$ 277.88	\$ 263.25
After School Academy (WE5D)	\$ 343.75	\$ 326.56	\$ 309.38
After School Academy (WE3D)	\$ 243.75	\$ 231.56	\$ 219.38
After School Academy (5SW5D)	\$ 260.00	\$ 247.00	\$ 234.00
After School Academy (5SW3D)	\$ 180.00	\$ 171.00	\$ 162.00
After School Academy (6SW5D)	\$ 390.00	\$ 370.50	\$ 351.00
After School Academy (6SW3D)	\$ 270.00	\$ 256.50	\$ 243.00
After School Academy (SE5D)	\$ 325.00	\$ 308.75	\$ 292.50
After School Academy (SE3D)	\$ 225.00	\$ 213.75	\$ 202.50
Early Bird Academy (W)	\$ 885.00	\$ 840.75	\$ 796.50
Early Bird Academy (E)	\$ 1,239.00	\$ 1,177.05	\$ 1,115.10
Winter Break Camp	\$ 100.00	\$ 95.00	\$ 90.00
Spring Break Camp	\$ 125.00	\$ 118.75	\$ 112.50
Summer Camp Academy	\$ 1,500.00	\$ 1,425.00	\$ 1,350.00
Early Dismissal Days	\$ 40.00	-	-
Soccer	\$ 50.00	\$ 47.50	\$ 45.00
Basketball League	\$ 75.00	\$ 71.25	\$ 67.50
Open Gym (per day)	\$ 1.00	-	-

## FY20 Annual Budget for District 63 Education Foundation

Revenue	
Grants	\$ 50,000.00
Program Fees	\$ -
Other Fundraising	\$ 5,000.00
<b>Total Revenue</b>	<b>\$ 55,000.00</b>

Expenses	
Supplies	\$ 250.00
Donations	\$ 50,000.00
Purchased Services	\$ 1,000.00
<b>Total Expenses</b>	<b>\$ 51,250.00</b>

Net Revenue	
<b>Total After Expenses</b>	<b>\$ 3,750.00</b>

## FY20 Annual Budget for Expanded Learning

Revenue	
Local Property Taxes	\$216,700.00
Contribution/ donation	\$50,000.00
Other Local Fees	\$325,000.00
Total Revenue	\$ 591,700.00

Expenses	
Foundation	\$0.00
Staff Salaries	\$118,000.00
Program Salaries	\$310,000.00
Benefits	\$64,200.00
Transportation	\$40,000.00
Supplies / Equipment	\$7,500.00
Purchased Services	\$52,000.00
Total Expenses	\$ 591,700.00

Net Revenue	
Total After Expenses	\$ -