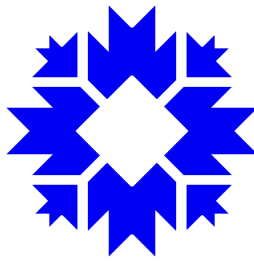


City of Bloomington Common Council

2025 Jack Hopkins Social Services Funding Program Applications

**Inclusive of Memo from Staff, Application Summaries, and Original
Submissions**



AGENDA & NOTICE
2025 JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
FIRST REVIEW OF APPLICATIONS
15 April 2025 - 6:00 pm

This meeting will be held in the Kelly Conference Room (RM #155, City Hall, 401 N. Morton St.) and may also be accessed electronically via Zoom at the following link:
<https://bloomington.zoom.us/j/88273978946?pwd=meGFQZCtak1aRki1kR8ndWVViT7pc0.1>

- I. **WELCOME**
- II. **DISCLOSURES OF CONFLICTS OF INTEREST**
- III. **REVIEW OF APPLICATIONS**
 - Determine which agencies to invite to present to the Committee
 - Of those agencies invited, develop any questions the Committee wishes the agency to address in the course of its presentation
- IV. **OTHER BUSINESS**
- V. **NEXT STEPS - JACK HOPKINS 2024 SCHEDULE *BOLD FIELDS* = Committee meeting**

APRIL

22nd (Tuesday, 6:00pm)

Agency Presentations

28th (Monday)

Committee Members submit recommended allocations and comments.

Please note: Each Committee members' recommended allocations and comments will be shared with the rest of the Committee and participating staff.

MAY

2nd (Friday)

Council staff turns around compiled recommended allocations and comments to the Committee and participating staff.

6th (Tuesday, 6:00 pm)

Pre-Allocation Meeting

16th (Friday, 4:00 pm)

Allocation Hearing

20th (Tuesday, 6:00 pm)

Debriefing Meeting

21th (Wednesday, 6:30 pm)

Council action on recommendations

JUNE

Early June

Agencies sign funding agreements

Mid-June – Date TBA

HAND Technical Assistance Meeting

- VI. **ADJOURNMENT**



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Post Office Box 100
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www.bloomington.in.gov/council

To: Members of the 2025 Jack Hopkins Social Services Committee
From: Lisa Lehner
Re: Applications for 2025 Jack Hopkins Social Services Funding
Date: 4 April 2025

Thank you very much for agreeing to serve on the Jack Hopkins Social Services Committee. We appreciate your interest in the program and the community.

Included herein, please find all applications for the 2025 Jack Hopkins Funding Cycle. Please recall that the Committee will meet in person at City Hall, in the Kelly Conference Room (#155) and via Zoom on **Tuesday, 15 April at 6:00 pm** to review all applications. If any Committee members intend to participate remotely, please notify staff ahead of time. The focus of the meeting will be to examine each application, determine from which agencies the Committee wishes to hear further, and of the agencies invited to present to the Committee, identify any questions the Committee wishes the agencies to answer in the course of their presentations. Committee members should also be prepared to disclose any conflicts of interest at this meeting. See below for guidance.

This year, 38 agencies submitted applications for funding. The applications were due by Friday, 21 March at 4pm. A Technical Assistance meeting was held in person at City Hall in the Allison Conference Room and via Zoom on Friday, 14 March, with approximately 7 participants in attendance.

As is typical, the requests for funding exceed the appropriated money the Jack Hopkins Committee has available to allocate. Collectively, the requests total **\$965,372.77**. This year, the **Committee has \$500,000 to distribute** – approximately **\$465,372.77** less than the total requested by all agencies. Because unused amounts from past funding cycles go back into the Jack Hopkins non-reverting fund, there may be additional funds available. Should the Committee wish to recommend allocation of *additional* available monies, including reverted 2024 monies, know that the Committee will need to ask the Mayor for an appropriation ordinance to do so. In the past, the Controller's Office has recommended that the Committee make such a request only after it makes its funding determinations.

Council staff have reviewed the applications to determine compliance with technical requirements, such as 501(c)(3) status, submission of required documentation, and compliance with the submission deadline. We have noted non-compliance or questions regarding the above along with any first-time applicants. Committee members are encouraged to review the original applications also, as they include important information not intended to be captured in the summaries, such as detailed project budgets, written estimates (where applicable), balance sheets, etc. Note also that the Hopkins application itself includes an "Other"

field where agencies can further elaborate on their request. This field is not included in the summary sheet and often provides instructive context.

Conflicts of Interest

In the interest of the April 15th meeting, please be prepared to disclose any special relationships that you, your spouse, or dependents may have with any of the agencies seeking funding. The term “special relationship” is vague, but is intended to include those relationships that would undermine the public (and agencies’) confidence in the process, if left undisclosed. My understanding is that, in the past, members of the Committee have disclosed those relationships at the initial review of applications, declared their intent to participate fairly, objectively and in the public interest given this relationship, and have participated in the relevant votes. The Committee may adopt other restrictions on participation at this meeting.

If any member has a pecuniary interest in, or derives a profit from, one of any of the current applications, then they must declare the conflict, refrain from voting and deliberating on the subject proposal, and complete a State-proscribed conflict of interest form to be filed by staff. Failure to do so is a Level 6 Felony. I.C. § 35-44.1-1-4. A public servant has a pecuniary interest in a contract or purchase if the contract or purchase will result in, or is intended to result in, an ascertainable increase in the income or net worth of the public servant or a dependent of the public servant who is under the direct or indirect administrative control of the public servant; or receives a contract or purchase order that is reviewed, approved, or directly or indirectly administered by the public servant.

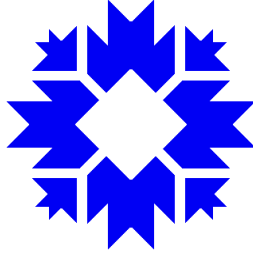
Please contact me at lisa.lehner@bloomington.in.gov in advance of the meeting if you believe or question whether any of the disclosures above should be made.

Thank you for your service and we look forward to seeing you at the meeting!

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ReStore / Habitat for Humanity	\$35,000.00	121, 892
Stone Belt / Down Syndrome Family Connection	\$6,000.00	125, 945

TOTAL REQUEST (All applications)

\$965,372.77



**City of Bloomington
Office of the Common Council**

Jack Hopkins 2025

Individual Application Summaries

APPLICATION SUMMARY

Name of Lead Agency:

Amethyst House

Name of Project to be Funded:

Residential Restorations

Amount Requested:

\$20,025

Number of City Residents Served:

150

Number of Employees:

Full-Time	Part-Time	Volunteers
16	16	2

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Amethyst House provides a foundation for recovery by partnering with individuals, families, and communities impacted by substance-use disorders, offering high-quality residential and outpatient treatment services and guidance for healthy living.

Project Synopsis:

At the Women's house restore deteriorated lap siding then repaint. At the Men's House interior painting for bedrooms and hallways and removal of tree to prevent any damage to the home.

Need Addressed: (i.e. food, shelter, childcare)

Healthcare for those with substance abuse diagnosis

Type of Funding Sought: (check all that apply)

☒ Capital Investment

☐ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☐ Collaborative

Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Restoration -Women's House	11,720
2. Restoration - Men's House	6,730
3. Tree Removal - Men's House	3,575
4.	
5.	
6.	
Total Requested	20,025
Total Project Cost	22,025

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? Not signed but estimates included

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Beacon, Inc.

Name of Project to be Funded:

Emergency Shelter for Women

Amount Requested:

\$29,351.88

Number of City Residents Served:

215

Number of Employees:

Full-Time	Part-Time	Volunteers
21	11	96

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Beacon is a solutions-driven, antipoverty organization, dedicated to aiding and empowering people experiencing extreme poverty, especially hunger and homelessness.

Project Synopsis:

Beacon requests operational support as well as funding for storage equipment for our overnight shelter, Friend's Place, in order to continue to provide high-quality services at our region's largest emergency shelter for women.

Need Addressed: (i.e. food, shelter, childcare)

Shelter

Type of Funding Sought: (check all that apply)

☒ Capital Investment

☐ Operational Funds

☒ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name		Cost
1.	Operational funding	\$27,280.00
2.	Storage equipment (shelves, totes, locks, crates)	\$2,071.88
3.		
4.		
5.		
6.		
Total Requested		\$29,351.88
Total Project Cost		\$313,300.17

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES
Completed Application Summary? YES
Project Budget? YES
Year-End Financial Statement? YES
Signed, Written Estimates if seeking capital improvements? Not signed but estimates included
501(c)(3) status? YES
First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Big Brothers Big Sisters of South Central Indiana

Name of Project to be Funded:

Part-Time Community Relationship Specialist

Amount Requested:

\$22,000

Number of City Residents Served:

250+

Number of Employees:

Full-Time	Part-Time	Volunteers
3	2	100+

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

At Big Brothers Big Sisters of South Central Indiana (BBBSCI) our mission is to create and support one-to-one mentoring relationships to ignite the power and promise of youth. Our vision is for every child to have the opportunity to reach their full potential.

Project Synopsis:

We are requesting \$22,000 to fund a part-time Community Relationship Specialist. This role will expand our capacity to process, recruit, and match volunteers with youth. By reducing wait times and increasing volunteer engagement, this position will ensure more children receive the mentorship they deserve.

Need Addressed: (i.e. food, shelter, childcare)

Our project focuses on mentoring at-risk youth from unstable home environments. Through reducing waitlists, enhancing volunteer onboarding, and expanding volunteer recruitment, we aim to deliver transformative mentorship that fosters youth development, mitigates risky behaviors, and creates lasting, positive outcomes.

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☒ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Personnel	\$17,000
2. Child Safety Training for employee	\$3,500
3. Technology & Operational Fees associated with employee	\$1,500
4.	
5.	
6.	
Total Requested	\$22,000
Total Project Cost	\$22,000

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Bloomington Cooperative Living

Name of Project to be Funded:

HVAC Upgrades

Amount Requested:

\$15,367

Number of City Residents Served:

20

Number of Employees:

Full-Time	Part-Time	Volunteers
0	1	75+

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Bloomington Cooperative Living creates and maintains affordable, communal housing in Bloomington, Indiana that is democratically controlled by residents.

Project Synopsis:

Bloomington Cooperative Living, Inc. is requesting \$15,367 to help fund new, energy-efficient, heating and cooling systems for one of the two largest homes in the cooperative, housing around 20 members. The new HVAC systems will allow for a more energy and cost-efficient home in the long term, which will benefit our organizational goal of creating more affordable housing in the Bloomington area.

Need Addressed: (i.e. food, shelter, childcare)

BCL aims to create a sustainable, inclusive, and affordable living environment that fosters community engagement and empowers residents. We provide ~85 affordable housing units designed to meet the diverse needs of our community, especially for those that identify as LGBTQAI+.

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☐ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Upstairs Energy Star Tempstar System	\$14,593.00
2. Basement 1 Energy Star Tempstar System	\$13,320.00
3. Basement 2 Energy Star Tempstar System	\$13,320.00
4.	
5.	
6.	
Total Requested	\$15,367
Total Project Cost	\$41,233

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? NO

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? Not signed but estimates included

501(c)(3) status? Provided 501(c)(4) proof, but confirmed 501c3 elsewhere

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Bloomington St. Vincent de Paul serving Monroe CO

Name of Project to be Funded:

Emergency Utilities Assistance Project

Amount Requested:

\$30,000

Number of City Residents Served:

120 households (360 individuals)

Number of Employees:

Full-Time	Part-Time	Volunteers
0	0	70

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Through our emergency utilities assistance program, we intend to prevent service disconnections, offering support based on client need and available resources. Our goal is to enhance the stability and well-being of families, helping them overcome financial hardships and remain safely in their homes.

Project Synopsis:

We are requesting \$30,000 to provide utility bill assistance, including electricity, water, and gas, to Bloomington city residents facing financial hardship. Our financial assistance, combined with our ability to negotiate payment plans with utility providers, will help ensure that families maintain essential utilities services and remain in their homes.

Need Addressed: (i.e. food, shelter, childcare)

Our funding request focuses on basic services related to shelter for low income, elderly, affected with a disability, or otherwise disadvantaged City residents. This funding will ensure essential utilities remain connected for heating and cooling, medical equipment, food preservation, hygiene, lighting, and technology use.

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☐ Operational Funds

☒ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Assist 120 households with their utility bills (\$250 each)	\$30,000
2.	
3.	
4.	
5.	
6.	
Total Requested	\$30,000
Total Project Cost	\$75,500

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Boys & Girls Clubs of Bloomington

Name of Project to be Funded:

BGCB - Ellettsville Club Long Term Lease

Amount Requested:

\$20,000

Number of City Residents Served:

1,424

Number of Employees:

Full-Time	Part-Time	Volunteers
38	40	263

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

The mission of the Boys & Girls Clubs of Bloomington (BGCB) is to empower all young people, especially those who need us most, to reach their full potential as caring, productive, responsible citizens.

Project Synopsis:

We are requesting \$20,000 for unanticipated monthly utility expenses related to entering into a long-term lease agreement with Richland Bean Blossom Community School Corporation for the Ellettsville Club location.

Need Addressed: (i.e. food, shelter, childcare)

Childcare

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☐ Operational Funds

☒ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name		Cost
1.	Monthly Electric (utility bill)	\$7,570.08
2.	Annual Lawn Care (ext. maintenance)	\$2,500.00
3.	Monthly Water & Sewer (utility bill)	\$2,119.32
4.	Annual Mulch/Playground Cleanup (ext. maintenance)	\$2,000.00
5.	Annual Snow Removal (ext. maintenance)	\$1,500.00
6.	Monthly Water (utility bill)	\$1,173.06
7.	Monthly Gas (utility bill)	\$1,166.40
8.	Monthly Gas (utility bill)	\$1,052.52
9.	Monthly Trash (utility bill)	\$531.42
10.	Monthly Electric (utility bill)	\$271.26
11.	Monthly Phone/Internet	\$117.24
Total Requested		\$20,001.30
Total Project Cost		\$40,002.60

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Catholic Charities Bloomington

Name of Project to be Funded:

Pathways to Possibility: Early Intervention to Reduce the Impact of Adverse Childhood Experiences

Amount Requested:

\$20,000

Number of City Residents Served:

187

Number of Employees:

Full-Time	Part-Time	Volunteers
4	4	7

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

The mission of Catholic Charities Bloomington Counseling Services is to serve all individuals, all couples, and all families by increasing accessibility to quality mental health care in our community.

Project Synopsis:

CCB is requesting \$20,000 to invest in services (EMDR and play therapy) for children with adverse childhood experiences (ACEs), helping mitigate the negative impacts of trauma on children's mental, physical, and social health in the present and into the future.

Need Addressed: (i.e. food, shelter, childcare)

mental-health care for children and youth

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☒ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Staffing Costs (Salaries + FICA)	\$ 43,967.00
2. Office Rental	\$3,823.00
3.	
4.	
5.	
6.	
Total Requested	\$20,000
Total Project Cost	\$47,790

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES
Completed Application Summary? YES
Project Budget? YES
Year-End Financial Statement? YES
Signed, Written Estimates if seeking capital improvements? Not signed but estimates included
501(c)(3) status? NOT CONFIRMED
First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Courage to Change Sober Living

Drug Tests

Name of Project to be Funded:

\$3050

Amount Requested:

Drug Tests: 41-56

Number of City Residents Served:

Number of Employees:

Full-Time	Part-Time	Volunteers
	4	

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Courage to Change Sober Living provides safe, low barrier, affordable staff and peer supported transitional sober living housing to those suffering from substance use disorder in Bloomington and Monroe County.

Project Synopsis:

Drug Tests: Continue to provide enough drug tests to administer random drug testing to our residents to aid in their recovery journey and for the safety of other residents in our houses.

Need Addressed: (i.e. food, shelter, childcare)

Shelter	
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Type of Funding Sought: (check all that apply)

Capital Investment

☒ Operational Funds

Bridge Funding

Pilot Project

Collaborative Project

--

Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
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1 Drug tests	\$3050
Total Requested	\$3050
Total Project Cost	\$3050

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES
Completed Application Summary? YES
Project Budget? YES
Year-End Financial Statement? YES
Signed, Written Estimates if seeking capital improvements? N/A
501(c)(3) status? YES
First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Community Justice & Mediation Center (CJAM)

Name of Project to be Funded:

Eviction Prevention Project (EPP): Mediation, Case Management, and Tenant Support

Amount Requested:

\$22,210

Number of City Residents Served:

200+

Number of Employees:

Full-Time	Part-Time	Volunteers
1	2	55

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Our mission is to promote a civil and just community through mediation, education, and restorative justice. We envision a fair community that learns from conflict, prevents harm, and grows in understanding

Project Synopsis:

We are requesting \$22,210 to support staffing for CJAM's Eviction Prevention Project (EPP), which provides free mediation, case management, and eviction diversion services in Bloomington and Monroe County. This funding ensures tenants and landlords receive critical support before, during, and after court, including mediation, referrals, and housing assistance. By reducing evictions, EPP aligns with the 2020-2024 Bloomington Consolidated Plan and Heading Home Plan to prevent homelessness and support low-income renters. Jack Hopkins funding will sustain this vital work, keeping families housed and financially secure.

Need Addressed: (i.e. food, shelter, childcare)

Shelter

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☒ Operational Funds

☒ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Staff Salary	\$20,560
2. Program Technology & Equipment	\$650
3. Indirect Costs	\$1,000
4.	
5.	
6.	
Total Requested	\$22,210
Total Project Cost	\$71,074

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES
Completed Application Summary? YES
Project Budget? YES
Year-End Financial Statement? YES
Signed, Written Estimates if seeking capital improvements? N/A
501(c)(3) status? YES
First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Community Kitchen of Monroe County, Inc.

Name of Project to be Funded:

Essential Food Purchase

Amount Requested:

\$20,000

Number of City Residents Served:

3563

Number of Employees:

Full-Time	Part-Time	Volunteers
5	15	120/week

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Community Kitchen's mission is to work, alone and in collaboration with others, to eliminate hunger in Monroe County and surrounding areas through direct service, education and advocacy.

Project Synopsis:

We are requesting \$20,000 to purchase food items essential to our efforts to provide healthy, nutritious meals to our community's most vulnerable residents.

Need Addressed: (i.e. food, shelter, childcare)

Food

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☒ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Food Purchase	\$20,000
2.	
3.	
4.	
5.	
6.	
Total Requested	\$20,000
Total Project Cost	\$158,792

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES
Completed Application Summary? YES
Project Budget? YES (minimal)
Year-End Financial Statement? YES
Signed, Written Estimates if seeking capital improvements? N/A
501(c)(3) status? YES
First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Crested Hill Refuge

Name of Project to be Funded:

Crested Hill Refuge Addressing Mental Health

Amount Requested:

\$199,860

Number of City Residents Served:

175

Number of Employees:

Full-Time	Part-Time	Volunteers
1	1	22

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Vision:

We prioritize diversity, equity, and inclusion, believing everyone deserves equal access to the resources each person or animal needs to thrive, and aim to create a transformative haven where all sentient beings have a safe space to heal.

Mission:

We encourage personal growth and healing of mind, body, and spirit, meeting the unique needs of each individual through equine assisted wellness sessions. We offer mounted and unmounted EAL (Equine Assisted Learning) and EAC (Equine Assisted Counseling) services.

Project Synopsis:

We are requesting \$199,560 to enable us to increase our capacity to provide services for clients in need of mental health resources.

This project will provide equine assisted wellness services to client referrals from IU Health facilities in Bloomington and other local agencies including but not limited to Family and Social Services, schools in the area, and other key players trying to meet the needs of marginalized people.

Priority is given to people living in poverty, to those with substantial emotional disturbances, and those struggling to have access to mental health care. Fees for services provided is calculated on a sliding scale according to income and household size, ensuring there is minimal expense to those who cannot afford mental health care.

Each client's unique wellness needs are assessed by staff and volunteer professionals at the initial intake, and a plan of care formulated with goals and objectives. After the initial intake, clients return for equine assisted wellness sessions for at least 8 weeks of services, depending on the participants' needs and goals of care.

Need Addressed: (i.e. food, shelter, childcare)

--

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☒ Operational Funds

☐ Bridge Funding

☒ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

--

Itemized Costs: (in order of priority)

Item Name	Cost
1.	
2.	
3.	

4.	
5.	
6.	
Total Requested	
Total Project Cost	

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? NO Agency did not include application summary with application – this summary was filled out by Council Staff based on the agency’s completed application for the convenience of the committee

Project Budget? YES

Year-End Financial Statement? NO (new organization, may not have financial statement yet)

Signed, Written Estimates if seeking capital improvements? Yes, not signed though

501(c)(3) status? YES

APPLICATION SUMMARY

Name of Lead Agency:

El Centro Comunal Latino

Name of Project to be Funded:

La Escuelita Para Todos

Amount Requested:

\$3,000

Number of City Residents Served:

Approximately 50 (via this project)

Number of Employees:

Full-Time	Part-Time	Volunteers
1		14

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

El Centro Comunal Latino (CCL) (La Central Latina) is a grassroots, community-based organization that seeks to provide an accessible and safe space for all Latines, including children and families, focusing on Spanish-speaking people to find information, access to resources, and a place to hold community events.

Project Synopsis:

La Escuelita Para Todos is a Spanish heritage language program that focuses on developing biliteracy skills in Latine children and to support families via the presentation and discussion of topics that impact areas of education, disability, and health as these pertain to their children and families.

Need Addressed: (i.e. food, shelter, childcare)

Education

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☒ Operational Funds

☐ Bridge Funding

☒ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Childrenb's books in Spanish and literacy materials in Spanish	\$2750
2. Educational materials (e.g. paper, markers, whiteboards, pencils, notebooks, folders)	\$1000
3. printer	\$250
4.	
5.	
6.	
Total Requested	\$4000
Total Project Cost	\$4000

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Exodus Refugee Immigration, Inc.

Name of Project to be Funded:

Emergency Assistance Program

Amount Requested:

\$15,000

Number of City Residents Served:

15

Number of Employees:

Full-Time	Part-Time	Volunteers
6	0	30

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Exodus Refugee Immigration is dedicated to the protection of human rights by serving the resettlement needs of refugees and other displaced people fleeing persecution, injustice, and war by welcoming them to Indiana.

Project Synopsis:

Exodus Refugee Immigration kindly requests \$15,000 to support its Emergency Assistance Program. The Emergency Assistance Program assists refugees resettled in Bloomington, who are struggling to meet their basic needs, such as housing and food, while working toward self-sufficiency and supporting their families.

Need Addressed: (i.e. food, shelter, childcare)

Through the Emergency Assistance Program, Exodus will address the following social service needs: a good place to live - housing, building self-sufficiency, economic self-sufficiency, economic challenges facing vulnerable populations, ensuring prenatal care

and infant health, hunger and food insecurity, emergency and transitional shelter, clothing, and crisis services for refugees.

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☐ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☒ Other (Please Specify) Emergency Assistance Program funding

Itemized Costs: (in order of priority)

Item Name	Cost
1. Emergency Assistance – For vulnerable refugees to cover basic need expenses, such as rent & utilities, childcare, medical expenses, food, seasonal & work clothing, etc., while they work toward self-sufficiency.	\$150,000
2.	
3.	
4.	
5.	
6.	
7.	
Total Requested	\$15,000
Total Project Cost	\$150,000

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Girls Inc. of Monroe County

Name of Project to be Funded:

Strong, Smart, and Bold: Building Future Leaders in Bloomington

Amount Requested:

\$45,000

Number of City Residents Served:

490

Number of Employees:

Full-Time	Part-Time	Volunteers
17	14	88

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Girls Inc. of Monroe County inspires all girls to be strong, smart, and bold.

Project Synopsis:

We are requesting \$45,000 to support personnel expenses, program costs, and participant scholarships for our youth development programs, which provide critical academic, mental health, and leadership support to girls ages 5-13 in Bloomington and surrounding Monroe County. These funds will ensure trained staff can continue delivering high-impact services, including STEAM education, social-emotional learning, physical wellness activities, and affordable out-of-school enrichment programs.

Need Addressed: (i.e. food, shelter, childcare)

Childcare, youth development, mental health support, education enrichment, and leadership development for girls from low-income and marginalized backgrounds.

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☒ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Personnel Expenses	\$35,000
2. Program Materials & Supplies	\$5,000
3. Summer Camp Scholarships	\$5,000
4.	
5.	
6.	
Total Requested	\$45,000
Total Project Cost	\$1,515,958

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Habitat for Humanity of Monroe County

Name of Project to be Funded:

Truck for Habitat Construction

Amount Requested:

\$21,550

Number of City Residents Served:

910

Number of Employees:

Full-Time	Part-Time	Volunteers
13	7	~1,255

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Our mission is to expand affordable housing opportunities by partnering with people in our community. Our vision is a world where everyone has a decent place to live.

Project Synopsis:

We are requesting funds to purchase a used three-quarter ton, 4-wheel drive pickup truck (Ford F250 or Chevy/GM Silverado 2500) to expand our construction team's capacity to build affordable homes. These funds will also be utilized for the title, registration, and branded vehicle decal.

Need Addressed: (i.e. food, shelter, childcare)

Monroe County faces a critical shortage of affordable housing, disproportionately impacting low-income families and people of color. Habitat for Humanity of Monroe County addresses this need by building safe, stable, and affordable homes, directly supporting a documented community priority.

Type of Funding Sought: (check all that apply)

☒ Capital Investment

☐ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Used three-quarter ton, four-wheel drive pickup truck	\$21,000.00
2. Title and registration	\$200.00
3. Branded vehicle decal/wrap	\$350.00
4. Estimated gas costs for the first year	\$1,500.00
5. Estimated routine maintenance costs for the first year	\$500.00
6.	
Total Requested	\$21,550.00
Total Project Cost	\$23,550.00

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? YES (not signed but included)

501(c)(3) status? **UNABLE TO CONFIRM CURRENT 501c3 STATUS FOR MONROE COUNTY BRANCH**

First time Applicant? YES

APPLICATION SUMMARY

Name of Lead Agency:

Healing Hand Outreach Center

Name of Project to be Funded:

Hope and Health (Food and Hygiene) To-Go Bags Initiative

Amount Requested:

\$9,273.60

Number of City Residents Served:

900

Number of Employees:

Full-Time	Part-Time	Volunteers
0	3	35

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Healing Hands Outreach Center is a 501(c)(3) nonprofit organization committed to addressing homelessness and poverty. Through our Hope and Health To-Go Bags Initiative, we are striving to provide essential food and hygiene products to individuals experiencing homelessness, ensuring dignity and support. Our services are offered unconditionally, with no requirement for religious affiliation or belief. Religious activities are separate in time and place from the provision of services.

Project Synopsis:

Project Synopsis: Healing Hands Outreach Center is requesting \$9,273.60 to support the Hope and Health To-Go Bags Initiative. This project aims to assemble and distribute 960 to-go bags containing essential food and hygiene products for Bloomington's unhoused population over a 24-week period. These bags will provide supplemental food when local food pantries are unavailable, ensuring improved access to nutrition and hygiene. Each bag will include water, food items, and hygiene products such as hand sanitizer, toothpaste, and a toothbrush, all packaged in a reusable backpack.

Need Addressed: (i.e. food, shelter, childcare)

Type of Funding Sought: (check all that apply)

- ☐ Capital Investment
- ☐ Operational Funds
- ☐ Bridge Funding
- ☐ Pilot Project
- ☐ Collaborative Project
- ☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1.	
2.	
3.	
4.	
5.	
6.	
Total Requested	
Total Project Cost	

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? Agency provided their own app summary but not on the document that was provided (this one) - this summary was filled out by Council Staff based on the agency's completed application for the convenience of the committee

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

APPLICATION SUMMARY

Name of Lead Agency:

Hoosier Hills Food Bank

Name of Project to be Funded:

Supplemental Healthy Food Purchasing

Amount Requested:

\$35,000.00

Number of City Residents Served:

15,000

Number of Employees:

Full-Time	Part-Time	Volunteers
17	0	11,920

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

To rescue and collect food and distribute it to those in need through a network of partner agencies and direct service programs.

Project Synopsis:

HHFB will supplement its food rescue and donation programs with targeted purchases of additional

Need Addressed: (i.e. food, shelter, childcare)

HHFB's goal is to reduce hunger and food insecurity by providing nutritious food to those who may have difficulty accessing it on a regular basis.

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☒ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Food Purchasing	\$35,000.00
2.	
3.	
4.	
5.	
6.	
Total Requested	\$35,000.00
Total Project Cost	\$410,279.00

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Indiana Recovery Alliance

Name of Project to be Funded:

Grant Manager Position

Amount Requested:

\$20,000

Number of City Residents Served:

3,300

Number of Employees:

Full-Time	Part-Time	Volunteers
5	3	5

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

The Indiana Recovery Alliance operates under the philosophy of harm reduction to educate the community and to promote the health and dignity of the individuals and communities impacted by drug use. We respectfully collaborate with people to assist in any positive change, as a person defines it for themselves, beginning where the person is at with no biases or condemnations for the person's chosen lifestyle. Our efforts advance policies, practices and programs that address the adverse effects of drug use including overdose, HIV, hepatitis C, substance use, and incarceration.

Project Synopsis:

The Indiana Recovery Alliance is seeking a one time capital investment of \$20,000 to establish a full time Grant Manager position to further our goal of long term financial stability. The position will begin as part-time and advance to full-time after an adjustment period. The Grant Manager will work closely with the Executive Director to identify, develop applications, track reporting requirements, and ensure proper submission of all reports for current and future grants. As the IRA continues to expand, the need for dedicated grant management has become critical. Currently, grant

responsibilities are distributed to the Executive Director who is already at capacity with day-to-day administrative duties. Through the creation of a dedicated Grant Manager position, we will increase the IRA's capacity to seek and secure more sustainable funding for overdose prevention, harm reduction outreach, hepatitis C and HIV testing (in collaboration with PositiveLink), referrals for community resources, and connecting individuals to recovery services.

Need Addressed: (i.e. food, shelter, childcare)

SCAN, 40% of area providers' clients face substance use disruptions in their life, and 20-30% encounter barriers to substance use treatment (p. 106-107). The 2020-2024 Consolidated Plan identifies supportive services for vulnerable populations facing substance use issues as high priority alongside other services (p. 32-33, 54, 73). As the region's primary harm reduction provider, we distribute safer use supplies, naloxone, and offer referrals to recovery, housing, and healthcare, free of charge. We are Indiana's largest peer-to-peer naloxone distributor, having provided over 100,000 doses, with participants reporting over 2,446 overdose reversals. Having a Grant Manager position directly addresses these social service gaps by ensuring the IRA's sustainability. This role will simultaneously ensure funding for these critical services remain available while freeing up time for the ED to focus on organizational strategy, staff management, development, and mentorship of other harm reduction providers across the nation to become model harm reductionists in their community.

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☐ Operational Funds

☐ Bridge Funding

☒ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Grant Manager Salary	\$20,000
2.	
3.	
4.	

5.	
6.	
Total Requested	\$20,000
Total Project Cost	\$60,000

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Lantern Support Services

Name of Project to be Funded:

Kinship Families Project

Amount Requested:

\$18,400

Number of City Residents Served:

20-25 Families

Number of Employees:

Full-Time	Part-Time	Volunteers
		~40

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

At Lantern, our mission is to support foster, kinship, collaborative care, and adopted individuals and families by providing hands-on help, programming, and resources.

Project Synopsis:

Kinship Families Project seeks to support Kinship families as they care for our youth via support groups, therapy, meals and mentoring.

Need Addressed: (i.e. food, shelter, childcare)

Youth and Poverty

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☐ Operational Funds

☐ Bridge Funding

☒ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Salary	19,200
2. Banneker Center	960
3. Hospitality	240
4.	
5.	
6.	
Total Requested	20,400
Total Project Cost	20,400

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? NO – New org, may not have any financial statements

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

First time Applicant? YES

APPLICATION SUMMARY

Name of Lead Agency:

Monroe County CASA, Inc.

Name of Project to be Funded:

CASA Cares Network program

Amount Requested:

\$6,400

Number of City Residents Served:

90+

Number of Employees:

Full-Time	Part-Time	Volunteers
7	1	73

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Monroe County Court Appointed Special Advocates is a non-profit organization that recruits, trains, and supervises court-appointed volunteers to advocate for children who are involved in juvenile court due to abuse or neglect. Volunteer advocacy is based on the belief that all children are entitled to a safe and permanent home.

Project Synopsis:

Since 2020, CASA has experienced a significant reduction in its volunteer numbers. With a current waitlist of 38 cases, we have over 60 children waiting for advocacy. CASA is seeking to recruit and retain additional volunteers to advocate for children, because all children should have a voice in these cases. Given the formidable nature of the cases for which CASAs advocate, and the secondary trauma experienced by our volunteers, CASA is requesting \$5,400 (\$225/session) to pay for group process therapeutic services with Spencer Psychology. This would be seed money for a new program that supports current and future advocates' mental health in partnership with Spencer Psychology. Additionally, CASA is requesting \$1,000 to purchase gas cards(\$25 increments) to

expand its volunteer pool by making it more affordable to volunteer with our organization.

Need Addressed: (i.e. food, shelter, childcare)

Mental health support and financial support for volunteers within their role as an advocate

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☐ Operational Funds

☐ Bridge Funding

☒ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Fees for therapeutic group process with Dr. Jennifer Spencer	5,400
2. Gas cards for volunteers	2,000
3.	
4.	
5.	
6.	
Total Requested	6,400
Total Project Cost	7,400

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? NO (vaguely outlined in application)

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

MONROE COUNTY HUMANE ASSOCIATION

Name of Project to be Funded:

CRITICAL PET CARE RESOURCES FOR VULNERABLE FAMILIES

Amount Requested:

\$13,000

Number of City Residents Served:

1,250

Number of Employees:

Full-Time	Part-Time	Volunteers
7	8	98

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Monroe County Humane Association supports and advocates for the welfare of companion animals and the human-animal bond through its non-profit veterinary clinic, education, and community outreach programs.

Project Synopsis:

Crisis housing, pet food assistance, and spay/neuter services for pets in low-income households, ensuring they receive essential care and remain with their families. As the **only organization in South Central Indiana offering these comprehensive services** in one place, MCHA fills a critical gap, preventing pet surrender, reducing overpopulation, and supporting vulnerable residents in times of crisis.

Need Addressed: (i.e. food, shelter, childcare)

MCHA's programs address the **urgent needs of pets in Bloomington**, directly contributing to **improved food security, housing stability, and public health** by ensuring that pets receive essential care, remain with their families, and do not enter overcrowded shelters.

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☒ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Vaccinations, Medications, Prevention, Treatments for Pets in Crisis Housing Program	\$5,000
2. Food for Pets in Crisis Housing & for the Pet Food Pantry program	\$5,000
3. Spay & Neuter Surgeries for Cats & Dogs	\$3,000
4.	
5.	
6.	
Total Requested	\$13,000
Total Project Cost	\$139,500

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES
Completed Application Summary? YES
Project Budget? YES
Year-End Financial Statement? YES
Signed, Written Estimates if seeking capital improvements? N/A
501(c)(3) status? YES
First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Name of Project to be Funded:

Amount Requested:

Number of City Residents Served:

Number of Employees:

Full-Time	Part-Time	Volunteers
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Project Synopsis:

Need Addressed: (i.e. food, shelter, childcare)

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☐ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1.	
2.	
3.	
4.	
5.	
6.	
Total Requested	
Total Project Cost	

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? NO – NOT FILLED OUT

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? NOT REALLY – just a screenshot of the cost of a greenhouse

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

New Hope for Families

Name of Project to be Funded:

Early Learning Center Outdoor Classroom Shade Sails

Amount Requested:

29930

Number of City Residents Served:

150+ during funding period, 2000 minimum over equipment lifetime

Number of

Employees:

Full-Time	Part-Time	Volunteers
20	11	20

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

New Hope for Families provides shelter and early learning programs to keep families together and lift every child into a promising future.

Project Synopsis:

New Hope for Families requests \$29,930 for shade sails in our Early Learning Center's outdoor classrooms. New Hope is our community's homeless shelter for families with children. When a family and child face sleeping outside or in a vehicle, we intervene with emergency shelter and help people find a lease in their name that they can afford. More than 80% do, and they do so on average in 90 days. Our success is only possible because we help families get affordable childcare at our Early Learning Center (ELC), so they can attain and maintain income to afford their next lease.

Our ELC's outdoor classrooms are on the North side of our building with no natural shade, and need these structures to extend outdoor learning time on hot days. Outdoor learning is a requirement and best practice for highly accredited centers like ours. Shade sails have a useful life of more than 25 years and are warranted for 10.

Need Addressed: (i.e. food, shelter, childcare)

Childcare, Affordable Housing

Type of Funding Sought: (check all that apply)

☒ Capital Investment

☐ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Fabrication of Shade Sails	17930
2. Installation	10000
3. Freight	2000
4.	
5.	
6.	
Total Requested	29930
Total Project Cost	70,532

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

APPLICATION WAS SUBMITTED 8 MINUTES LATE.

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? SUBMITTED SEPARATELY FROM APP AND 7 DAYS LATE

Signed, Written Estimates if seeking capital improvements? YES

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

New Leaf, New Life

Name of Project to be Funded:

Reentry Mentorship Program

Amount Requested:

\$6,328.90

Number of City Residents Served:

1,500

Number of Employees:

Full-Time	Part-Time	Volunteers
3	0	~10

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

New Leaf, New Life is an organization that provides services to people who are currently and formerly incarcerated. We offer resources to all persons impacted by the legal system and provide support to people before, during and after transitioning back into the community. Our vision is transformative justice, collaboration, advocacy and accountability.

Project Synopsis:

We are requesting \$6,328.90 for men's jeans, underwear, shoes and shirts to supplement our Reentry Mentorship Program. Our Reentry Mentorship case managers provide free services to our participants who are some of our community's most vulnerable due to histories of incarceration and substance use disorder. We offer these individuals access to treatment applications for substance use treatment programs, housing lists, employment lists and direct referrals, birth certificates, bus tickets, hygiene and clothing. Our Reentry Mentorship Program offers many tools to participants who request assistance in navigating the many barriers in place during both incarceration and reentry

post-release. Through our program, we aim to continue reducing local recidivism rates and work to complete goals that can ultimately result in decreased arrest rates.

Need Addressed: (i.e. food, shelter, childcare)

Meeting the Essentials: shelter, employment, housing, substance use treatment, personal care, clothing, SNAP/HIP, low income populations.

Type of Funding Sought: (check all that apply)

Capital Investment

Operational Funds

X Bridge Funding

Pilot Project

Collaborative Project

Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Size 30x32 Jeans (100 pair)	\$1,398.00
2. Size 10 Shoes (50 pair)	\$749.00
3. Size 32x32 Jeans (100 pair)	\$1,398.00
4. Size 10.5 Shoes (50 pair)	\$749.00
5. Underwear/Boxer Briefs (300 pair)	\$689.40
6. Jackets/Outerwear (50)	\$496.50
7. Tee Shirts (300)	\$849.00
Total Requested	\$6,328.90
Total Project Cost	\$68,828.90

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application?

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Pantry 279, Inc.

Name of Project to be Funded:

Food Delivery and Children's Food

Amount Requested:

\$12,000

Number of City Residents Served:

8,833

Number of Employees:

Full-Time	Part-Time	Volunteers
2	9	16

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Pantry 279 operates a holistic, low-barrier food pantry distributing food items, household items, health & beauty items and other basic incidentals for low income individuals living in south central Indiana.

Project Synopsis:

We are requesting \$12,000 to be used to support the Children's Summer Food Program and the cost of food deliveries. For the Children's Summer Food Program, Funds will be used to help purchase kid-friendly foods that children like and can easily fix without adult supervision. Examples are ready-to-eat foods and microwavable foods. Other than food, additional program costs include gas and staff to run the program.

Funds will also be used to help cover the costs of delivering food to low income marginalized individuals and families in Bloomington. We deliver food to veterans, older adults, disabled individuals, homebound, homeless, grandparents raising grandchildren, youth, and children. Delivery costs include vehicle maintenance, gas and delivery staff.

Need Addressed: (i.e. food, shelter, childcare)

food

Type of Funding Sought: (check all that apply)

☐

Capital Investment

☐

Operational Funds

☒

Bridge Funding

☐

Pilot Project

☐

Collaborative Project

☐

Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name		Cost
1.	Food	8,000
2.	Program & Delivery Staff	1,200
3.	Delivery Vehicle Gas	800
4.	Delivery Vehicle Maintenance Costs	2,000
5.		
6.		
Total Requested		12,000
Total Project Cost		34,000

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Pathways, Inc.

Name of Project to be Funded:

Compass ELC Classroom Upgrades

Amount Requested:

\$42,000

Number of City Residents Served:

74

Number of Employees:

Full-Time	Part-Time	Volunteers
31	0	95

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Pathways, formerly known as Monroe County United Ministries (MCUM), is a non-profit organization whose mission is to provide high-quality, affordable education and economic mobility for families. The cornerstones of our organization are the Compass Early Learning Center (Compass) and the Family Resource Center (FRC), which work together to address the root causes of generational poverty in Bloomington.

Project Synopsis:

Pathways is requesting \$42,000 to replace furniture and educational and development resources in two of our Compass Early Learning Center classrooms. This project involves replacing and upgrading these materials in five of our six classrooms. The current furniture and resources within these classrooms are outdated, and no longer able to meet the full needs of the children in our program. Overall, these upgrades will enhance the learning environment for 94 children, ages 1 through 5, providing them with a more supportive learning space. This new furniture and educational resources will aid healthy development, encourage active learning, and create optimal conditions for cultivating

essential kindergarten readiness skills, helping prepare these children for success in their next educational stages.

Need Addressed: (i.e. food, shelter, childcare)

Bloomington has a critical need for childcare and affordable early education programs, as highlighted in the United Way's Service Community Assessment of Needs (SCAN) report and the City of Bloomington Housing and Neighborhood Development 2020-2024 Consolidated Plan. By replacing furniture and upgrading educational and developmental resources at the Compass Early Learning Center, our project directly addresses this need. These essential improvements will enhance the educational environment and overall quality of our affordable early education program, ensuring better outcomes for the children and families we serve.

Type of Funding Sought: (check all that apply)

- ☒ Capital Investment
- ☐ Operational Funds
- ☐ Bridge Funding
- ☐ Pilot Project
- ☐ Collaborative Project
- ☒ Other (Please Specify)

Classroom enhancements: furniture and educational resources

Itemized Costs: (in order of priority)

Item Name	Cost
1. Classroom Furniture (tables, chairs, and toddler beds)	\$14,624.00
2. Storage/Shelving	\$11,376.00
3. Developmental and Educational Resources (books, sensory toys, art supplies, etc.)	\$16,000.00
4.	
5.	
Total Requested	\$42,000.00
Total Project Cost	\$105,000.00

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? NO

501(c)(3) status? YES

First time Applicant? YES

APPLICATION SUMMARY

Name of Lead Agency:

Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky

Name of Project to be Funded:

Safety-Net Sexual and Reproductive Health Services

Amount Requested:

\$7,500

Number of City Residents Served:

100

Number of Employees:

Full-Time	Part-Time	Volunteers
365	140	7,000

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Together we advocate, educate, and provide exceptional health care supporting sexual health, wellness, and reproductive freedom — without judgment, without fear, without fail.

Project Synopsis:

PPGNHAIK will provide low-to-no cost health services for patients who are uninsured, under-insured, and/or living at or below 150 percent of the federal poverty level. Patients can access whatever health service(s) they need no matter their ability to pay for care.

Need Addressed: (i.e. food, shelter, childcare)

Health care access for patients who are uninsured and/or low-income.

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☒ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Contraception	\$5,000
2. HIV/STI Services	\$1,000
3. Cancer Screenings	\$750
4. Gender Affirming Hormones	\$500
5. Pregnancy Tests	\$250
Total Requested	\$7,500
Total Project Cost	\$82,500

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

South Central Community Action Program

Name of Project to be Funded:

SCCAP Building Siding Replacement

Amount Requested:

\$123,602

Number of City Residents Served:

4,239

Number of Employees:

Full-Time	Part-Time	Volunteers
95	8	157

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Mission: We provide opportunities for all people to achieve personal and economic independence to strengthen our community.

Project Synopsis:

We are requesting \$123,602 to remove the current wood siding on the agency's main building and replace it with longer lasting and energy efficient insulated vinyl siding.

Need Addressed: (i.e. food, shelter, childcare)

SCCAP's Bloomington location is the main service hub for agency clients and houses Head Start and Early Head Start classrooms. The building's siding is in immediate need of repair, and installation of insulated vinyl siding will significantly extend the building's

lifespan and durability. Reinvestment in this building is essential to service delivery in the Bloomington community.

Type of Funding Sought: (check all that apply)

☒ Capital Investment

☐ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Removal of current siding and replacement with insulated vinyl siding (Please note that contractor's quote combines materials, labor, and installation in one total cost estimate)	\$123,602
2.	
3.	
4.	
5.	
6.	
Total Requested	\$123,602
Total Project Cost	\$123,602

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? NO

Signed, Written Estimates if seeking capital improvements? YES

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Special Olympics Indiana Monroe County

Name of Project to be Funded:

Uniforms for multiple sports

Amount Requested:

\$2,360.00

Number of City Residents Served:

Number of Employees:

Full-Time	Part-Time	Volunteers
		115

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Special Olympics Indiana Monroe County provides year round sports training to individuals with intellectual disabilities. The SOIMC empowers athletes to shatter stereotypes and exceed their personal goals both on and off the field.

Project Synopsis:

Replace and update uniforms for multiple sports

Need Addressed: (i.e. food, shelter, childcare)

Uniforms

Type of Funding Sought: (check all that apply)

Capital Investment

Operational Funds

Bridge Funding
Pilot Project
Collaborative Project

One time investment

Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. 20 golf shirts @ \$40 each	\$800.00
2. 60 jerseys to wear across multiple sports @ \$26 each	\$1,560.00
3.	
4.	
5.	
6.	
Total Requested	\$2,360.00
Total Project Cost	\$2,360.00

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Hendricks County Child Advocacy Center dba Susie's Place

Name of Project to be Funded:

Bloomington Center Furniture and Tech Improvements

\$3,994.89

Amount Requested:

Number of City Residents Served:

104

Number of Employees:

Full-Time	Part-Time	Volunteers
12	7	20

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Susie's Place promotes the prevention, justice, and healing of child victims of abuse and violence while maintaining the comfort and safety of the child as the first priority.

Project Synopsis:

The Bloomington Center has been open since 2011, and is in need of new furniture in areas that the reported child victims use. Additional request is a laptop and monitor to upgrade outdated technology for staff.

Need Addressed: (i.e. food, shelter, childcare)

Susie's Place assists in the investigation of child abuse and neglect for children 17 and under. This directly matches the funding priority of serving those under the age of 18.

Type of Funding Sought: (check all that apply)

☒ Capital Investment

☐ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Waiting Room 1 (couch, love seat, table, rug)	1276.00
2. Interview Room 1 (chairs, nightstand, rug, pillows)	1406.98
3. Interview Room 2 (rug, nightstand)	223.98
4. Waiting Room 2 (chairs, lamps)	499.96
5. Laptop	479.99
6. Monitor and cable	107.98
Total Requested	3994.89
Total Project Cost	3994.89

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

Tandem Community Birth Center and Postpartum House, Inc.

Name of Project to be Funded:

Postpartum Doula Equity Program

Amount Requested:

\$6000

Number of City Residents Served:

400

Number of Employees:

Full-Time	Part-Time	Volunteers
2	14	200

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Tandem's mission is to improve perinatal outcomes by trusting patients, increasing options for care, and challenging the status quo.

Project Synopsis:

Tandem's Postpartum Doula Equity Program provides free and reduced cost postpartum doula services in-home and at Tandem.

Need Addressed: (i.e. food, shelter, childcare)

Supportive services for families with children under the age of 1.

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☒ Operational Funds

☒ Bridge Funding

☐ Pilot Project

☐ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Postpartum Doula In-Home Support	\$3750
2. Postpartum Doula In-Tandem Support	\$21450
3.	
4.	
5.	
6.	
Total Requested	\$6000
Total Project Cost	\$25200

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

WonderLab Museum of Science, Health & Technology

Name of Project to be Funded:

**Support for Financial Accessibility to the WonderLab Musuem
(Connecting to the Community Fund)**

Amount

\$14918.50

Requested:

Number of City Residents Served:

4,400

Number of Employees:

Full-Time	Part-Time	Volunteers
18	13	256

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

MISSION

WonderLab is a family-focused science museum with interactive exhibits and programs that stimulate curiosity, encourage discovery, and inspire lifelong learning.

WonderLab ignites a love of science through learning that is experiential, inclusive and fun, and amplifies the role science plays in the world.

VISION

WonderLab envisions a brighter, more equitable and sustainable future shaped by curious and creative problem-solvers empowered by science.

VALUES

PLAYFUL LEARNING - Play is learning.

EMPOWERMENT - We can change the world through science.

BELONGING - Science is for everyone.

COMMITMENT TO EXCELLENCE- Quality in all we do.

SUSTAINABILITY- We take the long view.

Project Synopsis:

WonderLab is requesting \$14,918.50 for financially need-based Monroe County social service organizations to visit the museum through complimentary admission and/or field trips.

WonderLab provides free group visits and admission for organizations that serve financially disadvantaged families through the Connecting to the Community Fund. Qualifying organizations include social service agencies and qualifying schools. We determine eligibility by the % participation in the federal free-lunch program or comparable economic indicator.

Schools and organizations that received 2024 support from the WonderLab's C2C program are in Monroe, Marion, Morgan, Owen, Putnam, Hendricks, Lawrence and Daviess Counties.

- In 2024, C2C funded free admission for: Family Solutions, Stone Belt, Youth Services Bureau, and Big Brothers Big Sisters of Monroe County.
- In addition, Social Service organization field trips were complimentary in 2024 for The Boys & Girls Club (multiple), Camptown, Compass Early Learning Center, Girls Inc., Harmony School, Head Start, Middle Way House, New Hope for Families, and Youth Services Bureau.
- We also fund Indiana Title I school field trips that qualify.

WonderLab is committed to supporting organizations and schools that support low-income families in South Central Indiana for children to learn science in an accessible and fun environment.

Need Addressed: (i.e. food, shelter, childcare)

WonderLab monitors the child poverty rate in Monroe County. Approximately 13.8% of Monroe County children under 18 are in poverty, with greater numbers under age 5 (17.9%), indicating that a significant future WonderLab visitors will need financial assistance (1). 43% of the county's school age children that typically visit WonderLab receive free or reduced lunches (2).

Educational disparities also result from economic disadvantages. MCCSC and Richland Bean Blossom students had significant drops in ILEARN scores from 2019 to 2024 in math and science, an Indiana test for grades 3-8. According to a joint Stanford and Harvard study, Indiana is ranked 35th among all states in "Math Recovery" between 2019 and 2024 (3). The study states students at Richland Bean Blossom remain a year behind 2019 math levels and 7 months behind in reading since the pandemic. This is

critical since 60-72% of Monroe County free or reduced lunch children do not have proficient math and science scores (2).

There is a lack of informal STEM educational opportunities in our community. A survey through American Alliance of Museums, states almost 40% of WonderLab visitors and members (of which 81% from the local community) stated they “visit museums to supplement STEM education”.

(1) US Census

(2) <https://www.in.gov/doi>

(3) <https://indianacapitalchronicle.com/2024/06/11/indianas-child-well-being-scores-decline-in-new-national-national-report/>

Type of Funding Sought: (check all that apply)

Capital Investment

Operational Funds

Bridge Funding

Pilot Project

Collaborative Project

x Other (Please Specify)

Funding Museum Social Services Group / Individual Admissions through C2C Fund

Itemized Costs: (in order of priority)

Item Name	Cost
1. Social Service Organization and Title I School Group Visits	\$7,509.00
2. Admission passes for Social Service Organizations	\$7,409.50
3.	
4.	
5.	
6.	
Total Requested	\$14,918.50
Total Project Cost	\$150,000.00

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Completed Application? YES

Completed Application Summary? YES

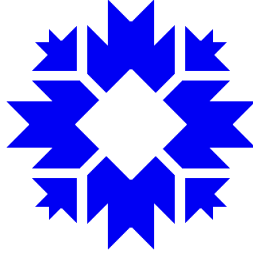
Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

First time Applicant? NO



**City of Bloomington
Office of the Common Council**

Jack Hopkins 2025

Collaborative Application Summaries

APPLICATION SUMMARY

Name of Lead Agency:

Avalon Community Land Trust

Name of Project to be Funded:

Avalon Community Garden

Amount Requested:

17,100

Number of City Residents Served:

600

Number of Employees:

Full-Time	Part-Time	Volunteers
		5

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

ACLT Purposes to Include the following: a) To promote and provide affordable housing and sustainable development for low and medium income people in Bloomington, Indiana, and the surrounding area. b) To secure and stabilize housing and access to land for people who are housing insecure. c) To prevent people from being displaced from their homes.

Project Synopsis:

We are requesting \$17,100 to create a Community Garden in Association with Low Cost Housing. Avalon Community Land Trust is building affordable housing at 1500 West 8th Street in Bloomington. For many years, the lot was used as a free-floating community garden, with a variety of people taking up the tools to tend and harvest from the lot. During construction of the new house, the site was torn up by the excavation and overlaid with dirt, rock and broken concrete. The existing soil has been overrun with Knotweed so is not suitable for use when the final grading is done. ACLT would like to reclaim and restore the Community Garden; we intend to replant the garden, and invite the neighbors to participate and eventually harvest the produce. First, however, we need to get the final grading and install new clean topsoil. Then we can build raised beds, fill them with good, fertile soil, add any needed amendments, and buy plants, sets, and seeds for the new garden. The hand-work, building beds, filling with soil,

adding amendments, and planting are all tasks that will be taken on by the residents of the new house, along with the people in the neighborhood who want to participate in the project.

Need Addressed: (i.e. food, shelter, childcare)

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☐ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☒ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1.	
2.	
3.	
4.	
5.	
6.	
Total Requested	
Total Project Cost	

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Collaborative app between Avalon Community Land Trust and Unitarian Universal Church of Bloomington

Completed Application? YES

Completed Application Summary? Application Summary Word Doc returned but not in the requested format (this one)- this summary was filled out by Council Staff based on the agency's completed application for the convenience of the committee

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? NO

501(c)(3) status? YES

Memorandum of Understanding for Collaborative Projects? YES

First time Applicant? YES

APPLICATION SUMMARY

Name of Lead Agency:

Beacon, Inc.

Name of Project to be Funded:

Crawford community rooms repairs

Amount Requested:

\$26,251

Number of City Residents Served:

130

Number of Employees:

Full-Time	Part-Time	Volunteers
25	3	~1500

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

Beacon is a solutions-driven, antipoverty organization, dedicated to aiding and empowering people experiencing extreme poverty, especially hunger and homelessness.

Project Synopsis:

Beacon and HealthNet are requesting \$26,251 for the repair of water damage in the community rooms, exercise room, and the computer lab, and to convert the computer lab into a health clinic room, and to convert the exercise room into additional office space for new employees. We also want to purchase medical equipment.

Need Addressed: (i.e. food, shelter, childcare)

Health care, mental health care, drug addiction, food.

Type of Funding Sought: (check all that apply)

☒ Capital Investment

☐ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☒ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name		Cost
1.	Renovations to 4 rooms	\$26,251
2.	Purchase of medical equipment	\$7800
3.		
4.		
5.		
6.		
Total Requested		\$26,251
Total Project Cost		\$26,251

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Collaborative application between Beacon and HealthNet

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? YES

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

My Sister's Closet of Monroe County, Inc.

Name of Project to be Funded:

Improving Access to Employment in Changing Times of Displacement

Amount Requested:

\$18,500

Number of City Residents Served:

210

Number of Employees:

Full-Time	Part-Time	Volunteers
2	10	450

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

My Sister's Closet (MSC) is a non-profit organization, established to build a stronger community and promote economic self-sufficiency by providing women with professional support services and tools for success.

Project Synopsis:

MSC is requesting \$18,500 to upgrade existing client computer bay that is currently using four outdated, five-year-old computers.

2) To our pay our Client Services Coordinator a partial salary who will be heading up our new client training program to help clients who feel their jobs have been displaced by automation and AI, to help them find work-at-home alternatives, and improve our ability to help them recreate their job histories.

Need Addressed: (i.e. food, shelter, childcare)

Unemployment, Interview Skills training, Alternative employment to job displacement, addressing issues with (TBI) and addiction and homelessness.

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☒ Operational Funds

☐ Bridge Funding

☒ Pilot Project

☒ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Computers	\$3,000
2. Client Services Coordinator Salary	\$15,500
Total Requested	\$18,500
Total Project Cost	\$55,000

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Collaborative application between My Sisters Closet and Amethyst House

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? NO

501(c)(3) status? YES

First time Applicant? NO

APPLICATION SUMMARY

Name of Lead Agency:

People and Animal Learning Services, PALS

Name of Project to be Funded:

Changing Leads, Changing Lives

Amount Requested:

\$19,200

Number of City Residents Served:

We anticipate serving up to 480 individuals

Number of Employees:

Full-Time	Part-Time	Volunteers
5	14	120

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

PALS promotes joy, quality of life, better health, and empowerment by providing therapeutic programs with horses.

Project Synopsis:

Changing Leads, Changing Lives is an equine-assisted learning program that supports individuals in addiction recovery by helping them build trust, self-awareness, and emotional resilience through structured interactions with horses. We are seeking funding for six months of collaborative programming with Centerstone Recovery to expand access to this impactful program, which reduces stress and negative emotions while increasing confidence and relaxation.

Need Addressed: (i.e. food, shelter, childcare)

Behavioral health and addiction recovery support.

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☐ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☒ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. 24 weeks of programming (2 one-hour sessions per week for six months in partnership with Centerstone Recovery.)	\$19,200
2.	
3.	
4.	
5.	
6.	
Total Requested	\$19,200
Total Project Cost	\$38,400

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Collaborative Application between People and Animal Learning Services and Centerstone Recovery Men's and Women's Program

Completed Application? YES

Completed Application Summary? YES

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

APPLICATION SUMMARY

Name of Lead Agency:

Refugee Employment Program

Name of Project to be Funded:

\$35,000

Amount Requested:

10+ per year

Number of City Residents Served:

Number of Employees:

Full-Time	Part-Time	Volunteers
5	8	249

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

ReStore, a fundraising part of Habitat for Humanity Monroe County, is a not-for-profit 501(c)(3) agency whose mission is to generate revenue selling locally donated building supplies and household goods to help build affordable homes for low-income families. In addition, ReStores' mission also helps in recycling usable

materials back into use while diverting these items from the solid waste stream.

Project Synopsis:

ReStore is requesting \$35,000 in operational funds which are essential to continue and expand the Refugee Employment Program. It will reimburse refugees wages currently paid by ReStore sales revenue and a percentage of staff time needed to help refugees learn work skills and acclimate to a new environment.

Need Addressed: (i.e. food, shelter, childcare)

Needs addressed include employment/wages, job training, work skills, language acquisition, higher likelihood of housing stability, and socialization opportunities for a marginalized population and their family members.

Type of Funding Sought: (check all that apply)

Capital Investment

X Operational Funds

Bridge Funding

Pilot Project

Collaborative Project

Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
• Refugees Wages \$6,600/month x 12	\$79,200
• Staff cost 20% of 2 staff \$1,100 x 12	\$13,200
•	
•	
•	
•	

Staff Comments:

Submitted as collaborative project between Restore and Habitat for Humanity, but relationship unclear... Restore seems to be owned by Habitat

Completed Application? YES

Completed Application Summary?

Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? UNABLE TO VERIFY – 990 provided but no proof of current 501c3

First time Applicant? NO

MEMORANDUM OF UNDERSTANDING? NO

APPLICATION SUMMARY

Name of Lead Agency:

Stone Belt Arc, Inc.

Name of Project to be Funded:

Job-A-Palooza

Amount Requested:

\$6,000

Number of City Residents Served:

300

Number of Employees:

Full-Time	Part-Time	Volunteers
335	134	12

Please provide brief (one or two sentences) responses here. There is room in the application to expand on each of these questions.

Agency's Mission Statement:

We believe in the uniqueness, worth, and right to self-determination of every individual. Therefore, it is our mission, in partnership with the community, to prepare, empower, and support people with developmental disabilities and their families to participate fully in the life of the community.

Project Synopsis:

We are requesting \$6,000 to facilitate Job-A-Palooza for people of all ages and disabilities in October during Disability Employment Awareness Month. Job-A-Palooza is an event in which Stone Belt Arc provides a day of job exploration. Over 20 local employers will come to a one-day event, and each will set up a table and administer multiple job tasks to participants, who are adults with developmental disabilities. Participants can try job tasks from each employer and ask questions about employment. This year, we anticipate more computer-related tasks, multi-step tasks, and general and entry-level tasks such as cleaning and restaurant work. Participants will also practice their interview skills by completing a mock interview.

Need Addressed: (i.e. food, shelter, childcare)

Employment support for individuals with disabilities. This project assists individuals with disabilities, who historically fall into the low-income bracket, to find and maintain employment.

Type of Funding Sought: (check all that apply)

☐ Capital Investment

☐ Operational Funds

☐ Bridge Funding

☐ Pilot Project

☒ Collaborative Project

☐ Other (Please Specify)

Itemized Costs: (in order of priority)

Item Name	Cost
1. Venue	\$650
2. Participant materials	\$650
3. Volunteer materials	\$1,600
4. Marketing	\$600
5. Decorations	\$300
6. Food and drink for volunteers and employers	\$1,200
7. Participation incentives	\$1,000
Total Requested	\$6,000
Total Project Cost	\$6,000

For Office Use Only

Past SSF Funding:

Year	Status	Title	Amount

Staff Comments:

Collaborative application between Stone Belt and Down Syndrome Family Connection

Completed Application? YES

Completed Application Summary? YES

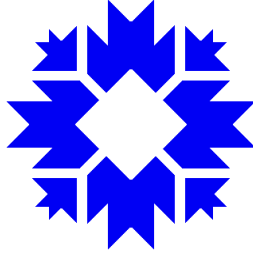
Project Budget? YES

Year-End Financial Statement? YES

Signed, Written Estimates if seeking capital improvements? N/A

501(c)(3) status? YES

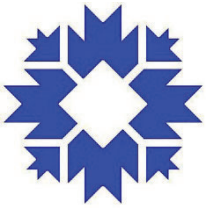
First time Applicant? NO



**City of Bloomington
Office of the Common Council**

Jack Hopkins 2025

Individual Applications



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

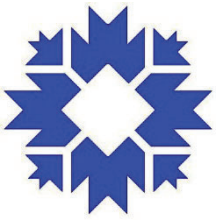
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Amethyst House

Address:

645 N Walnut Bloomington, IN 47402

Phone: 812-336-3570

E-Mail: glovell@amethysthouse.org

Website: <http://www.amethysthouse.org/>

President of Board of Directors: John Beatty

Name of Executive Director: Mark DeLong

Phone: 812-336-3570 ext. 206

E-Mail: mdelong@amethysthouse.org

Name of Grant Writer: Gina Lovell

Phone: 812-336-3570 ext. 203

E-Mail: glovell@amethysthouse.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
16	16	2

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Amethyst House provides a foundation for recovery by partnering with individuals, families, and communities impacted by substance-use disorders, offering high-quality residential and outpatient treatment services and guidance for healthy living.

PROJECT INFORMATION

Name of the project to be funded:

Residential Restorations

Total cost of project: \$22,025

Requested amount of Jack Hopkins funding: \$20,025

Number of City residents to be served by this project in 2025: 150

Number of clients to be served by this project in 2025: 150

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$20,025 to restore the exterior of the Women's House and updates for the Men's House. Considering the age of the home the original wood lap siding along with the wood trim around windows needs to be restored / repaired. We plan to keep as much of the original wood lap siding and trim as possible. The process will be to scrape, and then apply an epoxy called Minwax Wood Hardener and JB Weld Wood Restore Repair Putty. These products are designed to penetrate and reinforce soft wood fibers and form a solid base. This will strengthen and reinforce decaying or rotten wood. Once all of the repairs have been completed we will prime and paint. We will use the same color that we currently have on the house which has already been approved by the historical committee. At the Men's house we will paint the stairwells, upstairs hallway and the bedrooms which have not been painted for probably 20 years. We have a tree that the roots are starting to approach the foundation of the house and needs to be removed before it falls into our new roof and the solar panels.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Women's House: 322 W. 2nd St., Bloomington,
and 515 S. Madison St. IN 47403
Men's House: 215 N. Rogers St., Bloomington,
IN 47404

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐

Yes

☒

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

We will be utilizing our profits from our fall fund-raiser to cover \$2,000 - this is pending

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We plan to submit a claim as soon as each project is completed.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

We will be hosting a fundraising event in Sept or October.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

We are leveraging \$2,000 which will come from our net profit from our annual fall fundraising event.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Women's Restoration	11,020
Priority #2	Men's Restoration	6,030
Priority #3	Tree Removal - MH	2,975
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$20,025

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

Amethyst has served Bloomington and the surrounding areas for four decades, and with each passing year we improve our ability to reach those who most need our help. In 2024, we housed 87 men and 57 women in our residential facilities, and provided outpatient treatment services for 262 clients. The majority of our clients are below the 200% poverty level and we prioritize IV drug users, pregnant women and women with dependent children.

Since 2020, the CDC has reported exacerbated substance abuse cases throughout the country, including Indiana. Indiana has an addiction problem that affects thousands of Hoosiers every year including those in our community. The 2020-2024 Consolidated Plan mentions that substance abuse can be one of the contributing factors in homelessness. In order to effectively address the vicious cycle of homelessness, incarceration, addiction, and instability we provide unique plans to allow our clients to rebuild their lives during their three month stay which starts them on a path to a healthy lifestyle and reintegration into Monroe County.

Amethyst strives to provide homes that are safe, secure, and a welcoming environment for our clients. We also wanted to be respected members of our community by maintaining the home's curb appeal.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

The restoration projects are all a one-time investment.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Since 1980, Amethyst House has been serving Bloomington by providing residential and outpatient services for thousands of clients, many of whom have reintegrated into society. They have applied what they learned about maintaining a healthy lifestyle, and pay it forward by serving their community. The benefits of recovery are two-fold: an individual coming from the criminal justice system or homelessness requires more resources from the community to remedy those issues. Our goal is to encourage clients to become the best version of themselves, and that outcome is intrinsically associated with community involvement. Our success in doing so depends on the services we provide. With the constant influx of clients residing in our facilities, there is a need for constant upkeep in all of our residential facilities; the Men's and Women's houses are older buildings that deteriorate quickly, especially with so many residents living in the same area at the same time. Grants help mitigate the financial impact of required renovations, and free up other funds that can be used to provide services for our clients.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Increase the value of the properties and reduce short-term upkeep and maintenance spending. It also prevents major issues in the future. Maintaining our residential facilities also allows us to maintain full capacity when ever possible.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Having been in the Bloomington community since 1980, we pride ourselves on being good neighbors. We work hard to take care of our residential properties. Thanks to grant opportunities like the Jack Hopkins Social Services grant we are able to afford important repairs and remodeling. We strive to create living spaces that are comfortable and supportive of our residents. We also strive to blend in to our neighborhoods and to take care of our properties.

Note: The estimate for the tree removal by Anthony's Lawncare is from 2023. There were not able to re-assess the tree before this grant application was due. So we figured in a 20% increase and Amethyst House will cover any increase.

2025 Jack Hopkins Project Budget

Amethyst House		Residential Upgrades	
Total Project Cost		\$	
	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant	\$20,025		\$20,025
Other Grants			
Other Income Sources	\$2,000	\$2,000	
TOTAL PROJECT FUNDS FROM ALL SOURCES	\$22,025	\$2,000	\$20,525
EXPENSES			
Restoration - WH	\$ 11,720	\$ 700	\$11,020
Updates - MH	\$ 6,730	\$ 700	\$6,030
Tree Removal – MH	\$ 3,575	\$ 600	\$2,975
TOTAL PROJECT EXPENSES	\$22,025	\$2,000	\$20,025

Thanks for letting me serve you!

Thanks for letting me serve you!



Anthony's Lawn Care Tree Removal and Landscaping

PO Box 5427 | Bloomington, Indiana 47407
(812) 929-9463 | anthonyshomeservices@gmail.com |
<https://www.bloomingtonlandscape.com/>

RECIPIENT:

Steve Fitzgerald
215 North Rogers Street
Bloomington, Indiana 47404

Quote #6251	
Sent on	Feb 16, 2023
Total	\$2,975.00

PRODUCT / SERVICE	DESCRIPTION	QTY.	UNIT PRICE	TOTAL
Tree Removal	Get the mulberry tree on the side of the building down, cut up, and hauled away. This includes free stump grinding. We will grind the stump 8 inches to 12 inches below ground level and haul the stump chips away to ground level. Our tree clean up crew will need to be here as we are taking the tree down.	1	\$3,500.00	\$3,500.00

A deposit of \$1,487.50 will be required to begin.

"Their service was above and beyond what I expected. I couldn't be happier!"
-Tom H.

Anthony's Lawn Care and Landscaping and Anthony's Tree Removal requires a 50% deposit upfront and the remaining 50% payment upon job completion. Deposits are non-refundable and the Client agrees to indemnify and hold The Company harmless. The Company does not guarantee or warranty the health of any tree or shrub after trimming it. Lawn repair, yard repair, and stump grinding are not included in tree removal, tree trimming, landscaping, or lawn mowing estimates unless specified otherwise. The Company does not add a markup to any materials used, therefore The Company does not provide a warranty for any materials used, such as plants, grass seed, sod, shrubs, trees, fence materials, any landscape materials, or any other materials. For lawn repair projects,

Subtotal	\$3,500.00
Discount (15.0%)	- \$525.00
Total	\$2,975.00



Anthony's Lawn Care Tree Removal and Landscaping

PO Box 5427 | Bloomington, Indiana 47407
(812) 929-9463 | anthonyshomeservices@gmail.com |
<https://www.bloomingtonlandscape.com/>

Notes Continued...

estimates are for one round of seed and straw, although it can often take several rounds of seed and straw for the lawn to establish. If anything additional is requested at any point during a work order, a change order will be created, and The Company will provide an additional estimate for such requests. A pre-inspection is done prior to starting work and a final inspection upon completion either in person or over a phone call. The Company is committed to customer satisfaction and strives to provide high quality services.

This quote is valid for the next 30 days, after which values may be subject to change.

Amethyst House
Profit & Loss
July 2023 through June 2024

	Jul '23 - Jun 24
Ordinary Income/Expense	
Income	
6000 · DMHA FUNDS	
6010 · Chronic Abuse (CA) Funding	342,260.01
6085 · SABG - SUPTRA	128,983.36
6080 · SABG 104	57,401.52
Total 6000 · DMHA FUNDS	528,644.89
6075 · INTECARE	29,312.00
6100 · CLIENT FEES	
Housing Program	
6105 · Residential Tx Fees	78,357.03
8980 · Res Tx Fees Write Off	-32,045.06
6106 · Medicaid - PerDiem	673,578.87
8995 · Medicaid Per-Diem Write off	-94,368.36
6102 · DCS - Per Diem	3,604.20
6107 · RW - PerDiem	12,393.08
Total Housing Program	641,519.76
OP Treatment	
6110 · Treatment Fees	9,413.67
6112 · RW - Treatment	246.80
6153 · Insurance	60,097.63
8990 · Treatment Fees Write Off	-2,901.00
6128 · Ins. Write Off	-6,238.01
Total OP Treatment	60,619.09
Total 6100 · CLIENT FEES	702,138.85
6200 · DONATIONS	
6250 · Unrestricted	34,715.02
Total 6200 · DONATIONS	34,715.02
6300 · FUNDRAISING	
6310 · NAP	22,232.00
6330 · Dine & Donate	1,267.43
6360 · Gift Card Program	625.79
6380 · Concert	
6385 · Sponsors	13,940.00
6390 · Tickets	1,470.00
Total 6380 · Concert	15,410.00
Total 6300 · FUNDRAISING	39,535.22
6400 · GRANTS	
6498 · Monroe County Council	93,000.00
6420 · CARES	9,600.00
6430 · EFSP	2,723.00
6440 · Jack Hopkins	12,857.00
6460 · Perry Township	2,467.38

Amethyst House
Profit & Loss
July 2023 through June 2024

	Jul '23 - Jun 24
6492 · Sophia Travis	5,050.00
6496 · City of Blgtn	14,000.00
6497 · Bloomington Township	1,000.00
Total 6400 · GRANTS	140,697.38
6500 · UNITED WAY	13,142.90
6600 · OTHER INCOME	
6605 · Investment Income	28,534.12
6615 · AH Foundation	1,386.00
6625 · Interest Income	21.40
6675 · Reimubersments	71.00
Total 6600 · OTHER INCOME	30,012.52
Total Income	1,518,198.78
Expense	
7000 · PAYROLL	
7080 · 403 (B) Compnay Match	18,223.13
7025 · Salaries & Wages	873,748.59
7050 · Vacation, Holiday & Sick Pay	111,749.67
Total 7000 · PAYROLL	1,003,721.39
7100 · PAYROLL TAXES	
7180 · Payroll Taxes Accrued	1,405.81
7125 · Comp MCARE	14,069.67
7150 · Comp SS	61,112.95
7175 · Comp SUI	1,955.09
7100 · PAYROLL TAXES - Other	316.34
Total 7100 · PAYROLL TAXES	78,859.86
7200 · EMPLOYEE BENEFITS	
7225 · Health Ins.	70,274.39
Total 7200 · EMPLOYEE BENEFITS	70,274.39
7350 · SUBCONTRACT	
MBE/WBE/IVOSB - SABG	5,093.86
7355 · Counseling for Change	
7356 · CA Funding	55,200.00
Total 7355 · Counseling for Change	55,200.00
7360 · SPEA Service Corp Contract	1,556.10
7365 · INTECARE FEES	1,172.48
Total 7350 · SUBCONTRACT	63,022.44
7400 · FUNDRAISING EXPENSE	
7440 · Celebrations	2,237.29
7480 · Concert	3,096.67
7490 · Website & Social Media	539.64

Amethyst House
Profit & Loss
 July 2023 through June 2024

	Jul '23 - Jun 24
Total 7400 · FUNDRAISING EXPENSE	5,873.60
7500 · SUPPLIES	
7510 · Office	9,087.00
7520 · Postage & Shipping	750.00
7530 · Technology	9,212.38
7540 · Printing & Copying	2,334.31
Total 7500 · SUPPLIES	21,383.69
7575 · DUES & SUBSCRIPTIONS	
Relias Training	5,369.15
7585 · Financial	2,319.03
7576 · EHR System	14,776.02
7580 · Donor Database	3,000.00
7595 · Publications	360.40
Total 7575 · DUES & SUBSCRIPTIONS	25,824.60
7600 · MEDICAL FEES	
7625 · Supplies	7,969.15
7650 · Clients	31,477.67
7675 · Staff	428.00
Total 7600 · MEDICAL FEES	39,874.82
7700 · FOOD & BEVERAGE COSTS	
7725 · Clients	44,050.27
7750 · Staff/Board	6,960.35
Total 7700 · FOOD & BEVERAGE COSTS	51,010.62
7800 · RENT	52,800.00
7900 · TELEPHONE	
7910 · Telephone	15,150.74
7920 · Internet Services	6,090.88
Total 7900 · TELEPHONE	21,241.62
7950 · UTILITIES	
7960 · Electric	16,641.81
7970 · Gas	2,892.21
7980 · Water	9,701.28
7990 · Cable	2,485.37
Total 7950 · UTILITIES	31,720.67
8000 · INSURANCE	
Malpractice	5,159.25
8010 · Commercial Package	12,455.00
8020 · Directors & Officers Liability	
8030 · Employee Bond	500.01
8040 · Profesional Liability	4,231.00
8050 · Rental Property	3,080.59
8060 · Umbrella	628.00
8070 · Workers Comp.	5,838.00

Amethyst House
Profit & Loss
July 2023 through June 2024

	Jul '23 - Jun 24
8080 · Vehicle	114.00
8090 · Cyber Policy	5,725.68
Total 8000 · INSURANCE	37,731.53
8100 · MAINTENANCE & REPAIRS	
8140 · Improvements from Jack Hopkins	11,000.00
8110 · SubContract Labor	4,695.00
8120 · Supplies	8,554.71
8150 · Routine	20,488.90
Total 8100 · MAINTENANCE & REPAIRS	44,738.61
8200 · PROFESSIONAL FEES	
8220 · CARF Survey	234.33
8240 · CPA	31,530.00
8230 · Certifications	434.63
Total 8200 · PROFESSIONAL FEES	32,198.96
8400 · INTEREST EXPENSE	
8410 · LOC	9,490.58
Total 8400 · INTEREST EXPENSE	9,490.58
8500 · CLIENT EXPENSES	
8580 · Leisure Enhancement	2,725.78
8510 · Supplies	475.18
8520 · Household Goods (non-consumbl.)	9,909.31
8540 · Transportation	5,460.24
8560 · Client Fees - Refund	4,660.86
Total 8500 · CLIENT EXPENSES	23,231.37
8600 · ADVERTISING	
8640 · Job Advertising	1,567.72
Total 8600 · ADVERTISING	1,567.72
8700 · TRAINING	
Background Checks	837.25
8725 · Staff Conferences	3,990.22
8775 · Materials	56.71
Total 8700 · TRAINING	4,884.18
8800 · TRAVEL	
8810 · Mileage	8,643.88
8840 · Parking	3.15
8860 · Lodging	966.95
8870 · Meals	298.58
Total 8800 · TRAVEL	9,912.56
8900 · EQUIPMENT RENTAL/LEASE/PURCH...	
Equipment Lease	7,320.75

Amethyst House
Profit & Loss
July 2023 through June 2024

	Jul '23 - Jun 24
Property Taxes	850.40
Total 8900 · EQUIPMENT RENTAL/LEASE/P...	8,171.15
8950 · DEPRECIATION	18,281.00
9000 · OTHER EXPENSES	
9020 · Gifts	6,110.39
9040 · Service Charges	4,960.70
9024 · Misc.	34.15
Total 9000 · OTHER EXPENSES	11,105.24
Total Expense	1,666,920.60
Net Ordinary Income	-148,721.82
Net Income	-148,721.82

Amethyst House
Balance Sheet
As of June 30, 2024

	Jun 30, 24
ASSETS	
Current Assets	
Checking/Savings	
1000 · ONB 4026850	102,921.75
Savings Accounts	
1025 · Reserve Savings #23312	55,006.76
1026 · Depreciation Savings # 5446	4,995.72
1045 · Investment Acct #940-18949-11	328,562.96
Total Savings Accounts	388,565.44
Total Checking/Savings	491,487.19
Accounts Receivable	
1080 · Insurance OP Services	7,417.44
1050 · DMHA	11,299.80
1065 · Misc. Grants	1,706.36
1070 · Medicaid Per-Diem	61,102.38
Total Accounts Receivable	81,525.98
Other Current Assets	
1110 · Accounts Receivable	
1114 · Outpatient AR	1,185.00
1116 · Men's House AR	400.00
1119 · Women's House AR	114.00
1112 · Bad Debt Allowance	-500.00
Total 1110 · Accounts Receivable	1,199.00
1345 · Petty Cash -- Admin	300.00
1346 · Petty Cash - Men's	100.00
1347 · Petty Cash - Women's	100.00
Total Other Current Assets	1,699.00
Total Current Assets	574,712.17
Fixed Assets	
Operating Lease Right of Use As	262,168.00
1400 · Property Women's House	
1410 · Second St. Property	404,272.26
1420 · Accum Depr.- 2nd St.	-192,023.38
Total 1400 · Property Women's House	212,248.88
1415 · Furniture and Equipment	
1416 · Furniture & Equipment	44,384.23
1418 · Office Equipment	2,194.15
1417 · Accumulated depreciation	-41,405.63
Total 1415 · Furniture and Equipment	5,172.75
1430 · Land	10,000.00
1435 · Property Men's House	
1436 · Rogers St.	493,205.42

Amethyst House
Balance Sheet
As of June 30, 2024

	Jun 30, 24
1405 · Accum. Depr.- Rogers	-236,728.27
1435 · Property Men's House - Other	4,107.47
Total 1435 · Property Men's House	260,584.62
Total Fixed Assets	750,174.25
TOTAL ASSETS	1,324,886.42
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 · Accounts Payable	6,544.27
Total Accounts Payable	6,544.27
Credit Cards	
American Express	2,991.62
Bank of America (Gina #4514)	275.25
Bank of America (Mark #5092)	1,095.58
Bank of America MH (Jill #4285)	1,420.27
Bank of America WH (Jill #3818)	1,325.06
Bank of America (Steve #5890)	630.58
Lowe's	29.00
Total Credit Cards	7,767.36
Other Current Liabilities	
Alumni Account	236.48
Payroll - Term Life	72.42
3086 · Payroll - Supplemental Insuranc	383.92
2015 · Accrued Expenses	6,635.27
3030 · Accrued Vacation	35,590.87
3035 · Payroll - 403 (B)	2,746.40
3040 · Payroll-FEDERAL	4,625.80
3050 · Payroll-INDIANA	1,672.95
3055 · Payroll-MCARE	1,393.20
3060 · Payroll-County Taxes	1,473.24
3065 · Payroll-SOCSEC	5,960.59
3070 · Payroll-SUI	-347.32
3075 · Payroll-United Way	1,009.00
3084 · Payroll - Employee Insurance	67.59
3095 · Salaries & Wages Payable	34,963.17
Total Other Current Liabilities	96,483.58
Total Current Liabilities	110,795.21
Long Term Liabilities	
Operating Lease Liability	264,139.00
4019 · German American LOC 12427558...	70,000.00
Total Long Term Liabilities	334,139.00

Amethyst House
Balance Sheet
As of June 30, 2024

	Jun 30, 24
Total Liabilities	444,934.21
Equity	
5000 · Open Bal Equity	25,491.17
5005 · Earnings	1,003,182.86
Net Income	-148,721.82
Total Equity	879,952.21
TOTAL LIABILITIES & EQUITY	1,324,886.42

CINCINNATI OH 45999-0038

In reply refer to: 0248181619
Dec. 11, 2017 LTR 4168C 0
35-1499772 000000 00
00014379
BODC: TE

AMETHYST HOUSE INC
AMETHYST HOUSE
PO BOX 11
BLOOMINGTON IN 47402



025446

Employer ID Number: 35-1499772
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Nov. 30, 2017, regarding your tax-exempt status.

We issued you a determination letter in May 1981, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

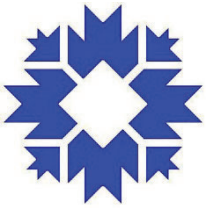
0248181619
Dec. 11, 2017 LTR 4168C 0
35-1499772 000000 00
00014380

AMETHYST HOUSE INC
AMETHYST HOUSE
PO BOX 11
BLOOMINGTON IN 47402

Sincerely yours,

A handwritten signature in black ink, appearing to read 'K. A. Billups', written in a cursive style.

Kim A. Billups, Operations Manager
Accounts Management Operations 1



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

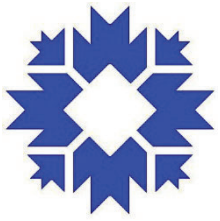
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Beacon, Inc.

Address:

620 S Walnut St / PO Box 451
Bloomington, IN 47401 / 47402

Phone: 812-334-5734, ext. 123

E-Mail: amykendall@beaconinc.org

Website: beaconinc.org

President of Board of Directors: Melanie Vehslage

Name of Executive Director: Forrest Gilmore

Phone: 812-334-5734, ext. 122

E-Mail: forrest@beaconinc.org

Name of Grant Writer: Amy Kendall

Phone: 812-334-5734, ext. 123

E-Mail: amykendall@beaconinc.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
21	11	96

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Beacon is a solutions-driven, antipoverty organization, dedicated to aiding and empowering people experiencing extreme poverty, especially hunger and homelessness. Founded in 2000 in response to a growing community concern about the needs of people without homes, Beacon has grown rapidly these past 25 years to become the largest nonprofit housing provider in Monroe County. Beacon provides daytime and overnight shelter, hunger relief, permanent supportive housing, rapid re-housing, social services and case management, street outreach, eviction prevention, life essentials (restrooms, laundry, showers, mail, ID, etc.), and other health and human services to hundreds of adults and children each day and thousands each year.

PROJECT INFORMATION

Name of the project to be funded:

Emergency Shelter for Women

Total cost of project: \$313,300.17

Requested amount of Jack Hopkins funding: \$29,351.88

Number of City residents to be served by this project in 2025: 215

Number of clients to be served by this project in 2025: 269

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

Beacon is requesting \$29,351.88 to provide one month (1,240 bed nights) of operational funding as well as storage equipment for Friend's Place. Our overnight shelter, Friend's Place, is our region's largest emergency overnight shelter for women and our region's only LGBTQ+ affirming year-round emergency shelter. In 2024, Friend's Place provided 14,210 bed nights of shelter for 269 unique individuals.

We are requesting operational support for Friend's Place to help us meet a deficit in our 2025 budget. We chose to go into 2025 with a budget deficit so that we could keep more essential services available to our clients, such as casework to help them find permanent homes. The rate of inflation has also raised our expenses, but we have chosen to meet the challenge of rising costs by increasing our fundraising instead of downsizing our programming.

We are requesting storage equipment to keep clients' belongings safe and efficiently store donations for our clients that come as in-kind gifts from the community. Having shelves, totes, and under bed storage will keep these items organized while the locks will keep clients' items secure.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

919 S Rogers St
Bloomington, IN 47403

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒

Yes

☐

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☒

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

Individual Donations: \$80,000 (pending)

Business and Organization Funding: \$25,000 (pending)

Grants: \$110,000 (pending)

Funds Raised Toward Deficit To Date (Major Donors, DVCE Grant, 100+ Women Who Care): \$55,000 (confirmed)

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We can submit claims for operational costs monthly as soon as they are incurred. We can purchase the storage equipment easily online and submit claims soon after. All funds will be expended before the December deadline.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

Operational funding from individuals, businesses, and organizations as well as grants have been budgeted based on previous years' income. We anticipate those sources of revenue to come in throughout the year. We are hoping to fully fund the storage equipment through Jack Hopkins support.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Operational support for Friend's Place is composed of several sources, which will all be leveraged to continue the regular shelter and casework services for our clients. In-kind contributions of food, clothing, and toiletries allow us to provide more resources to our Friend's Place clients. Volunteers are a large assistance at Friend's Place as they help sign clients into the shelter and help with custodial and maintenance tasks.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Operational funding	\$27,280.00
Priority #2	Storage equipment (shelves, totes, locks, crates)	\$2,071.88
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$29,351.88

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

The 2020-2024 Consolidated Plan lists one of its core goals as, "Housing/services to the homeless/near-homeless." It describes that goal in part as, "provide funds to support shelter operations" (p. 105). The plan also lists as a goal, "Services for community members in need" and describes that goal as, "Fund organizations providing services lifting individuals out of poverty, including financial assistance, food assistance, shelter, education, and more" (p. 104).

As already mentioned, Friend's Place is our region's largest emergency overnight shelter for women and our region's only LGBTQ+ affirming year-round emergency shelter. In 2024, Friend's Place provided 14,210 bed nights of shelter for 269 unique individuals. Casework is also provided to people at Friend's Place which helps them find permanent homes. In 2024, Friend's Place helped 69 of our clients move into permanent housing.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

As previously mentioned, in order to meet our 2025 deficit and ensure a balanced budget in following years, we are executing a fundraising plan. In partnership with our board and development committee, we are generating increased funding from individual donors and corporate sponsors. Staff is implementing a major gifts program to secure multi-year commitments for increased budget stability as well as pursuing grant opportunities. These efforts have already cut our Friend's Place deficit in half. The Jack Hopkins grant could cut the remaining half of our deficit by two-thirds.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

When a local emergency shelter for women closed last year, Friend's Place pivoted from using 12 of its 40 beds to shelter women to now almost entirely sheltering women. We saw that a gap needed filled in our community, and we adapted to our community's needs. Friend's Place serves an important role in homeless services for both its service of women as well as members of the LGBTQ+ community. In addition to providing emergency shelter, Friend's Place also provides long-term solutions to homelessness by helping people find permanent homes.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

We track the number of unique individuals who stay at Friend's Place as well as how many bed nights are provided by the shelter for all individuals. We also track how many people moved into permanent housing from Friend's Place with the help of our casework.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

We took an active participating role in the creation of Heading Home's 2024 Housing Action Plan, serve as the Coordinated Entry Lead for our region, and use the Homeless Management Information System, all essential components of our community's efforts to collaborate among social service providers.

The estimate provided for the storage shelves only includes the price of one shelf because the quantity is limited per shipment. However, we are requesting funding for nine sets of shelves. Each set of shelves costs \$69.98, for a total cost of \$629.82.

2025 Proposed Project Budget - Beacon

Sample Organization		Sample Project Name	
Total Project Cost		\$313,300.17	
FUNDS	Totals	Other Income Sources	JHSS Grant
JHSS Grant			\$29,351.88
Individual Donations		\$80,000.00	
Business & Organization Funding		\$25,000.00	
Grants		\$110,000.00	
Funds Raised Toward Deficit To Date (Major Donors, DVCE Grant, 100+ Women Who Care)		\$55,000	
Remaining Friend's Place Deficit		\$43,300.17	
TOTAL PROJECT FUNDS	\$29,351.88	\$313,300.17	\$29,351.88
EXPENSES			
Friend's Place Personnel Expenses		\$275,228.29	\$27,280.00
Friend's Place Administrative Expenses		\$4,800.00	
Friend's Place Occupancy Expenses		\$28,200.00	
Friend's Place Client Support Expenses		\$3,000.00	
Storage Equipment (shelves, totes, locks, crates)		\$2,071.88	\$2,071.88
TOTAL PROJECT EXPENSES	\$29,351.88	\$313,300.17	\$313,300.17

Your club Bloomington, IN More Offers Sam's Cash Sam's Club Credit Member's Mark Instant Savings Help Center More

Cart (91)

Delivery items (91)

919 S Rogers St Change

Select date and time in checkout



Member's Mark 5-Tier Heavy-Duty 20 x 48 Shelf
Item 990015867

1 +

\$69.98

Remove Save for later Pick up instead



Member's Mark 27 Gallon Heavy-Duty Storage Tote, Black/Yellow, 1 unit- 1 Pack - Club Pickup/Delivery
from Club
Item 990012945

90 +

\$808.20

Remove Save for later Pick up instead

Find more savings

Add offer code +

Begin checkout

Subject to terms and conditions

Total	
Subtotal (91 items)	\$878.18
Delivery fee ①	\$12.00 Free
\$50 min reached for free delivery for Plus	
Sales tax (calculated in checkout)	-
Est. total	\$878.18
Est. savings \$12.00 ①	

Feedback

Member's Mark 27 Gallon Heavy-Duty Storage Tote, Black/Yellow, 1 unit- 1 Pack - Club Pickup/Delivery from Club has been moved to delivery items.

Enter payment info to complete your order

Enter Card >

INFORMATION This is not me


Billing Address
Jacob Lucas
Shalom Community Center
620 S Walnut Street
Bloomington, IN 47401-4624
United States
(317) 410-0430

Shipping Address
Jacob Lucas
Shalom Community Center
620 S Walnut Street
Bloomington, IN 47401-4624
United States
(317) 410-0430

Edit Billing Address

Edit Shipping Address

CART Edit

ITEM	QTY	PRICE	TOTAL
 Baker's Lane 29" x 26" x 6" Blue Bread Tray Arrives in 2 - 4 business days #7867230261 - BKCH plus Discounted Shipping	40	\$8.99	\$359.60

Subtotal \$359.60

Shipping & Handling \$215.46, Common Carrier w/ Liftgate

FREE Call Before Delivery

plus
You saved \$39.89 on this order with Plus Discounted Shipping!
Member Discounts. Unlimited Free Shipping. Guaranteed Savings.

Using a Freight Forwarder?


Total (USD) \$575.06



Ask a question

Have a question?
Check out our FAQs

Use this number when contacting customer service about cart issues
Your Cart ID: DCOFYP



Webstaurant Rewards
Visa

You could have earned up to \$1,322.44 back in the last 12 months.¹

With a Webstaurant Rewards Visa® Business Credit Card

[Learn More](#)

Must apply here for this offer. Offer varies elsewhere.†

thing at Walmart online and in store

Reorder My Items

- 8 Services | Pharmacy Delivery New Easter Patio & Garden Event Fashion Home Electronics Paper & Cleaning Grocery Registry ONE Cash Walr

Cart (40 items)

Pickup and delivery options



Free shipping, arrives tomorrow, Mar 21

46221

Sold and shipped by Walmart

Free shipping

In 100+ people's carts

Best seller



Preset Combination Dial Steel Padlock, 2 in. Black Dial

\$58.80

Generic

Multipack Quantity: 1

\$147/ea

Free 90-day returns

Gift eligible: original packaging

Remove

Save for later

- 40 +

Continue to checkout

For the best shopping experience, [sign in](#)

Subtotal (40 items) \$58.80

Shipping Free

Taxes Calculated at checkout

Estimated total \$58.80

As low as \$11/mo or 0% APR [affirm](#)
[Learn how](#)

Become a member to get free Walmart+ same-day delivery, gas discounts & more!

New members get a free 30-day trial

☐ This order is a gift. ⓘ



Beacon

Statement of Financial Position

As of December 31, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
10000 Old National Checking 9643	42,075.12
10001 In-Kind Bank	0.00
10002 Old National Savings 2314	6,500.00
10003 Friends Place Account	0.00
10005 German American Bank 6001	439,088.69
10006 Old National Money Market 8360	563,169.37
10008 PayPal	24,204.66
Total Bank Accounts	\$1,075,037.84
Accounts Receivable	
11000 Accounts Receivable	0.00
Total Accounts Receivable	\$0.00
Other Current Assets	
12001 *Undeposited Funds	0.00
12100 Friend's Place CD	0.00
69999 Payroll Items - Uncategorized	0.00
Total Other Current Assets	\$0.00
Total Current Assets	\$1,075,037.84
Fixed Assets	
18000 Land	140,980.88
18100 Land Improvements	21,225.00
18200 Buildings	177,879.12
18300 Building Improvements	425,163.03
18500 Equipment - FP	1,199.00
18600 Equipment	117,239.66
18700 Furniture and Fixtures	55,019.80
18800 Furniture and Fixtures - FP	8,650.20
18900 1201 W 3rd St - New Project	2,101,280.75
19000 Accumulated Depreciation	-396,624.78
Total Fixed Assets	\$2,652,012.66
Other Assets	
10004 Endowment	49,654.42
12200 Marketable Securities	0.00
Total Other Assets	\$49,654.42
TOTAL ASSETS	\$3,776,704.92

Beacon

Statement of Financial Position

As of December 31, 2024

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20001 Payables	0.00
Total Accounts Payable	\$0.00
Credit Cards	
12102 CENTER CARD	15,389.83
Total Credit Cards	\$15,389.83
Other Current Liabilities	
(do not use) Indiana Department of Revenue Payable	0.00
(do not use) Out Of Scope Agency Payable	0.00
26000 Payroll Liabilities	0.00
26050 Payroll Tax Liabilities	0.00
26100 Flex Med Spending Ded	1,523.34
26200 Empl United Way Payable	67.86
26300 Garnishment	200.00
26400 Life and AD&D - Employee	0.00
26500 SIMPLE IRA \$ - EE Withholding	0.00
26501 SIMPLE IRA \$ - ER Match	604.45
26550 SIMPLE IRA % - EE Withholding	1,215.71
26551 SIMPLE IRA % - ER Match	0.00
Total 26000 Payroll Liabilities	3,611.36
Total Other Current Liabilities	\$3,611.36
Total Current Liabilities	\$19,001.19
Long-Term Liabilities	
27000 Promissory Note	1,001,280.75
27200 Other Liabilities	0.00
Total Long-Term Liabilities	\$1,001,280.75
Total Liabilities	\$1,020,281.94
Equity	
30000 Opening Balance Equity	0.00
30001 Retained Earnings	0.00
30002 Net Income	0.00
32000 Unrestricted Net Assets	1,038,293.05
33000 Restricted Net Assets	154,217.00
Net Revenue	1,563,912.93
Total Equity	\$2,756,422.98
TOTAL LIABILITIES AND EQUITY	\$3,776,704.92

Beacon

Statement of Activity

January - December 2024

	TOTAL
Revenue	
(do not use) Unapplied Cash Payment Income	0.00
(do not use) Sales of Product Revenue	0.00
40000 Donations	
40100 Individual Donations	1,139,706.27
40110 Individual - Events	121,945.93
40120 Individual - Merch	2,591.73
40130 Stock Donations	451,511.18
Total 40100 Individual Donations	1,715,755.11
40200 Faith Community Donations	32,755.33
40300 Corporate Donations	28,061.78
40310 Corporate - Events	23,762.45
Total 40300 Corporate Donations	51,824.23
40400 Organization Donations	110,470.89
41000 NAP Contributions	19,073.22
Total 40000 Donations	1,929,878.78
42000 Government Grants	71,477.84
42010 Federal Government Grants	1,482,980.93
42020 State/Local Grants	1,488,900.38
Total 42000 Government Grants	3,043,359.15
42500 Occupancy Fee Income	74,274.00
43000 Nongovernment Grants	19,500.00
49000 Investment & Interest Income	4,599.69
49100 Other Types of Income	6,224.08
Total Revenue	\$5,077,835.70
GROSS PROFIT	\$5,077,835.70
Expenditures	
60000 Personnel Expenses	104.99
60100 Salaries & Wages	1,125,542.63
60150 Yearly Bonus	2,393.10
60300 Work/Study	1,343.12
Total 60100 Salaries & Wages	1,129,278.85
60400 Payroll Taxes	88,645.01
60500 Zane Enrollment Fee	4,967.37
60550 Employee Life Insurance	10,475.72
60600 FSA Reimbursements	-780.83
60625 TRowe Simple IRA	16,475.79
60650 Zane Reimbursements	66,401.61
60700 Workers' Compensation	11,487.48
60800 New Employee Costs	11,794.02

Beacon

Statement of Activity

January - December 2024

	TOTAL
60900 Staff Support & Training	10,714.15
61100 Mileage & Travel Expense	5,531.47
61110 Vehicle Maintenance & Repair	789.47
Total 61100 Mileage & Travel Expense	6,320.94
61200 Contract Services	280,837.89
61210 Accounting Fees	12,498.00
61220 Audit Costs	26,250.00
61230 Consulting Services	137,529.04
Total 61200 Contract Services	457,114.93
61300 Payroll Accounting Fees	5,436.20
Total 60000 Personnel Expenses	1,818,436.23
62000 Administrative Costs	70.00
62100 Office Supplies	5,326.73
62200 Postage & Mailing	867.08
62300 Internet	8,515.18
62400 Telephone	12,634.08
62500 Technology	10,556.99
62600 Memberships & Dues	2,788.88
Total 62000 Administrative Costs	40,758.94
64000 Facility Expenses	160.92
64100 Facilities and Equipment	19,981.07
64200 Utilities	2,914.50
64201 Electricity	10,049.30
64202 Natural Gas	5,009.70
64203 Water	13,421.95
Total 64200 Utilities	31,395.45
64300 Waste Removal	11,318.94
64400 Snow Removal	215.00
64500 Fire Suppression	3,056.36
64600 Pest Control	1,222.00
64700 Security	6,597.38
64800 Custodial Supplies	17,060.15
64900 Kitchen Supplies	21,899.22
65000 Maintenance and Repair	22,874.52
65200 Property & Liability Insurance	24,596.00
65205 Flood Insurance	5,707.00
65300 Building Equipment Non-Capital	76.49
65400 Equipment Lease	6,375.48
73250 - Auto Insurance	4,813.00
Total 64000 Facility Expenses	177,348.98

Beacon

Statement of Activity

January - December 2024

	TOTAL
66000 Client Support	5,380.05
66100 Client Rents	1,055,400.87
66151 Last Month Lease Rent	900.00
66152 First Month Rent	9,682.25
66153 Rental Arrears	26,045.83
Total 66100 Client Rents	1,092,028.95
66150 Renters Insurance	2,419.25
66200 Client Security Deposits	67,966.00
66250 Client Application Fees	6,770.73
66300 Client Utilities	36,552.83
66301 Client Utility Arrears	15,901.66
66302 Client Utility Deposit	6,947.50
Total 66300 Client Utilities	59,401.99
66350 Client Programming	113.00
66500 Client ID/BMV Expenses	169.29
66501 Client Birth Certificate Expenses	1,802.42
Total 66500 Client ID/BMV Expenses	1,971.71
66700 Pharmacy	868.56
66800 Bus Tickets - Local	17,166.98
66900 Bus Tickets Out-of-Town	5,793.77
67000 Food	52,340.67
67300 Hygiene Pantry	529.03
67600 Other Client Needs	19,652.82
66251 Moving Cost	8,240.38
66400 Welcome Home Baskets	9,174.42
Total 67600 Other Client Needs	37,067.62
67700 Lyft Transportation	725.49
Total 66000 Client Support	1,350,543.80
68000 Fundraising Expenses	10,144.30
68100 Printing and Copying	23,936.53
68200 Postage - Fundraising	9,638.61
68250 Donor Relations	2,274.70
68300 Fundraising Event Expenses	39,281.75
68350 Marketing	2,340.93
Total 68000 Fundraising Expenses	87,616.82
70000 Bank & Credit Card Fees	1,054.70
70001 PayPal Fees	3,763.30
70002 Fraud/Theft Loss	400.00
72000 Depreciation Expense	34,000.00
Total Expenditures	\$3,513,922.77
NET OPERATING REVENUE	\$1,563,912.93

Beacon

Statement of Activity

January - December 2024

	TOTAL
Other Expenditures	
99999 Ask My Accountant	0.00
Total Other Expenditures	\$0.00
NET OTHER REVENUE	\$0.00
NET REVENUE	\$1,563,912.93



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
PO Box 2508
Cincinnati, OH 45201

BEACON INC
PO BOX 451
BLOOMINGTON, IN 47402

Date:
July 6, 2021
Employer ID number:
74-3056968
Form 990 required:
990, YES
Person to contact:
Name: Ms. Wiles
ID number: 0196728

Dear Sir or Madam:

We're responding to your request dated September 22, 2020, about your tax-exempt status.

We issued you a determination letter in September 2002, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

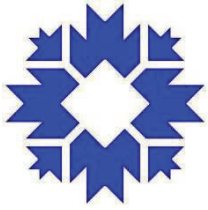
Sincerely,

Stephen A. Martin

Stephen A. Martin

Director, Exempt Organizations Rulings and Agreements

Letter 4168 (Rev. 09-2020)
Catalog Number 66666G



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE 2025 GRANT
APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

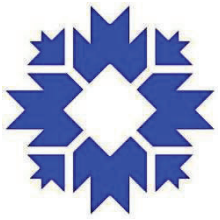
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line "[agency name] - 2025 JHSSF App"

Incomplete or late applications will not be accepted.



CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Big Brothers Big Sisters of South Central Indiana

Address:

P.O Box 2534
Bloomington, IN 47402

Phone: (812) 334-2828

E-Mail: bbbs@bigsindiana.org

Website: www.bigsindiana.org

President of Board of Directors: Sherry Dunbar-Kruzan

Name of Executive Director: Jennifer Quick-Cook

Phone: (812) 415-5366

E-Mail: jquick-cook@bigsindiana.org

Name of Grant Writer: Darby Keller

Phone: (812) 415-5368

E-Mail: bbbs@bigsindiana.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?	501(c)(3) documentation is included with this application?
Yes X	Yes X
No	No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
3	2	100+

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

At Big Brothers Big Sisters of South Central Indiana (BBBSSCI) our mission is to create and support one-to-one mentoring relationships to ignite the power and promise of youth. Our vision is for every child to have the opportunity to reach their full potential.

Through strong partnerships with parents, guardians, volunteers, and community leaders, we are committed to measurable, life-changing outcomes for the children in our program. We hold ourselves accountable for ensuring that each child experiences:

- **Higher aspirations, greater confidence, and stronger relationships**
- **A commitment to avoiding risky behaviors**
- **Increased academic success**

92/150 words

PROJECT INFORMATION

Name of the project to be funded:

Part-Time Community Relationship Specialist

Total cost of project: _____

Requested amount of Jack Hopkins funding: \$22,000

Number of City residents to be served by this project in 2025: 250+

Number of clients to be served by this project in 2025: 250+

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$22,000 to fund a part-time Community Relationship Specialist. This role will expand our capacity to process, recruit, and match volunteers with youth. By reducing wait times and increasing volunteer engagement, this position will ensure more children receive the mentorship they deserve.

Our current specialist cannot keep up with processing the 60+ volunteers (Bigs) wanting to mentor our youth (Littles). 160+ Littles remain on our waitlist, with numbers growing. Without additional support, these children face extended wait times for a mentor. This new role will streamline volunteer enrollments, accelerate matching, and enhance volunteer recruitment efforts, ensuring that every Big is quickly yet thoroughly onboarded, trained, matched and supported throughout their mentoring journey.

Beyond volunteer coordination, this specialist will help us expand free community events, connect families with valuable resources, and strengthen partnerships with local schools and clubs. By increasing programming and engagement opportunities, we can create a more enriching, supportive environment for the youth we serve.

This role will ensure that no child waits longer than necessary for a mentor who could change their life.

175/200 words

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐

Yes

☒

No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

431 S College Avenue
Bloomington, IN 47404

Do you own or have site control of the property at which the project is to take place?

Yes No N/A **X**

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

Yes No N/A **X**

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval.

Note: Funds will not be disbursed until all requisite variances or approvals are obtained.

N/A

PROJECT COSTS

Is this request for operational funds? (e.g., salaries, rent, vouchers, etc),

☒ Yes

☐ No

If "yes," indicate the nature of the operational request:

☐ Pilot

☐ Bridge Collaborative

☒ None of the above - General request for operational funds

Other Expected Project Funds: (Indicate source, amount, and whether confirmed or pending):

In addition to this grant, we are actively pursuing partial funding from other grant sources to support our project. Furthermore, we will leverage fundraising efforts from our recent event, "100 Cooks who Care," to help cover the costs associated with this initiative

**Describe
when you**

plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We plan to submit reimbursement claims in a timely manner in alignment with the onboarding and initial activities of the newly hired staff member.

To ensure a smooth and transparent reimbursement process, we will follow these key steps:

- **Detailed Expense Tracking:** We will maintain comprehensive records of all expenses associated with the new staff position to ensure full transparency and accountability.
- **Eligibility Review:** Each expense will be reviewed to confirm compliance with the grant's guidelines and reimbursement eligibility.
- **Claim Submission:** We will submit reimbursement claims, accompanied by all required supporting documentation, to the funding committee.
- **Internal Review:** Before submission, claims will undergo a thorough internal review by our team to ensure accuracy and completeness.
- **Fund Disbursement:** Once approved, the reimbursed funds will be received and allocated to sustain the new staff position and further strengthen our mentoring services in the community.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

N/A

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

The Community Relationship Specialist is a catalyst for fiscal leveraging at BBBS of South Central Indiana. This role will amplify volunteer recruitment efforts, effectively multiplying the grant's impact through contributions of volunteer time. Our annual fundraisers, including Bowl for Kids' Sake and Crew Carwash, alongside new initiatives, will generate additional funds to complement the grant. The specialist will also foster corporate partnerships, seeking in-kind donations and sponsorships. By increasing our community presence, we'll attract more individual donors and volunteers, creating a sustainable funding ecosystem that maximizes the initial investment in this crucial role.

93/100 words

FUNDING PRIORITIES - RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

Yes X No

If "yes", provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Personnel	\$17,000
Priority #2	Child Safety Training for employee	\$3,500
Priority #3	Technology & Operational fees associated with employee	\$1,500
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$22,000

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Need](#) the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan, 2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

Our proposed project addresses key priorities in the SCAN and the City of Bloomington's 2020-2024 Consolidated Plan. The SCAN highlights the need for mentoring and positive youth development, particularly through afterschool programs. By reducing waitlists and streamlining volunteer onboarding, this role will increase access to life-changing mentorship, fostering youth growth and positive engagement.

The SCAN also emphasizes the need for support for vulnerable youth, especially those from unstable home environments. 77% of our Littles qualify for free or reduced lunch, nearly 10% have an incarcerated parent, and over 20% come from families receiving income assistance. This data underscores the urgent need for mentorship.

Additionally, the SCAN identifies service gaps, including limited access to recreational activities and services for youth with disabilities. The specialist will help bridge these gaps by expanding outreach and connecting families with resources.

Finally, the SCAN stresses the importance of preventing negative behaviors. Research from Big Brothers Big Sisters of America shows that mentorship reduces risky behaviors and juvenile justice involvement. 100% of our Littles have avoided interactions with law enforcement, proving the value of mentorship in promoting positive youth outcomes.

184/200 words

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

This funding is a strategic, one-time investment that will enable us to process and onboard a surge of volunteers to address the growing waitlist of Littles. By expanding our capacity now, we can match more Littles with Bigs faster, reducing wait times and fully utilizing our existing resources. This role will also support volunteer retention and recruitment, ensuring both current and future mentors remain engaged with our mission. Ultimately, this investment will help us establish a sustainable volunteer pipeline, ensuring we can continually meet the increasing demand for mentorship in Bloomington.

91/100

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

This investment will create lasting benefits for our community by strengthening connections among youth, mentors, families, schools, and local organizations. Increased engagement fosters a more supportive environment and reinforces Bloomington's social fabric. Strengthening partnerships with schools and organizations also builds a sustainable pipeline of youth and volunteers, ensuring the long-term success of our mentoring programs.

Our impact is clear: 100% of our Littles value their relationship with their Big, feel safe, explore new interests, avoid substance use, and stay out of the juvenile justice system. Nearly 48% experience significant decreases in depressive symptoms, while 89% maintain or improve academic performance—22.22% showing significant improvement.

Expanding our capacity will create a ripple effect, helping more children build resilience and confidence while reducing long-term risks like school dropout and juvenile justice involvement. This investment will also attract more volunteers, donors, and partners, ensuring sustainability and greater reach.

145/200

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project. The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Outcome indicators for our project include:

1. Reduction in average wait time for Littles to be matched with Bigs
2. Increase in new matches created
3. Improvement in match retention rates
4. Expansion of program capacity (number of youths served)
5. Increase in staff efficiency (caseload management metrics)
6. Increase in program and community engagement events facilitated
7. Increase in attendance at community engagement events
8. Increase in community partnerships

These indicators are and will be tracked consistently using our platform, Matchforce, which allows us to monitor progress and generate reports, showcasing the project's effectiveness.

95/100

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Beyond the measurable outcomes and budgetary details outlined in this application, we want to provide additional context to help the committee fully understand the impact and potential of our proposed project.

Firstly, we want to emphasize the preventative nature of our mentoring programs. By intervening early in the lives of at-risk youth, we aim to prevent future involvement in the juvenile justice system, reduce the likelihood of substance abuse, and improve educational outcomes. These preventative measures not only benefit the individuals involved but also contribute to a more stable and thriving community.

Secondly, our commitment extends beyond simply matching youth with mentors. We provide ongoing training and support to our Bigs, ensuring they are equipped to provide effective guidance and support to their Littles. This comprehensive support system is critical for ensuring the long-term success of our matches and the positive outcomes we consistently achieve.

Thirdly, we are acutely aware of the challenges faced by families in our community, particularly those struggling with poverty, lack of access to resources, mental health and/or addiction, the justice system, and social isolation. Our community engagement events are designed to address these challenges by providing families with access to information and resources, support networks, and opportunities for social interaction. We partner with local organizations to offer resources related to health and wellness, parenting skills, and educational support.

We also wanted to note that in 2024 our agency faced challenges that impacted our budget. Staff transitions and unexpected relocation costs contributed to a deficit, compounded by lower individual donations. However, we have developed a strategic plan for 2025 to address these issues. The plan focuses on optimizing operations, enhancing fundraising, and diversifying revenue streams. We are confident that this plan will help us achieve a net positive balance in 2025. Our team is committed to executing these strategies effectively to ensure our financial performance supports our mission.

With this investment, we can reach more children, strengthen more futures, and break cycles of adversity through meaningful mentorship. Thank you for your consideration and for your commitment to igniting the power and promise of youth.

2025 Proposed Project Budget

Big Brothers Big Sisters of South Central Indiana		Part-time Community Relationship Specialist	
Total Project Cost		\$	
	Totals	Other Income Sources	JHSS Grant
Funds			
JHSS GRANT	\$22,000		\$22,000
Other Income sources	\$13,000	\$13,000	
TOTAL PROJECT FUNDS	\$35,000		\$22,000
EXPENSES	\$35,000	\$13,000	\$22,000
TOTAL PROJECT EXPENSES	\$35,000	\$13,000	\$22,000

BIG BROTHERS BIG SISTERS OF SC IN

Statement of Activity

January - December 2024

	TOTAL
Revenue	
4000 Government Grants	84,625.21
4100 Private Grants	57,989.10
4200 Individual Contributions	81,694.88
4225 Corporate Match	401.00
4300 Indirect Contributions	11,657.88
4800 Fund Raising	174,393.74
4900 Investment income	16,574.40
General Fund	0.00
Total Revenue	\$427,336.21
GROSS PROFIT	\$427,336.21
Expenditures	
6000 Agency Expense	22,822.09
6100 Board & Staff Expenses	7,397.25
6200 Equipment	1,414.82
6300 Insurance	12,839.00
6400 Occupancy	39,465.53
6500 Payroll	287,513.91
6600 Professional Fees	51,086.51
6700 Program Expense	11,754.43
6776 Marketing	86.89
6777 Grant Expense	950.00
6800 Volunteer Expense	4,875.29
9055 Interest Expense	4,364.28
Uncategorized Expense	0.00
Total Expenditures	\$444,570.00
NET OPERATING REVENUE	\$ -17,233.79
Other Revenue	\$5,000.00
NET OTHER REVENUE	\$5,000.00
NET REVENUE	\$ -12,233.79



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248364798
Sep. 17, 2009 LTR 4168C E0
35-1330448 000000 00

00011240
BODC: TE

BIG BROTHERS BIG SISTERS OF MONROE
COUNTY INC
PO BOX 2534
BLOOMINGTON IN 47402-2534



014660

Employer Identification Number: 35-1330448
Person to Contact: Mr. Bayer
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Sep. 08, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in September 1975, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I



INDIANA DEPARTMENT OF REVENUE
INDIANA GOVERNMENT CENTER NORTH INDIANAPOLIS, INDIANA 46204
NOT-FOR-PROFIT TAX REGISTRATION CERTIFICATE
(THIS CERTIFICATE MAY NOT BE USED TO COLLECT SALES TAX)

FORM IT-35E, STATE FORM 753
Corresp ID: 0200014513606

DATE ISSUED
07/12/2002

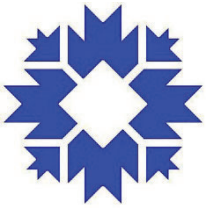
TAXPAYER ID NO.
0002123517 000 0



BIG BROTHERS BIG SISTERS INCORPORATED
PO BOX 2534
BLOOMINGTON, IN 47402

- ☒ ORGANIZATION WHOLLY EXEMPT FROM
PAYMENT OF GROSS INCOME TAX
- ☐ ORGANIZATION PARTIALLY EXEMPT
FROM PAYMENT OF GROSS INCOME TAX

SALES TAX EXEMPT



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

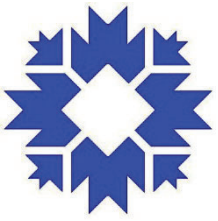
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Bloomington Cooperative Living

Address:

404 W Kirkwood Ave, Bloomington, IN
47404

Phone: (812) 269-2446

E-Mail: bclmembersshipping@gmail.com

Website: <https://bloomingtoncooperative.org>

President of Board of Directors: Peter Cho

Name of Executive Director: _____

Phone: _____

E-Mail: _____

Name of Grant Writer: Jade Riley

Phone: (260)443-6907

E-Mail: jademriley21@gmail.com

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
0	1	75+

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Bloomington Cooperative Living creates and maintains affordable, communal housing in Bloomington, Indiana that is democratically controlled by residents.

PROJECT INFORMATION

Name of the project to be funded:

HVAC Upgrades

Total cost of project: \$41,233

Requested amount of Jack Hopkins funding: \$15,367

Number of City residents to be served by this project in 2025: 20

Number of clients to be served by this project in 2025: 0

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

Bloomington Cooperative Living, Inc. is requesting \$15,367 to help fund new, energy-efficient, heating and cooling systems for one of the two largest homes in the cooperative, housing around 20 members. The new HVAC systems will allow for a more energy and cost efficient home in the long term, which will benefit our organizational goal of creating more affordable housing in the Bloomington area.

"Middle Earth" (404 W Kirkwood Ave) currently has three separate functional, but inefficient heating and cooling systems. The planned renovation includes the installation of two gas furnaces, two AC units, one air handler, and one heat pump. Residents of the house have expressed concern over our current systems due to the lack of a consistent temperature year-round and poor energy efficiency.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

404 W Kirkwood Ave

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

Is the property zoned for your intended use?

☐

Yes

☐

No

☒

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐ Yes ☒ No

If “yes,” indicate the nature of the operational request:

☐ Pilot ☐ Bridge ☐ Collaborative

☐ None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

Bloomington Cooperative Living is expecting to receive \$10,000 from the SEEL program as well as a \$500 rebate from Duke Energy. Bloomington Cooperative living is prepared to fund the remaining \$15,366.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

Middle Earth is eligible for the SEEL program funding and is currently working through the application process.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Bloomington Cooperative Living will pay \$15,366 towards the project through organizational accounts containing money collected from rent and other living expenses.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Upstairs Energy Star Tempstar System	\$14,593.00
Priority #2	Basement 1 Energy Star Tempstar System	\$13,320.00
Priority #3	Basement 2 Energy Star Tempstar System	\$13,320.00
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

BCL aims to create a sustainable, inclusive, and affordable living environment that fosters community engagement and empowers residents. We provide ~85 affordable housing units designed to meet the diverse needs of our community, especially for those that identify as LGBTQAI+. By prioritizing collaboration and shared resources, we reduce living costs while promoting social cohesion. All members of Middle Earth fall below the 80% threshold for the HUD Bloomington metro area.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

Sustainability is a core tenet of Bloomington Cooperative Living. The upgrade of three new HVAC systems is one that will last for many years. A ten year warranty is included in the cost estimate.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

The new, energy-efficient, heating and cooling systems will allow for long term savings, allowing Middle Earth and other cooperative houses to ultimately lower rents and continue to make sustainable housing affordable for its members. Over the course of 2021, Middle Earth experienced an 18% increase in utility costs. Other houses showed similar utility cost increases: 14% at 630 Atwater Ave. and 17% at 418 S. Woodlawn. Furthermore, utility costs are expected to continue rising. These are not the only rising costs facing BCL: food, which is purchased at a house level, is projected to increase in cost this coming year, and the discounted rate BCL paid for the two houses it leases is set to expire this year. The upgraded systems will provide a much needed efficiency that will reduce costs long-term for the upkeep of Middle Earth. This could allow for the lowering of rent for the 20 house residents, as well as cost reductions organization-wide, as all houses pay into a larger fund.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

The ultimate goal is to enhance the sustainability and efficiency of the house in order to reduce energy consumption, and, in turn, the energy bill. By doing so, we can continue to maintain our mission of affordable housing as energy costs and other essential bills rise. This can materially be shown in the lowering of energy consumption in reports given each month by Duke Energy on our bills or the lowering of general total cost.


OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Bloomington Cooperative Living (BCL) owns and/or rents five cooperative houses in Bloomington, Indiana. As a registered 501(c)(3) nonprofit organization, we believe housing is a human right. We work together to create, maintain, and expand affordable housing without a profit motive. The majority of the residents (~65%%) are in BCL-owned homes (404 W Kirkwood Ave; 410 W Kirkwood Ave; 921 W 9th St) with the balance in two rented houses on campus. Without profit, BCL members benefit, not an individual or corporation. BCL is a part of the North American Students of Cooperation (NASCO) and upholds its principles of affordability, community building, sustainability, and empowerment. We cook shared meals together, plant community gardens, share maintenance and administrative tasks, and partner with individuals/organizations that believe in building community resources. All houses recycle, have composting systems, reuse clothing, furniture, and household items, as well as share resources and knowledge on maintenance, house practices, and administrative roles. We provide residents with opportunities for participation in decision-making processes. Each resident is considered a “member” with equal voting rights among the General Assembly of the combined houses. Our Board of Directors is advisory consisting of houses and community partners. Every person’s vote counts and a majority is required on any policy large or small.



You have a new estimate from Truesdel Heating Cooling & Maintenance LLC

 **Prepared for:** Bloomington Cooperative Living

Bloomington Cooperative Living

 **Address:** 404 W Kirkwood Ave, Bloomington, IN 47404

Select all options you would like to approve

Basement 1 Energy Star Tempstar System

ADD OPTION

\$13,320.00

Estimate Details

Service	Unit Price	Qty	Total
Install Tempstar 96% Ion, gas furnace & Tempstar Ion heat pump	\$13,320.00	1	\$13,320.00

Energy Star

We will remove and haul away existing equipment. We will install 1-Tempstar 96%, Ion, communicating, 2-stage, variable speed blower, gas furnace with a media filter, 1-Tempstar Ion, communicating, 18 seer2, variable speed compressor, variable speed fan, air conditioning unit and 1-Tempstar Ion, touchscreen, communicating, wi-fi thermostat. We will install the air conditioning unit on a pad. We will connect new equipment to existing ductwork, existing line set, existing flue, existing gas line, existing electrical and existing drain.

Price: \$13,320.00

Payment schedule: \$7,992.00 deposit to start and balance due the day of installation.

1-year labor warranty on new equipment by Truesdel Heating, Cooling & Maintenance LLC and 10-year parts warranty on new Tempstar equipment with a 12-year no hassle.

Estimate expires: 07/15/2025

[SHOW LESS](#)

Service subtotal	\$13,320.00
Subtotal	\$13,320.00
Convenience fee/Billing fee (4%)	+ \$0.00
Total	\$13,320.00

Basement 2 Energy Star Tempstar System

\$13,320.00

[ADD OPTION](#)

Estimate Details

Service	Unit Price	Qty	Total
Install Tempstar 96%, Ion gas furnace & Tempstar Ion air	\$13,320.00	1	\$13,320.00

conditioning unit

Energy Star

We will remove and haul away existing equipment. We will install 1-Tempstar 96%, Ion, communicating, 2-stage, variable speed blower, gas furnace with a media filter, 1-Tempstar Ion, communicating, 18 seer2, variable speed compressor, variable speed fan, air conditioning unit and 1-Tempstar Ion, touchscreen, communicating, wi-fi thermostat. We will install the air conditioning unit on a pad. We will connect new equipment to existing ductwork, existing line set, existing flue, existing gas line, existing electrical and existing drain.

Price: \$13,320.00

Payment schedule: \$7,992.00 deposit to start and balance due the day of installation.

1-year labor warranty on new equipment by Truesdel Heating, Cooling & Maintenance LLC and 10-year parts warranty on new Tempstar equipment with a 12-year no hassle.

Estimate expires: 07/15/2025

[SHOW LESS](#)

Service subtotal	\$13,320.00
Subtotal	\$13,320.00
Convenience fee/Billing fee (4%)	+ \$0.00
Total	\$13,320.00

Upstairs Energy Star Tempstar System
\$14,593.00

[ADD OPTION](#)

Estimate Details

Service	Unit Price	Qty	Total
Install Tempstar Ion air	\$14,593.00	1	\$14,593.00

handler and Tempstar Ion
heat pump

Energy Star

We will remove and haul away existing equipment. We will install 1-Tempstar Ion, communicating, variable speed blower, air handler with an electric heat pack and a media filter, 1-Tempstar Ion, communicating, 18.5 seer2, variable speed compressor, variable speed fan, heat pump and 1-Tempstar Ion, touchscreen, communicating, wi-fi thermostat. We will install the heat pump on a pad. We will connect new equipment to existing ductwork, existing line set, existing electrical and existing drain.

Price: \$14,593.00

Payment schedule: \$8,775.00 deposit to start and balance due the day of installation.

1-year labor warranty on new equipment by Truesdel Heating, Cooling & Maintenance LLC and 10-year parts warranty on new Tempstar equipment with a 12-year no hassle. Electric heat pack carries a 5-year parts warranty.

Estimate expires: 07/15/2025

[SHOW LESS](#)

Service subtotal	\$14,593.00
Subtotal	\$14,593.00
Convenience fee/Billing fee (4%)	+ \$0.00
Total	\$14,593.00

Not what you were looking for?

Please let us know if you'd like to request some changes.
We'd love to win your business.

[DECLINE ALL OPTIONS](#)

Note

Thank you for choosing Truesdel Heating, Cooling & Maintenance LLC.

Estimate date: Mar 19, 2025

Contact us

Truesdel Heating Cooling & Maintenance LLC

 (812) 829-1450

 trueaircomfort@yahoo.com

See our [Terms & Conditions](#)



[Privacy](#) - [Terms](#)

NO OPTIONS ADDED ▼

APPROVE

Bloomington Cooperative Living

Statement of Activity

January - December 2024

	TOTAL
Revenue	
Interest Earned	340.89
Member Contributions	237,367.05
Food Contributions	2,143.37
ME Food (in)	545.50
The Trellis Food (in)	1,615.58
WH Food (in)	728.87
Total Food Contributions	5,033.32
Rent Contributions	34,145.90
410 Rent (in)	67,854.74
GL Rent (in)	3,754.00
ME Rent (in)	63,286.50
Trellis Income (In)	2,961.00
Trellis Paid Security Deposit (In)	640.00
Total Trellis Income (In)	3,601.00
WH Rent (in)	99,493.80
Total Rent Contributions	272,135.94
Utilities Contributions	
410 Utilities (in)	15,254.80
Total Utilities Contributions	15,254.80
Total Member Contributions	529,791.11
Parking Income	524.62
refund	29,945.53
Sales	1,655.00
Uncategorized Income	8,000.00
Total Revenue	\$570,257.15
GROSS PROFIT	\$570,257.15
Expenditures	
Ask My Accountant	-2,657.68
Bank Charges & Fees	-0.32
CDFI Loan Repayment	3,197.58
Contractors	46,641.81
Food	50.00
410 Food (out)	2,569.63
410 Groceries	7,760.82
Total 410 Food (out)	10,330.45
Bulk	
410 Bulk (out)	3,644.14
Total Bulk	3,644.14

	TOTAL
GL Food (out)	2,395.42
GL Bulk	7,179.09
GL Groceries	8,309.11
Total GL Food (out)	17,883.62
Groceries	46.78
Trellis Consumables (Out)	369.59
Trellis Bulk (Out)	1,220.53
Trellis Groceries Meat (Out)	60.03
Trellis Groceries Non-meat (Out)	13,452.68
Trellis Piazza (Out)	21,028.14
Total Trellis Consumables (Out)	36,130.97
WH Food (out)	202.00
WH Bulk	3,111.23
WH Groceries	11,040.03
Total WH Food (out)	14,353.26
Total Food	82,439.22
Job Supplies	-497.62
ME Food (out)	1,645.71
ME Bulk	5,576.77
ME Groceries	17,703.82
Total ME Food (out)	24,926.30
ME Utilities (out)	7,998.83
Miscellaneous House Expenses	499.88
410 Misc (out)	5,136.26
GL Misc (out)	878.02
ME Misc (out)	3,723.58
Trellis Other (Out)	670.64
WH Misc (out)	1,318.35
Total Miscellaneous House Expenses	12,226.73
Mortgage Interest	4,341.98
Project 410 - CDFI Interest	3,942.50
Trellis Mortgage Interest	33,840.54
Total Mortgage Interest	42,125.02
NASCO Dues	3,656.80
Office Supplies & Software	227.07
QuickBooks Payments Fees	4.99
Rent and Housing Expenses	54,138.17
Insurance	18,173.18
Interest Paid (Middle Earth Mortgage)	22,987.10
Project 410 LEAF (out)	1,883.15
Project 410 LEAF Interest Paid	9,876.00
Total Project 410 LEAF (out)	11,759.15
Rent	84,075.00
Trellis Expenses (Out)	
Trellis Security Deposit Return (Out)	0.00
Total Trellis Expenses (Out)	0.00
Total Rent and Housing Expenses	191,132.60

	TOTAL
Repairs & Maintenance	13,944.23
ME Repairs & Maintenance	12,139.09
ME Grant	-5,513.02
Total ME Repairs & Maintenance	6,626.07
Trellis Maintenance (Out)	2,419.02
WH Repairs & Maintenance	278.82
Total Repairs & Maintenance	23,268.14
Staffer Wages	6,090.00
Uncategorized Expense	160.96
Utilities	1,076.91
410 Utilities (out)	11,870.37
GL Utilities (out)	9,636.84
ME Utilities (out)	11,775.53
Trellis Utilities (Out)	12,403.35
WH Utilities (out)	12,142.95
Total Utilities	58,905.95
Total Expenditures	\$499,846.38
NET OPERATING REVENUE	\$70,410.77
Other Revenue	
Late Fee Income	18.00
Total Other Revenue	\$18.00
NET OTHER REVENUE	\$18.00
NET REVENUE	\$70,428.77

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **JAN 19 2011**

BLOOMINGTON COOPERATIVE LIVING
INCORPORATED
C/O DAVID R SPARER
16 N. CARROLL STREET, SUITE 500
MADISON, WI 53703

Employer Identification Number:
26-3238535
DLN:
17053078330010
Contact Person:
MARK I. TOMBACK ID# 95020
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
October 31
Form 990 Required:
Yes
Effective Date of Exemption:
November 7, 2007
Contribution Deductibility:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(4) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Please see enclosed Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), for some helpful information about your responsibilities as an exempt organization.

Exemption under section 501(c)(4) is recognized as of November 7, 2007, your date of formation or incorporation, to March 16, 2010, the effective date of your exemption under section 501(c)(3).

Contributions to you are not deductible by donors under section 170(c)(2) of the Code.

Letter 948 (DO/CG)

BLOOMINGTON COOPERATIVE LIVING

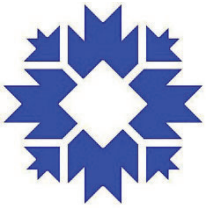
We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Choi". The signature is fluid and cursive, with the first name "Robert" and last name "Choi" clearly distinguishable.

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-NC



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

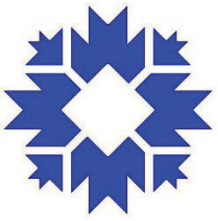
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Bloomington St. Vincent de Paul serving Monroe CO

Address:

1413 East 17th Street,
Bloomington, IN 47408

Phone: (812) 961-1510

E-Mail: info@bloomingtonsvdp.org

Website: https://www.svdpbloomington.org

President of Board of Directors: We have a slate of officers, but no Board

Name of Executive Director: Robert Zerr (President)

Phone: 574-220-5037

E-Mail: rzerr@nd.edu

Name of Grant Writer: Jo Gilbertson and Mary Jean Regoli

Phone: (812) 219-5566; (812) 322- 5345

E-Mail: jo_gilbertson_503@comcast.net; mjregoli@outlook.com

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
0	0	70

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

The Society of St. Vincent de Paul is an all-volunteer, non-profit organization dedicated to serving those in need in Bloomington and Monroe County, Indiana, regardless of religion, gender, sexual orientation, race, or ethnicity. Founded in 1992, we began by providing donated furniture and have since expanded to assist clients with rent and utility bills, rent deposits, medical co-pays, and emergency vehicle needs. Our mission is to provide safety-net services to individuals and families who are suffering, including the working poor, homeless, formerly incarcerated individuals, and others on the margins of society. Through our emergency utilities assistance program, we intend to prevent service disconnections, offering support based on client need and available resources. We do not require any faith-based criteria for assistance and are open to all in need. Our goal is to enhance the stability and well-being of families, helping them overcome financial hardships and remain safely in their homes.

PROJECT INFORMATION

Name of the project to be funded:

Emergency Utilities Assistance Project

Total cost of project: \$75,500

Requested amount of Jack Hopkins funding: \$30,000

Number of City residents to be served by this project in 2025: 120 households (360 individuals)

Number of clients to be served by this project in 2025: 302 households (906 individuals)

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$30,000 to provide utility bill assistance, including electricity, water, and gas, to Bloomington city residents facing financial hardship. Despite efforts by utility companies to work with clients, many individuals struggle to pay accumulated debts, making it difficult to meet their ongoing obligations. With this grant, we can provide an average of \$250 in utility assistance to 120 families. Our client data indicates that families requesting assistance face an average utility bill of \$411. Our financial assistance, combined with our ability to negotiate payment plans with utility providers, will help ensure that families maintain essential utilities services and remain in their homes. Our data shows that each family has an average of 3 members, meaning this project will positively impact 360 individuals.

Clients contact us directly or are referred by agencies such as the Township Trustee and Salvation Army. We will screen clients based on income, need, and residency to ensure appropriate use of funds. Additionally, we will connect clients with energy efficiency programs, such as Weatherization through South Central Community Action Program and Home Energy Assessment through CenterPoint, to help them lower future utility bills and empower them to manage energy costs effectively.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

N/A

Do you own or have site control of the property at which the project is to take place?

☐

Yes

☐

No

☒

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☐

Yes

☐

No

☒

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐

Yes

☒

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

\$13,500 from two other grants from Bloomington Township Trustee and the Sacred Heart Fund. These grants have been received and the funds from them have already been disbursed for utilities assistance for this fiscal year.
\$32,000 from individual donors, pending, based on past fundraising efforts. These individuals are parishioners at the three Catholic Churches of Monroe County as well as from many individuals giving directly to St. Vincent de Paul who are not affiliated with the Catholic Church.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We will submit claims periodically as checks clear the bank (necessary for documentation) and will draw down by December 4, 2025.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

N/A

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Our organization leverages strong partnerships with local Bloomington Townships, Salvation Army, South Central Community Action Program (SCCAP), Beacon, CenterPoint, and several churches, including First United Church and Sherwood Oaks, to extend resources and support beyond standard assistance. These collaborations allow us to provide more comprehensive help to clients. Additionally, our 70+ dedicated volunteers work efficiently to assess client needs, verify information, and advocate with utility agencies for reduced bills, payment assistance, or payment plans, maximizing the impact of available funds and ensuring that clients receive the best possible assistance.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Assist 120 households with their utility bills (\$250 each)	\$30,000
Priority #2	With partial funding, we would help fewer families	
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$30,000

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

Our funding request directly addresses identified priorities for social service funds, focusing on basic services related to shelter for low income, elderly, affected with a disability, or otherwise disadvantaged City residents. This funding will ensure essential utilities remain connected for heating and cooling, medical equipment, food preservation, hygiene, lighting, and technology use.

Functioning utilities are vital for maintaining health and safety, but energy costs can significantly strain household budgets, forcing families to make difficult choices between paying bills and meeting basic needs. Duke Energy customers face an average 8% bill increase as of this month.

Indiana Impact data (referenced in 2020 Service Community Assessment of Needs) highlights the pressing need for utility assistance, with 23.5% of Monroe County residents living in poverty in 2019, and a 14.6% increase in population from 2009 to 2019.

The Indiana 211 data dashboard reports that 15% of the 1,927 calls from Monroe County in 2024 requested utility assistance, with many callers facing disconnection.

The 2022 United Way ALICE project report underscores the financial struggles in Bloomington, where 58% of Bloomington Township residents live below the ALICE threshold. Single adults (with/without children) and those under 25 are disproportionately affected.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

This funding will serve as a bridge to assist individuals struggling with utility bills and facing disconnection of services. For those in Section 8 housing, maintaining utilities is crucial to staying in their homes. This one-time investment will provide immediate relief while our volunteer advocacy efforts help clients access weatherization programs and negotiate payment plans with utility providers. By assisting clients in the short term and connecting them with long-term solutions, such as energy efficiency programs, this project ensures they are more likely to maintain utility services and manage future bills.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

This project will have long-term benefits by improving the stability and well-being of low-income families in the Bloomington community. By providing utility assistance, we help families remain in their homes, reducing the risk of homelessness and supporting overall family health and security. Our advocacy with utility companies, along with referrals to energy efficiency programs, equips families with tools to manage and reduce future utility costs. This, over time, fosters greater financial stability, alleviating energy insecurity and enabling families to redirect resources toward other essential needs.

Research from the Wilson Sheehan Lab for Economic Opportunities (LEO) at the University of Notre Dame, Results for America, and Destination: Home shows that temporary financial assistance for rent, utilities, and other housing-related expenses significantly reduces the likelihood of homelessness. Those receiving such assistance are 81% less likely to become homeless within six months and 73% less likely within a year. By providing utility assistance to at-risk households, we contribute to preventing homelessness and reducing long-term societal costs.

Ultimately, this project helps strengthen the community by assisting families in overcoming immediate challenges, allowing them to build a stable foundation for the future, and increasing overall community resilience.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

To measure the success of this project, we will track the following outcome indicators:

- The total number of individuals assisted with electricity, gas, and water utility bills.
- The number of families facing utility disconnection who received assistance.
- The number of Section 8 families assisted in maintaining utility service to stay in their homes.
- The number of families provided with information on energy efficiency and weatherization programs.

These indicators will allow us to evaluate the immediate impact of the funding on families' ability to maintain utility services and access long-term solutions for energy savings.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

St. Vincent de Paul serving Monroe County has a long-standing commitment to serving low-income and vulnerable populations in the Bloomington area. We have a proven track record of providing direct assistance to families in need like the single father with three children who lost one of his two jobs, putting him behind with the water company. We helped him avoid service disconnection while he sought a replacement job. Or the female veteran, age 69, who had never before requested assistance. She fell behind with a utility bill while clearing up issues after her bank account was hacked. She avoided shut-off with our aid.

Our organization is deeply committed to ensuring that those in need of assistance are treated with respect and dignity throughout the process. Clients come to us through a variety of channels, including direct contact, referrals from local agencies such as the Township Trustees, Monroe County United Ministries, 211, and Salvation Army, churches, and other community organizations. Many of our clients are also referred by past clients who have benefited from our services.

Once a potential client contacts us, they leave a voice-to-text message with their name and phone number. Our Phone Volunteer then follows up with the client, asking for basic information, including their date of birth, address, and the nature of their assistance needed. We will screen potential clients to determine their need for utility assistance, city of residence, income, and other information to evaluate the appropriate use of these grant funds. If the client resides within the City of Bloomington, they are assigned a Home Visitor, who schedules an interview to gather more detailed information about the client's situation.

During the interview, the Home Visitor works to understand the client's family structure, income sources (including Social Security, SSI, pensions, child support, and employment), expenses for utilities, rent, and other bills, current housing status (including whether they are receiving Public Housing or Section 8 assistance), and whether they have sought help from other agencies such as the Township Trustee or the Salvation Army or from area churches. This ensures that clients are receiving the necessary support from multiple resources and that our grant funds are used efficiently.

Our team adheres to a thorough screening process to ensure equitable distribution of funds. The Home Visitor submits a Client Report to the Treasurer and President, detailing the interview responses and the recommended level of assistance. After verifying the information, we ensure that no household receives assistance more than once every six months. In addition to financial support, we also provide access to donated furniture and distribute an up-to-date local and government resource booklet, which helps clients explore other avenues of support.

Our dedicated volunteers strive to approach every case with kindness, respect, and compassion. They take the time to listen to clients' stories, offering alternative solutions where possible, and ensuring that every client is treated with dignity. This holistic approach not only addresses immediate utility needs but also empowers clients to overcome challenges and access other community resources.

BLOOMINGTON ST. VINCENT de PAUL SERVING MONROE COUNTY
2025 Jack Hopkins Social Services Grant Opportunity

FY2025 Proposed Project Budget for Client Utility Assistance

Total Project Cost: \$75,500

	<u>Total Project</u>	<u>Internal</u>	<u>Other Grants</u>	<u>JHSS</u>
REVENUE				
JHSS Grant		\$ 0	\$ 0	\$30,000
Other Grants		0	13,500	0
Internal Sources		<u>32,000</u>	<u>0</u>	<u>0</u>
TOTAL FUNDS	\$75,500	\$32,000	\$13,500	\$30,000
EXPENSES				
Utility Assistance		<u>\$32,000</u>	<u>\$13,500</u>	<u>\$30,000</u>
TOTAL COSTS	\$75,500	\$32,000	\$13,500	\$30,000

BLOOMINGTON ST VINCENT de PAUL SOCIETY SERVING MONROE COUNTY
Report on Fiscal Year-End 2024

	9/30/2023		Disburse-	Net	9/30/2024
	<u>Balances</u>	<u>Receipts</u>	<u>ments</u>	<u>Change</u>	<u>Balances</u>
General Operating Fund	\$ 101,597	\$ 140,751	\$ 145,572	\$ (4,821)	\$ 96,776
	(receipts and disbursements gross)				
Cash/Restricted Accounts					
Appliance Center	\$ 2,308	\$ -	\$ 161	\$ (161)	\$ 2,148
Bob Muldoon Fund	7,936	823	2,700	(1,878)	6,058
Catholic Foundation	-	40,000	40,000	-	-
Furniture Special Projects	1,678	4,747	6,425	(1,678)	-
Grant: Bloomington Township	1,328	5,115	5,414	(299)	1,029
Grant: 100+ Women Who Care	2,527	5,043	7,570	(2,527)	-
Jack Hopkins Grants	(4,504)	12,273	17,194	(4,921)	(9,425)
Sacred Heart Fund	-	25,000	25,000	-	-
Sophia Travis Grant	(3,907)	5,561	1,654	3,907	-
Vehicle Assistance Program	<u>1,694</u>	<u>14,704</u>	<u>7,507</u>	<u>7,197</u>	<u>8,892</u>
Subtotal	\$ 9,060	\$ 113,766	\$ 113,624	\$ (358)	\$ 8,702
TOTAL ALL FUNDS	\$ 110,657	\$ 254,016	\$ 259,196	\$ (5,179)	\$ 105,478

CLIENT ASSISTANCE FUNDED DURING FY 2024

The General Operating Fund provided \$90,526 in client financial assistance during the year, augmented greatly by \$113,809 in grant and designated funds. Checks written numbered 1,032. As is typical for our client needs, utilities and rent, at \$158,888, dwarfed other categories, accounting for 78% of the total. The aid for vehicle repairs was strong, and furniture and appliances recorded significant amounts; these levels of aid will likely not be repeated unless we receive new grant or other funds designated for these uses. The numbers of checks written represent a proxy of clients served except for auto and furniture/appliances, where large checks provided aid for many individual clients.

<u>Category Group</u>	<u>General Operating</u>	<u>Grants & Designated</u>	<u>Total</u>	<u># Checks</u>
Rent	\$ 35,509	\$ 53,997	\$ 89,506	465
Utilities	33,547	35,835	69,382	383
Vehicle Assistance	2,103	15,065	17,168	71
Furniture & Appliances	2,821	8,458	11,279	19
Rent Deposits	6,425	465	6,890	43
Bus Tickets	3,600	0	3,600	6
All Other	<u>6,521</u>	<u>0</u>	<u>6,521</u>	<u>45</u>
	\$ 90,526	\$ 113,820	\$ 204,346	1,032

SOCIETY OF ST. VINCENT DE PAUL

ARCHDIOCESAN COUNCIL OF INDIANAPOLIS

3001 E. 30TH STREET • INDIANAPOLIS, INDIANA 46218-2850

PHONE: 317-924-5769

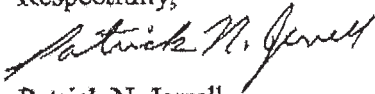
April 17, 2013

To Whom It May Concern:

This is to certify that the St. John the Apostle Conference, Society of St. Vincent dePaul (SSVdP), Bloomington, IN is a 501(c)3 Tax Exempt Organization. The parish SSVdP Conference is an Operating Unit of the SSVdP, Archdiocesan Council of Indianapolis, and as such, has tax exempt status under IRS Group Exemption # 5496, effective July 1, 2009.

If required, substantiating documents can be provided by Mr. Scott Alber, SSVdP Southern Indiana District President at 812-335-1280.

Respectfully,



Patrick N. Jerrell
Archdiocesan Council President

Copy to: Scott Alber

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INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 07 2019**

SOCIETY OF ST VINCENT DE PAUL
ARCHDIOCESAN COUNCIL OF
INDIANAPOLIS, INC.
3001 E 30TH ST
INDIANAPOLIS, IN 46218

Employer Identification Number:
37-1507632
DLN:
17053187336048
Contact Person:
JOSEPH LAUX ID# 31077
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
September 30
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
October 1, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Our records show you were previously tax exempt as a subordinate under group exemption number 5496. Because you applied for and were granted your own individual tax-exempt status, you no longer rely on your affiliation with a parent organization for recognition of your tax exemption and you'll be listed individually in the Exempt Organizations Select Check (Pub. 78 data).

If, in the future, you choose to become a subordinate under a group ruling, you'll lose your individual recognition of tax-exempt status and you'll no longer appear in the Exempt Organizations Select Check (Pub. 78 data). Moreover, if you become a subordinate under a group ruling and your parent organization loses its tax-exempt status, you also will lose your exempt status. To reestablish your individual tax exemption after rejoining a group exemption, you'll be required to reapply and pay the appropriate user fee.

If we indicated at the top of this letter that you're required to file Form

Letter 947

SOCIETY OF ST VINCENT DE PAUL

990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

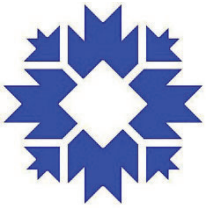
If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen A. Martin".

Director, Exempt Organizations
Rulings and Agreements



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

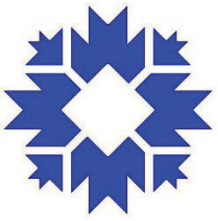
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Boys & Girls Clubs of Bloomington

Address:

803 North Monroe Street
Bloomington, IN 47404

Phone: 812-332-5311

E-Mail: info@bgcbloomington.org

Website: bgcbloomington.org

President of Board of Directors: John Donatiello

Name of Executive Director: Leslie Abshier

Phone: 812-332-5311

E-Mail: labshier@bgcbloomington.org

Name of Grant Writer: Wendy Druckemiller

Phone: 859-825-8777

E-Mail: wdruckemiller@bgcbloomington.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees: 78

Number of Employees:

Full-Time	Part-Time	Volunteers
38	40	263

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

The mission of the Boys & Girls Clubs of Bloomington (BGCB) is to empower all young people, especially those who need us most, to reach their full potential as caring, productive and responsible citizens.

Club programs build character and strengthen life skills while providing hope and opportunity through accessible programming made possible by low membership dues (the cost of an annual Club membership is only \$20.00, with reduced cost and no cost scholarship options for eligible families), transportation provided directly from schools to the Club sites, and high-quality program options such as cooking, robotics, ceramics, music and much more - even individual tutoring! BGCB meets the needs of our communities by providing well-rounded afterschool programs that take into consideration and support the goals of the city and the needs of its families.

PROJECT INFORMATION

Name of the project to be funded:

BGCB - Ellettsville Club Long Term Lease

Total cost of project: \$40,000

Requested amount of Jack Hopkins funding: \$20,000

Number of City residents to be served by this project in 2025: 1,424

Number of clients to be served by this project in 2025: 516

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

The Boys & Girls Clubs of Bloomington (BGCB) respectfully requests \$20,000 for utility and maintenance costs related to its long-term lease with Richland Bean Blossom Community School Corporation (RBBCSC) for the Ellettsville Club site. The building is the former location of the RBBCSC Childhood Development Center and is owned by the school corporation; this arrangement presented several challenges, including limited ability to make needed renovations and upgrades. State legislation prohibited us from entering into a lease, giving uncertainty surrounding access to a Club location where Ellettsville's youth could learn and grow for years to come. Due to the combined efforts of State Senator Shelli Yoder, RBBCSC and BGCB, legislation was changed, and the Club was able to enter into a ten-year lease agreement. However, the agreement introduced unanticipated costs for the reimbursement of utility bills and exterior maintenance fees to RBBCSC. In 2025, we project that these expenses will total approximately \$40,000. RBBCSC will stair-step expenses over three years (25% of the total in year one; 50% in year two; 75% in year three) to allow us time to fundraise; JHSS funds would act as bridge funding to assist with the transition in the first year of this unbudgeted change.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Boys & Girls Clubs of Bloomington - Ellettsville Club
8045 West SR 46
Ellettsville, IN 47429

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

N/A

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒ Yes ☐ No

If “yes,” indicate the nature of the operational request:

☐ Pilot ☒ Bridge ☐ Collaborative

☐ None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

The remaining \$20,000 in project funds are confirmed and have been allocated from donations made to BGCB's 2024 Big Hearts Campaign, an annual fundraising campaign to support the Ellettsville Club.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

If awarded funding, we plan to submit claims for reimbursement beginning in June 2025 for monthly utility bills. Complete draw down of funds will occur after reimbursement to RBBCSC of six full months of utility bills and exterior maintenance fees has occurred (by December 2025).

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

Fundraising efforts are ongoing throughout the course of the year in 2025, including events such as Boys to Men (May 2025), Club Heroes Golf Marathon (July 2025), and SMART Girls, STRONG Women (September 2025); the annual Big Hearts fundraising campaign benefitting the Ellettsville Club; and activities performed by a fundraising committee in this community, which will be re-established in 2025.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

The Jack Hopkins Social Services Committee will be an important partner in ensuring BGCB's ability to meet the financial obligations associated with the long-term lease agreement. While no specific fiscal leveraging exists, we continue to pursue ambitious fundraising and volunteer recruitment goals. In 2025, BGCB has a fundraising goal of \$100K for the Big Hearts campaign benefitting the Ellettsville Club.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Monthly Electric x 6 months	7,570.08
Priority #2	Annual Lawn Care / 2	2,500.00
Priority #3	Monthly Water & Sewer x 6 months Annual Mulch/Playground Cleanup / 2	2,119.32 2,000.00
Priority #4	Annual Snow Removal / 2 Monthly Water x 6 months	1,500.00 1,173.06
Priority #5	Monthly Gas x 6 months Monthly Gas x 6 months	1,166.40 1,052.52
Priority #6	Monthly Trash x 6 months Monthly Electric x 6 months	531.42 271.26
Priority #7	Monthly Phone/Internet x 6 months	117.24
Total Requested		20,001.30

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

The long-term lease agreement which sustains BGCB's ability to provide access to a Club in the Ellettsville community addresses priority areas for social services funding through support provided to children and families experiencing food insecurity, unstable housing, unemployment and low to moderate income levels. According to Kids Count data provided by the Annie E. Casey foundation, 36.3% of students in RBBCSC are eligible for free or reduced lunch, indicating they reside in households earning below 130% of poverty guidelines; 15.3% of children in Monroe County experience food insecurity; and 228 students in Monroe County are either homeless or in unstable housing situations. Among current Ellettsville Club households, 25% earn an annual household income of \$40K or less; 24% are single parent households; 44% have children eligible for free or reduced price lunch; and 23% have at least one parent without stable employment. Finally, according to data made available through the Indiana Department of Education (IDOE), RBBCSC students may benefit from increased levels of academic support the Club is able to provide, indicated by performance on benchmark assessments such as ILEARN proficiency in Math and English/Language Arts (44% and 47%, respectively) and SAT performance (33%).

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

A one-time investment in operational expenses related to the acquisition of a long-term lease for the Ellettsville Club will allow BGCB to re-establish a fundraising committee that can be tasked with identifying and building relationships with additional individual and corporate donors in this community. The committee, which will function as an arm of the BGCB Board of Directors, will begin fundraising efforts in 2025 that are expected to offset the expenses we are requesting JHSS funding for at this time.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

The agreement to enter into a long-term lease for use of the current Ellettsville Club building allows BGCB to positively impact the community in several ways. For example, we have made significant improvements to the facility including repair of its HVAC system, installation of a gym floor, and an upgrade of its kitchen space. These renovations have provided increased levels of safety and comfort for members and staff/volunteers, and better support the Club's ability to provide high-quality programming. In 2024, the Clubs offered over 100 different special program options to members in its core focus areas - Academic Success, Access to the Arts, Good Character and Active Citizenship and Healthy Lifestyles.

The lease agreement also ensures that Ellettsville's youth will continue to have a safe and stable place to learn, grow and thrive at the end of the school day. In turn, parents and caregivers have increased ability to find and maintain employment, as well as work longer hours, if needed, since the Club is open until 7:00 PM throughout the school year and from 7:30 AM to 6:00 PM during the summer.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

The long-term lease agreement allowed BGCB to make improvements to the Ellettsville facility that directly impact programs and the overall Club experience; therefore, we expect to see increased Club membership and attendance as well as an improvement in reported levels of satisfaction from Club members and parents/caregivers. We plan to validate this using the following measures: (1) reports generated from our digital member management platform, MyClubHub, such as number of registered members and average daily attendance; (2) the annual National Youth Outcomes Initiative (NYOI) survey; and (3) BGCB's annual Family Survey.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

According to the publication “This Is Afterschool,” for every one child attending an afterschool program, four do not have access due to cost, geographic, or other barriers; it also credits such programs with building children’s confidence, helping them to experience academic gains and learn social skills, and reducing the likelihood of school suspension and/or juvenile delinquency (Afterschool Alliance, 2024). Indeed, statistics from BGCA’s youth outcome data support such claims: 92% of Club teens expect to graduate from high school with 81% planning to pursue postsecondary education; 66% of ninth grade Club boys and 47% of ninth grade Club girls report they exercise daily, more than their non-Club counterparts; and 1 in 5 regularly attending Club members report volunteering in their school, neighborhood or community at least monthly.

Findings from the 2024 BGCB Family Survey also illustrate the positive impact that staff, volunteers and program offerings have on members and families. Of more than 200 respondents, 88% answered “very true,” when asked if the Club benefitted them as a caregiver; 70% agreed that the Club had a positive impact on their child’s level of physical activity; and 89% agreed that the Club is helping their child to do well in school. Notably, when asked about factors related to evaluating satisfaction with the Club, “hours that work with my schedule” was cited as one of the most important factors by 56% of respondents. Hence, accessibility may be one of the most important benefits we are able to offer working parents and caregivers by operating during extended hours that more closely align with a majority of work schedules, and offering summer camps and childcare options during school closures. According to “Working Hard, Falling Behind: A Report on Affordability,” (Bloomington Affordable Living Committee, 2019) a survey conducted by The Community Foundation of Bloomington and Monroe County with area employers found that almost half of respondents experienced hiring problems related to lack of childcare; additionally, a high percentage reported problems with employees being able to focus at work, or missing work altogether because of a childcare issue.

Accordingly, in addition to anticipated outcomes stemming from the Ellettsville long-term lease that are mentioned previously in this application, we also expect to see associated benefits salient to addressing poverty levels in the community as a whole. This could include fewer unemployed or underemployed parents/caregivers and higher annual household income levels as the burden of locating safe and affordable childcare - an important component in the process of finding and maintaining stable employment - is eased. We plan to use MyClubHub reports and the annual Family Survey as outcome indicators to measure these changes in employment and income levels for Ellettsville Club families.

Thank you for consideration of this request to partner with BGCB in its ongoing efforts to support the children and families of the Ellettsville community.

JHSS 2025 Proposed Budget

Boys & Girls Clubs of Bloomington	BGCB – Ellettsville Club Long Term Lease
Total Project Cost	\$40,002.53

	Totals	Other Income Sources	JHSS Grant
FUNDS			
JHSS Grant			\$20,001.30
Other Income Sources (2024 Big Hearts Campaign donations)		\$20,001.30	
TOTAL PROJECT FUNDS	\$40,002.60	\$20,001.30	\$20,001.30

EXPENSES			
Monthly Electric x 6	\$15,140.16	\$7,570.08	\$7,570.08
Annual Lawn Care / 2	\$5,000.00	\$2,500.00	\$2,500.00
Monthly Water & Sewer x 6	\$4,238.64	\$2,119.32	\$2,119.32
Annual Mulch/Playground Cleanup / 2	\$4,000.00	\$2,000.00	\$2,000.00
Annual Snow Removal / 2	\$3,000.00	\$1,500.00	\$1,500.00
Monthly Water x 6	\$2,346.12	\$1,173.06	\$1,173.06
Monthly Gas x 6	\$2,332.80	\$1,166.40	\$1,166.40
Monthly Gas x 6	\$2,105.04	\$1,052.52	\$1,052.52
Monthly Trash x 6	\$1062.84	\$531.42	\$531.42
Monthly Electric x 6	\$542.52	\$271.26	\$271.26
Monthly Phone/Internet x 6	\$234.48	\$117.24	\$117.24
TOTAL PROJECT EXPENSES	\$40,002.60	\$20,001.30	\$20,001.30

Boys & Girls Clubs of Bloomington

Statement of Activity

January - December 2024

	TOTAL
Revenue	
40000 Auxiliary Funding	75,000.00
40010 Special Events	
40011 Boys to Men	162,251.17
40012 Club Heroes Golf Outing	93,503.78
40013 Spring Fling	8,298.99
40014 Hoops Hysteria	8,094.99
40015 Lemonade Day	49,000.00
40016 Smart Girls, Strong Women	85,130.20
40017 Other Fundraising Events/Income	103,627.81
Total 40010 Special Events	509,906.94
40020 Contributions	
40021 Bequests/Memorials	7,612.58
40022 Major Gift Initiative	649,000.00
40023 Individual	302,722.46
40024 Civic Groups	39,945.78
40025 Corporate	161,408.34
40026 Alumni Club	505.16
40027 Big Hearts	75,198.44
40028 Our Kids	182,773.31
Total 40020 Contributions	1,419,166.07
40040 Fees	
40042 Club Camp Fees	
40042-10 Club Camp Fees-Ellettsville	76,459.00
40042-20 Club Camp Fees-Crestmont	25,498.00
40042-30 Club Camp Fees-Lincoln	121,967.07
40042-40 Club Camp Fees - Camp Rock	178,527.00
40042-50 Club Camp Fees - Owen County	6,015.00
Total 40042 Club Camp Fees	408,466.07
40060 Facility Rental Fees	0.00
40060-20 Facility Rental-Crestmont	14,550.00
40060-30 Facility Rental-Lincoln	22,460.00
40060-40 Facility Rental-Camp Rock	1,710.00
40060-50 Facility Rental-Kenworthy	36,674.00
Total 40060 Facility Rental Fees	75,394.00
Total 40040 Fees	483,860.07
40070 Grants	
40071 Government	527,960.71
40072 Non-Government	877,074.64
Total 40070 Grants	1,405,035.35
40080 Interest Income	18,041.32
40090 Reimbursement Income	9,794.52

	TOTAL
Billable Expenditure Revenue	0.00
Non Profit Income	0.00
Total Revenue	\$3,920,804.27
GROSS PROFIT	\$3,920,804.27
Expenditures	
60000 Fundraising Special Events	
60001 Boys to Men Expenses	7,106.68
60002 Club Heroes Golf Outing Expenses	4,844.98
60003 Spring Fling Expenses	818.43
60004 Hoops Hysteria Expenses	1,320.00
60005 Lemonade Day Expenses	21,912.50
60006 Smart Girl, Strong Women Expenses	2,607.09
60007 Other Fundraising Expenses	23,034.44
Total 60000 Fundraising Special Events	61,644.12
60009 Cultivation/Stewardship	35,937.15
60010 Marketing, Advertising & Dues	46,884.63
60020 Club Gear	5,404.92
60030 Facility Maintenance	204,602.44
60035 Member Food	13,013.07
60040 Equipment & Hardware	6,738.45
60045 Transportation	43,317.53
60060 Programs	115,067.24
60075 Software, Licenses & Fees	78,137.42
60080 Staff Food, Training & Recognition	49,539.09
60090 Supplies Copier Printing Mail	28,351.77
60095 Utilities	132,318.87
60100 Vehicle	24,438.95
60110 Professional & Legal Fees	54,623.98
60120 Member Engagement	30,946.25
60125 Board of Directors Expense	7,759.82
60130 Bank & Credit Card Processing Fees & Interest	25,947.26
60140 Background Checks	6,349.00
60150 Dues	18,808.89
60160 Insurance	78,544.26
60165 Payroll Taxes	184,481.79
60173 Work Study, AmeriCorps, & VISTA	155,285.19
60177 Wages	2,458,570.00
60180 Benefits	194,838.41
Unapplied Cash Bill Payment Expenditure	0.00
Uncategorized Expense	0.00
Total Expenditures	\$4,061,550.50
NET OPERATING REVENUE	\$ -140,746.23
Other Revenue	
100 Cooks Who Care - Pass-through	1,500.00
40029-00 Big Futures Capital Campaign	52,715.00
40030-10 Restricted - One Love Scholarship	10,288.18
40030-20 Restricted - Club Teen Account	3,898.76
40030-30 Restricted - Fire Relief	230.00

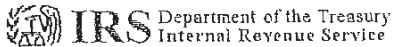
	TOTAL
40030-41 Restricted - Auxiliary Pass-through Contributions	47,349.12
In-Kind Revenue	215,678.00
John A. McCluskey Jr. Fund	19,908.78
Other Income	
Income in Endowment Fund	129,347.20
Total Other Income	129,347.20
Total Other Revenue	\$480,915.04
Other Expenditures	
100 Cooks Who Care Contributions - Pass-through	6,500.00
60145 Capital Improvements	11,000.00
60201 Ellettsville Renovations - Lilly Grant	12,124.96
60202 Owen County Expansion - Lilly Grant	129,261.51
60204 Fire Relief	1,074.37
60205 Cate Gift (CR Updates)	2,625.00
60206 Creek / Boundary Waters	8,381.62
60207 Auxiliary Pass-through Contributions	47,349.12
60208 Club Teen Account	2,410.74
60209 CEO Retirement Appreciation	12,143.50
In-Kind Expense	215,678.00
Total Other Expenditures	\$448,548.82
NET OTHER REVENUE	\$32,366.22
NET REVENUE	\$ -108,380.01

Boys & Girls Clubs of Bloomington

Statement of Financial Position

As of February 28, 2025

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
10000 ONB Checking - General #7005	244,487.72
10010 ONB Savings - Capital Campaign #7681	407,778.50
10020 ONB Savings - Reserve & Restricted #7670	274,207.77
10050 Certificates of Deposit	466,494.31
1072 Bill.com Money Out Clearing	-22,163.00
Total Bank Accounts	\$1,370,805.30
Accounts Receivable	\$0.00
Other Current Assets	
Interest in net assets of CFBMC - BGCB Fund (Agency)	613,251.24
Interest in net assets of CFBMC - President's Endowment (Agency)	29,867.31
Investment Account - Raymond James (CFCI)	781,317.27
Investment Account - Vanguard	0.00
Prepaid Expenses	0.00
Uncategorized Asset	0.00
Undeposited Funds	0.00
Total Other Current Assets	\$1,424,435.82
Total Current Assets	\$2,795,241.12
Fixed Assets	
Accumulated Depreciation	-2,267,560.00
Building - Crestmont	3,853,362.18
Building - Kenworthy	961,199.01
Building - Lincoln	4,941,244.22
Computers	18,266.98
Equipment & Furniture	302,995.22
Land - 323 & 329 S Lincoln St	40,638.25
Leasehold Improvements	506,039.79
Software	18,561.00
Vehicles	260,210.24
Total Fixed Assets	\$8,634,956.89
TOTAL ASSETS	\$11,430,198.01
LIABILITIES AND EQUITY	
Liabilities	\$63,763.62
Equity	
30000 Retained Earnings	11,370,543.50
Opening Balance Equity	0.00
Temporarily Restricted	416,730.38
Unrealized Gain/Loss	0.00
Net Revenue	-420,839.49
Total Equity	\$11,366,434.39
TOTAL LIABILITIES AND EQUITY	\$11,430,198.01



Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0248222119
Mar. 06, 2014 LTR 4168C 0
35-0997525 000000 00
00019179
BODC: TE

BOYS & GIRLS CLUB OF BLOOMINGTON
PO BOX 1716
BLOOMINGTON IN 47402



12234

Employer Identification Number: 35-0997525
Person to Contact: Kaye Keyes
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 25, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in August, 1971.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Internal Revenue Service



Date

AUG 18 1971

In reply refer to:

442:22:wom

CIN:EO:71:718

Boys' Club of Bloomington, Inc.
311 South Lincoln Street
Bloomington, IN 47401

Purpose(s): Charitable
Accounting Period Ending: December 31

Gentlemen:

Based on information supplied, we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code as it is shown that you are organized and will be operated exclusively for the purpose(s) listed above.

This determination assumes your operations will be as stated in your exemption application. Any changes in operations from those described, or in your character or purposes, must be reported immediately to our office for consideration of their effect upon your exempt status. You must also report any change in your name or address.

In this letter we are not determining whether you are a private foundation as defined in new section 509(a) of the Code. When regulations are developed to implement the provisions of section 509 of the Code, we will let you know how to establish your foundation status if you believe you are not a private foundation.

If upon issuance of the regulations we determine that you are a private foundation, you will be required to comply with the provisions of section 508(e), which specifies that a private foundation is not exempt unless its governing instrument includes certain provisions set forth in that section and the regulations thereunder. Failure to comply with the requirements of section 508(e) will result in retroactive revocation of this determination.

TAX I.D.: 35-0997525

For years beginning on and after January 1, 1970, you may be required to file an information return, Form 990. Please refer to the instructions accompanying the Form 990 for that particular year to determine whether you are required to file. If filing is required, you must file the Form 990 by the 15th day of the fifth month after the close of your annual accounting period as shown above. Failure to file the Form 990 by this date may subject you to a penalty of \$10.00 for each day during which such failure continues, up to a maximum of \$5,000.00.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities is unrelated trade or business as defined in section 513 of the Code.

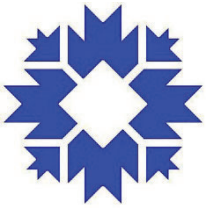
You are not liable for Federal unemployment taxes. You are liable for social security taxes only if you have filed waiver of exemption certificates as provided in the Federal Insurance Contributions Act.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes as provided under sections 2055, 2106, and 2522 of the Code.

This is a determination letter.

Very truly yours,

Paul A. Schuster
District Director



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

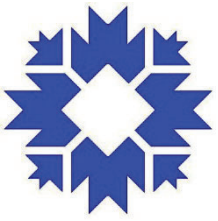
All applicants for 2025 Jack Hopkins funding must submit the following:

- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov
with subject line "[agency name] - 2025 JHSSF App"

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Catholic Charities Bloomington

Address:

803 N. Monroe St. Bloomington, IN 47404
--

Phone: (812) 332-1262

E-Mail: info@ccbin.org

Website: http://www.ccbin.org

President of Board of Directors: Judith Williams

Name of Executive Director: David Bethurum

Phone: 317-236-1500

E-Mail: dbethurum@archindy.org

Name of Grant Writer: Emily Cook

Phone: 412-592-8330

E-Mail: ecook@ccbin.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
4	4	7

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

The mission of Catholic Charities Bloomington Counseling Services is to serve all individuals, all couples, and all families by increasing accessibility to quality mental health care in our community.

PROJECT INFORMATION

Name of the project to be funded:

Pathways to Possibility: Early Intervention to Reduce the Impact of Adverse Childhood Experiences

Total cost of project: \$47,790

Requested amount of Jack Hopkins funding: \$20,000

Number of City residents to be served by this project in 2025: 187

Number of clients to be served by this project in 2025: 221

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

CCB is requesting \$20,000 to invest in services for children with adverse childhood experiences (ACEs), allowing young Bloomingtonians to access evidence-based therapeutic services that can help mitigate the negative impacts of trauma on their mental, physical, and social health in the present and into the future. Jack Hopkins funds would be applied to meet the difference between the costs of providing services to Bloomington residents aged 18 and younger who receive trauma-treatment modalities and the amount actually billed to clients or reimbursed by Medicaid.

EMDR is an evidence-based approach to trauma treatment. While EMDR can be an intense experience for clients, it does not necessarily require participants to discuss their traumatic experiences in detail (as in more traditional therapeutic approaches), which can make it a good option for younger children when delivered by a conscientious, trained provider. Play therapy allows CCB staff to serve children as young as four years old, providing hope for families with children who are too young to benefit from traditional therapy. In the face of potential changes to Indiana's Medicaid program and the ongoing financial pressures faced by families, CCB is committed to ensuring that timely interventions for childhood trauma remain in-reach for Bloomington families.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Same as agency address.

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☐

Yes

☐

No

☒

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A.

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒

Yes

☐

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☒

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

Confirmed:

Archdiocese of Indiana Catholic Women's Giving Circle (\$20,000; partially allocated for self-pay child clients)

Program fees (\$11,766 anticipated)

Sophia Travis Fund (\$3,130 for self-pay child clients)

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We plan to submit monthly claims for services provided in the previous month; the amount claimed will reflect the "gap" that exists between total charge for services provided to eligible clients and the amount actually billed to these clients. We anticipate the funds will be fully drawn down by December 2026.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

N/A

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

CCB has received multiple grants (described earlier) within the past year to serve the population described in this proposal; the Jack Hopkins Committee's support will help us demonstrate strong local investment to other funders. Additionally, we received an earmarked individual donation that funded our newest therapist's training in EMDR and a sponsorship from Mental Health America that subsidized the cost of play-therapy training for our staff. These investments in staff training have equipped all of our therapists to offer play therapy and EMDR to our clients, allowing us to place new child clients with any therapist with an opening.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Staffing Costs (Salaries + FICA)	\$43,967.00
Priority #2	Office Rental	\$3,823.00
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$20,000

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

The need for accessible, high-quality, and affordable social services, particularly for low-income individuals, is emphasized throughout the 2020-2024 Consolidated Plan (e.g., p. 33; 90-91). In particular, the plan prioritizes the need for services for victims of domestic violence and abused or neglected children, groups that would be served within the proposed project. Notably, ACEs are associated with higher rates of chronic health problems and unemployment, issues that are also addressed in the Consolidated Plan.

As highlighted in a recent New York Times article (Sept. 2024), the cost of weekly therapy can be placed out of reach, even for many individuals with insurance who face high copays or struggle to find a place with the dwindling number of providers who accept insurance. For individuals without insurance or who rely on Medicaid benefits, these struggles are compounded. The average cost of a therapy session for self-pay clients is about \$110-130 a week in Bloomington; costs can approach \$6,000 for a year of care. CCB accepts Medicaid benefits and offers the only large-scale sliding-fee system for low-income self-pay clients in Bloomington outside of Centerstone; self-pay clients currently pay an average of only \$29 per session and about 40% of clients use Medicaid.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

CCB is requesting operational funding because our core work is to provide an ongoing, person-to-person service to clients. We make every effort to keep our operations efficient; in the past year, this has involved renegotiating our office lease for a lower rate, moving billing in-house to reduce costs and increase efficiency, and sharing support staff and software services, when feasible, with our sister agency in Indianapolis. CCB maintains a broad base of donor and grant funders to support our programming, ensuring that we are not reliant on any single income stream to sustain our operations.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Unfortunately, ACEs are fairly common: as many as 64% of adults have experienced them (Harvard Ctr. Developing Child). ACEs carry an increased risk of long-term impact as they accumulate and as trauma is experienced over longer periods in a child's development, making effective early intervention key (CDC). By helping children feel safe and supported and helping them move beyond toxic stress, targeted, age-appropriate therapeutic interventions can help reduce the likelihood that children will grow up to experience the negative outcomes associated with high rates of ACEs, including chronic health issues like cancer and diabetes, employment instability, and lasting mental health issues. Crucially, if we can reduce the negative impacts of childhood trauma on tomorrow's adults, we also play a key role in preventing the generational transfer of this trauma to tomorrow's children, building healthier, more resilient families and communities.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

CCB will track the number of Bloomington residents aged 18 and under who receive EMDR or play therapy as part of a treatment plan to address the negative impacts of trauma, including both new and existing clients.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Budget note: The program costs were determined based on CCB's current load of clients residing in Bloomington, receiving trauma-informed services, and under age 18 projected over the course of a year. Given that we are requesting less than half of the program's total annual cost from the Jack Hopkins Social Services Committee, we anticipate spending the funds down within the standard funding period.

2025 Proposed Project Budget - CCB

Catholic Charities Bloomington		Pathways to Possibility	
Total Project Cost		\$47,790	
	Totals	Other Income Sources	JHSS Grant
FUNDS			
JHSS Grant			20,000.00
Program Income		11,766.00	
Sophia Travis Grant		3,130.00	
Arch. Indy Women's Giving Grant (partially allocated to this project)		10,000.00	
United Way Funds (partially allocated to this project)		2,894.00	
TOTAL PROJECT FUNDS	\$47,790.00	27,790.00	20,000.00
EXPENSES			
Staffing Costs (Salary + FICA)		25,567.00	18,400.00
Office Rental		2,223.00	1,600.00
TOTAL PROJECT EXPENSES	\$47,790.00	27,790.00	20,000.00

Archdiocese of Indianapolis
Budget
FYTD as of June 30, 2025

As of Date:

06/30/2025

Program:

1012--Counseling - CCB

Location:

Catholic Charities Bloomington, Inc.

1012--Counseling - CCB

Annual Budget

Change in Net Assets

Revenue

42000 - Contribution Revenue	62,000
42001 - Contribution Revenue - Appeals	6,000
42004 - Contribution Revenue - NAP Credit	21,000
42005 - Contribution Revenue - Foundations	1,000
42100 - Archdiocesan Subsidy	34,385
42101 - Accounting Subsidy	20,045
45000 - Program Fees	635,000
45001 - Program Fee Adjustments	(460,000)
45006 - Program Fees - Third Party Payments	85,000
45007 - Program Fees - Medicare / Medicaid	200,000
46000 - United Way (Not Donor Options)	10,000
46001 - United Way Donor Options	5,000
46102 - Gov't Grants - Local	15,000
46103 - Grants from Non-gov't Entities	27,000
47000 - Fundraising Events Revenue - Contributions	1,000
47001 - Fundraising Events Revenue - Sponsorship	7,000
47105 - Fundraising Events Expense - Other Direct Expenses	(1,000)

Total Revenue

\$ 668,430

Expenses

50000 - Wages - Lay	405,515
50101 - FICA Expense	31,022
50102 - Workers Comp - Paid to Arch	2,203
50104 - Health Insurance	35,538
50110 - Lay Retirement	34,195
51000 - Professional Fees	25,850
51003 - Professional Fees - Accounting / Audit / Tax	1,987
51004 - Professional Fees - Background Checks	150
51006 - Professional Services - Security	335
51008 - Donated Acctg Services	20,045
51009 - Software as a Service (Saas)	15,000
53200 - Office Supplies	4,200
53201 - Postage & Shipping	1,330
53202 - Printing	1,020

53203 - Publicity & Advertising	6,062
53204 - Minor Capital Purchases (Under \$5K)	3,000
53300 - Program Expense - Food	100
53301 - Program Expense - Materials and Supplies	2,500
57002 - Utilities - Electricity	2,976
57003 - Utilities - Gas	2,484
57004 - Utilities - Water	984
57007 - Internet and Cable	8,000
57008 - Building Rental	40,008
57011 - Trash	468
57013 - Building Cleaning/Janitorial Expense	3,000
90002 - Registration Fees for Conferences / Meetings / Events	1,800
90003 - Bank Charges & Fees	15,000
91000 - Travel - Hotel / Lodging	500
91001 - Meals - Business	500
91002 - Travel - Mileage	500
92001 - Hosting Conferences & Meetings - Food and Beverage	500

Total Expenses	<u>\$ 666,772</u>
----------------	-------------------

Change in Net Assets	<u><u>\$ 1,658</u></u>
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Financial Information

Operating Funds Only
Fiscal Year Ended 6/30/24

Expenses: \$816,563

Revenue: \$634,700

Revenue

Contributions	\$334,789
Program Fees	\$230,517
Grants	\$51,259
United Way	\$9,662
Events	\$8,473

Expenses

Employee Salaries & Benefits	\$672,612
Professional & Administrative Services	\$93,799
Occupancy Costs	\$61,101
Bad Debt	\$38,000
Other Expenses	\$26,596
Property Insurance & Maintenance	\$450

As of Date:
Program:
Location Group:

Average	Total	Month Ending 12/31/2024		Month Ending 11/30/2024		Month Ending 10/31/2024		Month Ending 09/30/2024		Month Ending 08/31/2024		Month Ending 07/31/2024	
		Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	
22,493.66 (16,453.48)	134,961.96 (98,720.90)	23,560.47 (10,589.94)	20,616.65 (3,156.16)	28,098.08 (32,441.53)	21,044.70 (5,602.95)	20,188.46 (23,906.39)	21,453.60 (23,023.93)	20,188.46 (23,906.39)	20,188.46 (23,906.39)	20,188.46 (23,906.39)	20,188.46 (23,906.39)	20,188.46 (23,906.39)	
2,893.04	17,358.21	-	2,894.32	3,869.31	842.35	3,026.45	6,725.78	3,026.45	3,026.45	3,026.45	3,026.45	3,026.45	
5,816.33	34,897.98	969.53	3,334.03	5,814.37	8,887.95	9,641.48	6,250.62	9,641.48	9,641.48	9,641.48	9,641.48	9,641.48	
14,749.54	88,497.25	13,940.06	23,688.84	5,340.23	25,172.05	8,950.00	11,406.07	8,950.00	8,950.00	8,950.00	8,950.00	8,950.00	
23,002.22	138,013.33	23,970.97	12,211.63	35,283.47	23,936.45	25,559.47	17,051.34	25,559.47	25,559.47	25,559.47	25,559.47	25,559.47	
1,815.66	10,893.96	1,788.57	909.21	2,628.66	1,779.21	1,927.14	1,861.17	1,927.14	1,927.14	1,927.14	1,927.14	1,927.14	
154.68	928.08	154.68	154.68	154.68	154.68	154.68	154.68	154.68	154.68	154.68	154.68	154.68	
2,632.43	15,794.56	2,961.48	2,961.48	2,961.48	2,961.48	2,961.48	1,974.32	2,961.48	2,961.48	2,961.48	2,961.48	2,961.48	
2,568.49	15,410.94	2,568.49	2,568.49	2,568.49	2,568.49	2,568.49	2,568.49	2,568.49	2,568.49	2,568.49	2,568.49	2,568.49	
1,458.10	8,748.60	897.00	897.00	1,375.00	1,673.00	1,838.00	2,068.60	1,673.00	1,673.00	1,673.00	1,673.00	1,673.00	
331.08	1,986.49	-	-	-	-	-	1,986.49	-	-	-	-	1,986.49	
18.96	113.78	-	-	-	-	-	113.78	-	-	-	-	113.78	
507.39	3,044.36	250.00	406.25	1,866.49	500.00	2,315.00	2,162.00	2,315.00	2,315.00	2,315.00	2,315.00	2,315.00	
385.83	2,315.00	-	-	-	-	-	2,315.00	-	-	-	-	2,315.00	
1,670.36	10,022.16	1,670.36	1,670.36	1,670.36	1,670.36	1,670.36	1,670.36	1,670.36	1,670.36	1,670.36	1,670.36	1,670.36	
2,182.69	13,096.15	1,545.00	1,257.31	3,461.90	4,289.55	1,059.04	1,503.35	4,289.55	4,289.55	4,289.55	4,289.55	4,289.55	
21.75	130.50	-	-	-	-	-	130.50	-	-	-	-	130.50	
409.48	2,456.88	221.28	329.60	130.50	543.37	826.90	405.23	543.37	543.37	543.37	543.37	543.37	
12.17	73.00	-	-	-	-	-	73.00	-	-	-	-	73.00	
29.83	178.95	178.95	-	-	-	-	-	-	-	-	-	-	
429.34	2,576.05	-	-	-	-	-	1,018.53	-	-	-	-	1,018.53	
119.36	716.14	55.04	78.42	-	-	-	-	-	-	-	-	-	
0.58	3.50	-	3.50	-	-	-	-	-	-	-	-	-	
114.66	687.96	-	-	-	-	-	127.11	-	-	-	-	127.11	
444.40	2,666.40	519.94	-	372.46	616.72	530.56	626.72	616.72	616.72	616.72	616.72	616.72	
550.99	3,305.95	845.31	722.35	207.67	514.54	1,016.08	626.72	1,016.08	1,016.08	1,016.08	1,016.08	1,016.08	
103.79	622.71	-	-	-	-	-	207.37	-	-	-	-	207.37	
3,334.00													

6000 - Miscellaneous Expenses	
90002 - Registration Fees for Conferences / Meetings / Events	
90003 - Bank Charges & Fees	
90007 - Volunteer Recognition	
91000 - Travel - Hotel / Lodging	
91001 - Meals - Business	
Total Expenses	
Change in Net Assets	

WMC

APPROVED
AND
FILED

Craig Haman
Secretary of State

ARTICLES OF INCORPORATION
OF
CATHOLIC CHARITIES BLOOMINGTON, INC. 2014 DEC 22 PM 2:16

The undersigned incorporator, desiring to form a corporation pursuant to the provisions of the Indiana Nonprofit Corporation Act of 1991 ("Act"), execute the following Articles. Words and phrases not otherwise defined in these Articles of Incorporation shall have the meanings set forth in the Act.

ARTICLE I
NAME AND CLASSIFICATION OF CORPORATION

- 1.1 Name. The name of the Corporation is Catholic Charities Bloomington, Inc. ("Corporation").
- 1.2 Classification. This Corporation is a religious corporation pursuant to the Act.

ARTICLE II
PURPOSES AND POWERS

- 2.1 Purposes. The Corporation is organized, and at all times will be operated, as a separate legal entity supporting and otherwise furthering the mission and purposes of, the Roman Catholic Archdiocese of Indianapolis, Inc., in its work of living the Gospel by showing care for the needy and participating in social justice. Such work shall be conducted in accordance with the Code of Canon Law of the Roman Catholic Church promulgated January 25, 1983 (or such other versions as may be promulgated from time to time) ("Canon Law"). To that end, the Corporation is organized and shall be operated exclusively for charitable, religious and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provision of any future United States Internal Revenue Law (the "Code").
- 2.2 Powers. The Corporation shall have all powers and rights existing under Indiana law, including without limitation the Act, common law, and all statutes, regulations, ordinances, and rulings, and may do all things necessary or convenient not inconsistent with civil law, the Code and the purposes of the Corporation, including without limitation, the power to:
- (a) Cease its activities and to dissolve and surrender its corporate franchise.
 - (b) Indemnify any person against liability and expenses, and to advance the expenses incurred by such person, in connection with the defense of any threatened, pending, or completed action, suit, or proceeding, whether civil, criminal, administrative, investigative, or otherwise, and whether formal or informal, to the fullest extent permitted by applicable law or, if not permitted, then to any extent not prohibited by such law.

Indiana Secretary of State
Packet: 2014122400239
Filing Date: 12/22/2014
Effective Date: 12/22/2014

ARTICLE III
PERIOD OF EXISTENCE

3.1 **Existence.** Effective Date shall be January 1, 2015. The period during which the Corporation shall continue is perpetual.

ARTICLE IV
REGISTERED AGENT, OFFICE AND INCORPORATOR

4.1 **Registered Agent.** The name and address of the Corporation's registered agent for service of process is:

Rev. Msgr. William Stumpf
Catholic Charities Indianapolis, Inc.
c/o Roman Catholic Archdiocese of Indianapolis, Inc.
1400 North Meridian Street
P.O. Box 1410
Indianapolis, Indiana 46206-1410

I CONSENT TO BE REGISTERED AGENT.

4.2 **Registered Office.** The post office address of the registered office of the Corporation is:

Catholic Charities Bloomington, Inc.
631 North College Ave.
Bloomington, Indiana 47404

4.3 **Incorporator.** The name and address of the Corporation's incorporator is:

John S. (Jay) Mercer, Attorney at Law
MERCER BELANGER
1500 One Indiana Square
Indianapolis, IN 46204
317/636-3551

ARTICLE V
MEMBERSHIP

5.1 **Number and Eligibility.** There shall be one (1) member of the Corporation, who shall be known as the "Member." The Member shall be the individual appointed from time to time by the Roman Catholic Pontiff and formally installed as the Roman Catholic bishop of a defined territory located in central and southern Indiana as prescribed by the Pontiff, currently known as the Archdiocese of Indianapolis, or such other individual as is authorized by Canon Law to govern the defined diocesan territory. The Member is the Chief Executive Officer and President of the Roman Catholic Archdiocese of Indianapolis, Inc.

5.2 Bylaws. The Member shall adopt the initial Bylaws for the Corporation. The power to alter, amend or repeal the initial Bylaws of the Corporation or to adopt new Bylaws shall be vested in the Board of Directors, subject to the approval of the Member. The Bylaws may contain any provision for the regulation and management of the affairs of this Corporation not in conflict with the Act, other applicable law, these Articles of Incorporation and Canon Law.

ARTICLE VI **BOARD OF DIRECTORS**

6.1 Number of Directors. The Bylaws of the Corporation shall prescribe the number of, and criterion for selection to, the Corporation's Board of Directors; provided, however, at no time shall the Bylaws provide for fewer than three (3) directors.

6.2 Powers and Responsibilities. Except as provided for in Section 6.3 below, the business, property, affairs and funds of the Corporation shall be managed, supervised and controlled by the Board of Directors who shall exercise all of the powers of the Corporation in accordance with the Bylaws of the Corporation.

6.3 Delegation of Powers and Responsibilities. A person or a group of persons other than the Board of Directors may be designated from time to time by written resolution of the Member, or in Bylaws approved by the Member, to manage, supervise and control the business, property, affairs and funds of the Corporation in whole or part and to exercise some or all of the powers of the Corporation in place of the Board of Directors; provided, however, any person or persons so designated may not authorize distributions; approve or recommend to the Member the dissolution, merger, sale, pledge or transfer of all or substantially all of the Corporation's assets; elect, appoint, or remove directors or fill vacancies on the Board of Directors or on a committee of the Board of Directors; or adopt, amend, or repeal the Corporation's Articles of Incorporation or Bylaws.

ARTICLE VII **ADDITIONAL PROVISIONS FOR REGULATION AND** **CONDUCT OF THE AFFAIRS OF CORPORATION**

7.1 Limitations. The Corporation shall be operated exclusively for charitable, religious or educational purposes within the meaning of Section 501(c)(3) of the Code and in the course of such operation:

- (a) No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its members, directors, officers, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein and as allowed by Section 501(c)(3) of the Code and the Act.

- (b) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office except as may be otherwise authorized under the Code.
- (c) Notwithstanding any other activities not permitted to be carried on by (a) a corporation exempt from federal income tax under Section 501(c)(3) of the Code or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

7.2 Conditional Limitations. Notwithstanding any other provision of these Articles of Incorporation and Bylaws, if for any taxable year the Corporation is deemed a "private foundation" described in Section 509(a) of the Code, the Corporation's income shall be distributed at such time and in such manner as not to subject the Corporation to the tax imposed by Section 4942 of the Code. In addition, at any time the Corporation is deemed a "private foundation" described in Section 509(a) of the Code, the Corporation shall not:

- (a) Engage in any act of self-dealing as defined in Section 4941(d) of the Code;
- (b) Retain any excess business holdings as defined in Section 4943(c) of the Code;
- (c) Make any investment in such manner as to subject the Corporation to tax under Section 4944 of the Code; or
- (d) Make any taxable expenditure as defined in Section 4945(d) of the Code.

ARTICLE VIII **DISSOLUTION**

8.1 Disposition of Assets. Upon the dissolution of this Corporation, the Board of Directors, with the approval of the Member, shall pay or make provision for the payment of all liabilities of the Corporation, whether direct or indirect, contingent or otherwise, including without limitation, all outstanding loan agreements, credit agreements, bond indentures and similar obligations. All assets of the Corporation remaining after the payment of the Corporation's liabilities shall be distributed by the Board of Directors, with the approval of the Member, to the Roman Catholic Archdiocese of Indianapolis, Inc. an organization organized and operated exclusively for charitable, educational and religious purposes.

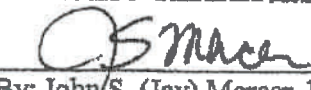
Indiana Secretary of State
Packet: 2014122400239
Filing Date: 12/22/2014
Effective Date: 12/22/2014

ARTICLE IX
AMENDMENTS

9.1 Amendments to Articles. These Articles of Incorporation may only be amended or otherwise modified by the Board of Directors with the written approval of the Member.

IN WITNESS WHEREOF, I, the undersigned Incorporator, do hereby execute these Articles of Incorporation in duplicate and verify and affirm under the penalties of perjury that the facts stated herein are true to the best of our knowledge and belief, this 22nd day of December, 2014.

CATHOLIC CHARITIES BLOOMINGTON, INC.


By: John S. (Jay) Mercer, Incorporator

This instrument was prepared by John S. (Jay) Mercer, Attorney at Law, Mercer Belanger P.C., 1500 One Indiana Square, Indianapolis, Indiana 46204; Telephone: (317)636-3551

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF INCORPORATION

of

CATHOLIC CHARITIES BLOOMINGTON, INC.

I, CONNIE LAWSON, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above Non-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Nonprofit Corporation Act of 1991.

**Indiana Secretary of State
Packet: 2014122400239
Filing Date: 12/22/2014
Effective Date: 12/22/2014**

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, December 22, 2014.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 22, 2014.

Connie Lawson

CONNIE LAWSON,
SECRETARY OF STATE

2014122400239 / 2014122492184

**Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: November 2, 2020

Person to Contact:

R. Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Group Exemption Number:

0928

Dear Sir/Madam:

This responds to your July 23, 2020, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2020*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2020* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Subordinate organizations are not listed in Tax Exempt Organization Search (Pub 78 data), and many are not listed in the Exempt Organizations Business Master

File extract, or EO BMF. Donors may verify that a subordinate organization is included in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

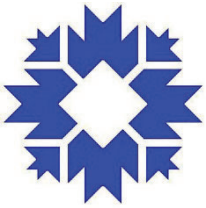
Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

A handwritten signature in cursive script that reads "Stephen A. Martin".

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

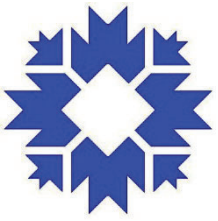
All applicants for 2025 Jack Hopkins funding must submit the following:

- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov
with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Community Justice & Mediation Center (CJAM)

Address: 205 S. Walnut, Suite 16, Bloomington,
IN 47404

Phone: 812-336-8677

E-Mail: cjam@cjamcenter.org

Website: www.cjamcenter.org

President of Board of Directors: Julie Schaefer

Name of Executive Director: Wyatt Lawson

Phone: 812-243-3687

E-Mail: wyatt@cjamcenter.org

Name of Grant Writer: Wyatt Lawson

Phone: 812-243-3687

E-Mail: wyatt@cjamcenter.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
1	2	55

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Our mission is to promote a civil and just community through mediation, education, and restorative justice. We envision a fair community that learns from conflict, prevents harm, and grows in understanding

PROJECT INFORMATION

Name of the project to be funded:

Eviction Prevention Project (EPP): Mediation, Case Management, and Tenant Support

Total cost of project: \$71,074

Requested amount of Jack Hopkins funding: \$22,210

Number of City residents to be served by this project in 2025: 200+

Number of clients to be served by this project in 2025: 300+

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$22,210 to support CJAM's Eviction Prevention Project (EPP), which provides free landlord-tenant mediation, case management, and eviction diversion services for Bloomington and Monroe County residents. The funding will support staffing costs to enhance mediation services and ensure parties receive support before, during, and after eviction court proceedings. This year, we are shifting from a volunteer-based Check-Out process to potentially a paid Check-Out Coordinator, who will work alongside our Assistant Case Manager to ensure tenants understand court outcomes, receive timely referrals, and navigate next steps effectively. This role is essential in reducing tenant confusion, improving housing stability, and strengthening data collection efforts.

Through expanded mediation outreach and continued partnerships with local courts and housing providers, CJAM aims to reduce eviction filings, prevent housing instability, and improve long-term financial security for low-income tenants.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

Is the property zoned for your intended use?

☐

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒ Yes ☐ No

If “yes,” indicate the nature of the operational request:

☐ Pilot ☒ Bridge ☐ Collaborative

☐ None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

Neighborhood Assistance Program (NAP): \$6,800 (Pending)
Fundraising & Community Donations: \$2,000 (Pending)
Old National Bank Foundation Grant: \$12,380 (Pending)

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We will submit monthly invoices and documentation for expenses incurred from the beginning of the grant period through the end of the funding cycle.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

CJAM leverages significant in-kind volunteer support to maximize the impact of the Eviction Prevention Project. Our trained volunteer mediators contribute 750 hours annually (5 volunteers x 6 hours/week x 25 weeks), valued at \$24,750 (\$33/hour). Additionally, our volunteer office manager provides 100 hours annually (4 hours/week x 25 weeks), valued at \$3,000. This results in a total in-kind contribution of \$27,750, demonstrating strong community investment in eviction prevention.

Beyond volunteer time, CJAM pursues private foundation grants (ONB), NAP tax credits, and landlord partnerships to sustain this program beyond Jack Hopkins funding.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Staff Salary	\$20,560
Priority #2	Program Technology & Equipment	\$650
Priority #3	Indirect Costs	\$1,000
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

Housing instability remains a critical issue in Bloomington, where 28.9% of households are severely cost-burdened, paying over 50% of their income on rent?. Additionally, 21.6% of Monroe County residents live in poverty, far exceeding the Indiana state average of 13.3%.

In 2024 alone CJAM, participated in 472 eviction court mediations and an overall total of 554 landlord-tenant disputes. Without intervention, many of these cases result in eviction records that bar tenants from future housing opportunities, leading to homelessness, job instability, and financial hardship.

The 2020-2024 Bloomington Consolidated Plan and the 2020 Heading Home Plan both identify eviction prevention as a top priority for reducing homelessness and stabilizing low-income households?. CJAM' s Eviction Prevention Project (EPP) directly aligns with these goals by providing mediation services, case management, and post-court support to help tenants navigate eviction proceedings and secure long-term housing stability.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

Jack Hopkins funds will provide operational support for key staff delivering eviction mediation, case management, and participant support services. These funds ensure that CJAM can continue to offer free mediation and eviction prevention services, reducing housing instability for vulnerable Bloomington residents.

CJAM has a strong commitment to long-term sustainability, as we work to secure funding through private foundations (ONB), NAP tax credits, and local fundraising to maintain this work beyond Jack Hopkins support. Additionally, we are researching landlord partnerships to create a self-sustaining eviction prevention model, ensuring that mediation and tenant support services remain accessible for those most at risk.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Evictions have long-lasting consequences, including loss of housing, job instability, and financial hardship. The Eviction Prevention Project helps mitigate these effects by helping tenants avoid eviction records, maintain stable housing, and access financial assistance. For landlords, mediation reduces vacancy rates and legal costs, creating a more sustainable rental market. Additionally, CJAM's focus in expanding outreach efforts aim to catch landlord-tenant conflicts before they escalate, fostering long-term housing stability in Monroe County.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

200 mediations conducted, serving 500+ individuals
70% of participants are Bloomington residents
65% of mediated cases result in preserved tenancy or voluntary move-outs
200+ referrals provided for social services, financial assistance, and housing resources
Successful integration of a Check-Out Coordinator to improve tenant support and data collection

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

CJAM' s Eviction Prevention Project has become a proven model for reducing eviction-related hardships in Monroe County. By strengthening our mediation and tenant support services, we are building a sustainable, community-centered solution to housing instability.

This funding will enhance our ability to serve vulnerable renters, ensure a more efficient eviction mediation process, and provide long-term benefits to both tenants and landlords.

2024 CJAM - Jack Hopkins Budget Request

Community Justice & Mediation Center (CJAM)		Eviction Prevention Project	
Total Project Cost			
FUNDS	Totals	Other	JHSS Grant
JHSS Grant	\$22,210	\$0	\$22,210
Other Grants	\$12,380	\$12,380	\$0
CJAM Pro-Bono Mediator and Admin Time	\$27,750	\$27,750	\$0
Fund Raising	\$2,000	\$2,000	\$0
NAP Allocations	\$6,800	\$1,400	
TOTAL PROJECT FUNDS	\$71,140	\$42,130	\$22,210
EXPENSES	Totals	Other	JHSS Grant
Staffing			
CJAM Landlord-Tenant Case Manager: 8 hrs./week @ \$26 hr. for 25 weeks	\$6,490	\$6,490	\$0
CJAM Assistant Case Manager: 40 hrs/wk hrs @ \$20/hr for 25 weeks	\$5,200	\$1,040	\$4,160
Fringe: \$14,000 @10%	\$20,000	\$5,000	\$15,000
CJAM Pro-Bono Mediator and Admin Time	\$1,400	\$0	\$1,400
Check Out Part Time Employee	\$27,750	\$27,750	\$0
Printing, Marketing, Outreach	\$6,475	\$6,475	\$0
Office and Program supplies			
Facilicase Database: \$130/mo x 5 months	\$720	\$720	\$0
Equipment & Technology	\$300	\$300	\$0
Other			
Indirect Costs @ 10%	\$2,089	\$1,089	\$1,000
TOTAL PROJECT EXPENSES	\$71,074	\$48,864	\$22,210

Community Justice & Mediation Center
Balance Sheet
As of December 31, 2024
Dec 31, 24

ASSETS

Current Assets

Checking/Savings

1000 · Old National Bank Checking One	1,742.25
1060 · Old National Savings	50,053.97
1080 · IIU Credit Union Savings	5.00
1500 · Old National Bank Checking Two	91,981.90

Total Checking/Savings	143,783.12
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Other Current Assets

1090 · Certificates of Deposit	
1091 · Certificate of Deposit One	53,771.02
1092 · Certificate of Deposit Two	52,967.83
Total 1090 · Certificates of Deposit	106,738.85

Total Other Current Assets	106,738.85
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Total Current Assets	250,521.97
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TOTAL ASSETS	250,521.97
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LIABILITIES & EQUITY

Liabilities

Current Liabilities

Accounts Payable

2010 · Accounts Payable	2,069.81
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Total Accounts Payable	2,069.81
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Other Current Liabilities

2100 · Payroll Liabilities	1,853.83
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2310 · Deferred RWJ Contract Revenue	236,455.27
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Total Other Current Liabilities	238,309.10
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Total Current Liabilities	240,378.91
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Total Liabilities	240,378.91
--------------------------	-------------------

Equity

3001 · Opening Bal Equity	20,162.00
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3010 · Unrestrict (retained earnings)	11,247.96
---------------------------------------	-----------

Net Income	(21,266.90)
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Total Equity	10,143.06
---------------------	------------------

TOTAL LIABILITIES & EQUITY	250,521.97
---------------------------------------	-------------------

CITIZENS FOR COMMUNITY JUSTICE INC

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Steven T. Miller

Steven T. Miller
Director, Exempt Organizations

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 09 2000

CITIZENS FOR COMMUNITY JUSTICE INC
PO BOX 6282
BLOOMINGTON, IN 47407-6282

Employer Identification Number:
34-1798973
DLN:
17053085770030
Contact Person:
JULIE CHEN ID# 31261
Contact Telephone Number:
(877) 829-5500
Our Letter Dated:
June 1995
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

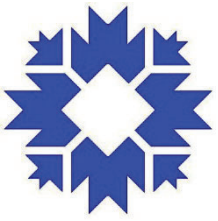
Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CG)



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Community Kitchen of Monroe County, Inc.

Address:

PO Box 3286 Bloomington IN 47402 Physical address: 1515 S Rogers St

Phone: 812-332-0999

E-Mail: director@monroecommunitykitchen.com

Website: monroecommunitykitchen.com

President of Board of Directors: Chantel Adcock

Name of Executive Director: Vicki Pierce

Phone: 812-332-0999

E-Mail: director@monroecommunitykitchen.com

Name of Grant Writer: Vicki Pierce

Phone: 812-332-0999

E-Mail: director@monroecommunitykitchen.com

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
5	15	120/week

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Community Kitchen's mission is to work, alone and in collaboration with others, to eliminate hunger in Monroe County and surrounding areas through direct service, education and advocacy.

PROJECT INFORMATION

Name of the project to be funded:

Essential Food Purchase

Total cost of project: 158,792

Requested amount of Jack Hopkins funding: 20,000

Number of City residents to be served by this project in 2025: 3563

Number of clients to be served by this project in 2025: 3750

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$20,000 to purchase food items essential to our efforts to provide healthy, nutritious meals to our community's most vulnerable residents.

We provide dinner to anyone in need 6 days/wk from two locations and our mobile food truck stops. In addition, we have outreach programs through which we work to get food to vulnerable populations, like children, seniors and the chronically ill, where they are (home, school, youth programs).

While we use donations, we are having to purchase more and more food supplies to carry out the same work. Donations no longer keep pace with need.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

1515 S Rogers St
Bloomington IN 47403

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒ Yes ☐ No

If “yes,” indicate the nature of the operational request:

☐ Pilot ☐ Bridge ☐ Collaborative

☒ None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

Private anonymous foundation funds: Received \$75,000 in 2024, a quarter of which (\$18,750) was for food in 2025
We have also applied for these grants for food in 2025 but those decisions have not yet been made:
Conagra: \$10,000
Walmart: \$1041.60
Brave Heart Foundation: \$4402
Duke Energy: \$16,750

Additional fundraising will support the budget, including remaining food costs.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Since we are having to purchase food so frequently now, we would submit the claim within 2 months of a funding award being signed.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Whatever grants we are able to secure for food purchases allow us the opportunity to use other funding and resources for staff and other program expenses, ensuring the continuity and quality of meal services.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Food	\$20,000
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$20,000

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

Community Kitchen addresses Priority Need #3 (Public Services) of the 2020-2024 Consolidated Plan. The description of Public Service includes “food access,” which Community Kitchen clearly addresses in a meaningful way, as we are the largest provider of free meals in the community. Goal #7 of the Plan mentions the City’s goal to “Fund organizations providing services lifting individuals out of poverty, including financial assistance, food assistance, shelter, education, and more.” (p.104)

According to p. 58 of the City of Bloomington’s 2020-2024 Consolidated Plan, food access is a concern in our city: “Additionally, food access was a major concern for stakeholders. According to Feeding America, 16.8% of Monroe County residents (24,260 people) are food insecure, above the national food insecurity rate of 12.5%. The population in Bloomington receiving assistance for food access are almost entirely very low income, or households with incomes 50% or less than the area median family income.”

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

We have only ever submitted a Jack Hopkins application for expenses related to the acquisition or replacement of equipment needed in our meal services and distribution. Our deviation from that this year is due to the large volume of food that we are now having to purchase to maintain the level of food quality and nutrition to which we are committed. In this time of funding uncertainty, rising cost of food supplies and potential supply chain challenges, we feel it most prudent to focus on the most essential piece of our programs, the food itself. We will focus a tremendous amount of time and energy this year on keeping those food supplies ample to meet the need with high quality nutrition. So, while this is an operational request, we consider this the priority for this uncertain time.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

For children, growing up with regular access to proper nutrition is linked to age appropriate growth and development, success in school, reduction in contacts with the justice system and positives in future education and employment. For all individuals, proper and regular nutrition is positively linked with one's ability to maintain employment and manage chronic health issues. Providing quality food services to folks in need provides very broad and long-lasting benefits to residents and the community as a whole.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Eating at Community Kitchen has varied effects on patrons. We ask how eating at the Kitchen affects other aspects of their lives and these are the results we received for 2024. These would serve as Outcome Indicators for our project.

Because I can eat at Community Kitchen:

I have food on the table - 93%
CK has a positive effect on my children and their health – 92%
CK gets me through the month – 92%
I eat better and am healthier – 74%

CK will help me get back on my feet faster because...

I can pay other bills - 87%
My food dollars go farther – 91%
I have less worry and stress – 91%
I can avoid borrowing or going further into debt – 88%
I have hope – 91%

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

We have always appreciated any grant from the Jack Hopkins Social Service Funding Committee. While this request for operational funds is a drastic deviation for us, we feel it is appropriate given the political and funding climate and projections. Any partial funding is also greatly appreciated.

Community Kitchen
Project Budget - Essential Food Purchase

Item

1. Food Purchase - JHSSF request
2. Other grants pending
Total potential grant funds
Expected Food Costs - 2025

Cost

\$20,000
\$32,194
52,194
158,792

Community Kitchen of Monroe County, Inc.

Profit & Loss

January through December 2024

	Jan - Dec 24
Ordinary Income/Expense	
Income	
Head Start	123,037.50
INCOME	
Business/Professional	24,869.39
Capital Contrib	4,586.16
Church	6,181.73
Civic	5,310.00
Collection Cans	696.21
Individual Contributions	527,712.44
Interest	248.24
Special Events Income	
Cookie Fundraiser	4,910.00
Brunch	24,490.00
Chef's Challenge	26,079.10
Special Events Income - Other	2,693.20
Total Special Events Income	58,172.30
Total INCOME	627,776.47
Grant Income	
CACFP	72,719.74
CDBG Grant	24,723.55
EFSP Grant	4,697.00
Local Govt./Townships	81,064.64
Misc. Grants/Other	109,672.00
SFSP	50,252.46
United Way Grant	30,872.47
Grant Income - Other	1,500.00
Total Grant Income	375,501.86
BOBPAN-Perry Twp. Pantry	2,279.24
CK Express Pantry-Blmtn Twp.	1,045.38
In-Kind Income	
Food Donations	
Food Bank In-Kind	285,550.35
Food Donations - Other	148,659.37
Total Food Donations	434,209.72
Labor	250,238.20
Non-Food Donations	6,031.39
Total In-Kind Income	690,479.31
Uncategorized Income	2,374.91
Total Income	1,822,494.67
Expense	
EXPENSES	
Technology Services	370.00
Automobile Expense	
Gas Expense	6,397.02
Registration & Plates	10.10
Vehicle Repairs	7,169.92
Vehicle Insurance	8,058.15
Automobile Expense - Other	307.19
Total Automobile Expense	21,942.38
Bank Service Fees	7,272.64
BOBPAN-Perry Twp Pantry	2,642.71
CK Express Pantry-Blmtn. Twp.	1,045.96
Employment Advertising	726.67

Community Kitchen of Monroe County, Inc.

Profit & Loss

03/19/25

January through December 2024

Accrual Basis

	Jan - Dec 24
Food & Beverage Expense	
Head Start	35,605.03
Backpack Buddies	34,647.83
CACFP	45,105.04
SFSP	34,745.77
Food & Beverage Expense - O...	34,661.90
Total Food & Beverage Expense	184,765.57
Fundraising	19,855.02
Gen. Repairs/Maint. Svcs.	
Building Repairs	2,557.06
Equipment Repairs	1,381.16
Pest Control	1,535.00
Trash	4,155.24
Gen. Repairs/Maint. Svcs. - Ot...	10,881.00
Total Gen. Repairs/Maint. Svcs.	20,509.46
Insurance	
Directors & Officers	148.25
Health Insurance	35,546.75
Liability & Worker's Comp	13,371.45
Life Insurance	2,795.33
Total Insurance	51,861.78
Kitchen	
Physical Plant Equipment	2,565.18
Physical Plant Supplies	32,858.50
Total Kitchen	35,423.68
Office Equipment	
Computer & Software	5,601.67
Office Equipment - Other	388.73
Total Office Equipment	5,990.40
Office Supplies	4,020.01
Organiz. Memberships/Filing Fee	269.99
Other/Contingency	5,151.92
Payroll Expenses	598,656.96
Payroll Taxes	
FICA-Company	35,054.62
FUTA	2.36
Medicare-Company	8,198.27
SUTA	1,088.85
Total Payroll Taxes	44,344.10
Postage	2,854.34
Printing	9,940.06
Professional Fees	12,250.00
Staff Training	1,660.00
Subscriptions	269.63
Telephone & internet	4,908.01
Utilities	16,952.19
Volunteer Recognition	1,724.07
Total EXPENSES	1,055,407.55
In-Kind Expenses	
Food Donations	
Food Bank In-Kind	285,550.35
Food Donations - Other	136,152.80
Total Food Donations	421,703.15

Community Kitchen of Monroe County, Inc.
Profit & Loss
January through December 2024

	Jan - Dec 24
Labor	250,238.20
Non-Food Donations	6,031.39
Total In-Kind Expenses	677,972.74
Total Expense	1,733,380.29
Net Ordinary Income	89,114.38
Net Income	89,114.38

P. O. BOX 2508
CINCINNATI, OH 45201

Date: MAR 07 1989

COMMUNITY KITCHEN OF
MONROE COUNTY INC
827 W 14TH ST
BLOOMINGTON, IN 47401

Employer Identification Number:
31-1101408
Contact Person:
CARRIE M. TOTTEN
Contact Telephone Number:
(513) 684-3578

Our Letter Dated:
January 24, 1985
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

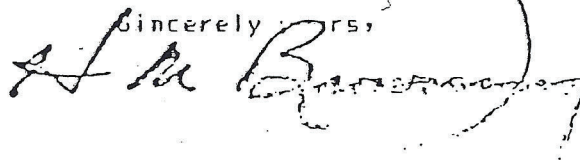
Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

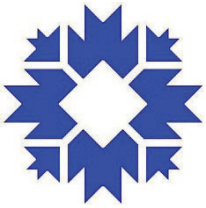
If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely,


Harold M. Browning
District Director



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

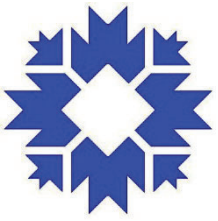
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Courage to Change Sober Living

Address:

P.O. Box 3001

Phone: 812-742-1676

E-Mail: c2csoberliving@gmail.com

Website: couragetochangehouse.org

President of Board of Directors: Felicia Helvey

Name of Executive Director: Marilyn Grimes

Phone: 812-391-5440

E-Mail: c2csoberliving@gmail.com

Name of Grant Writer: Bobby Overman

Phone: 812-320-0508

E-Mail: bobbyjpcv@gmail.com

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
	4	

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Courage to Change Sober Living provides safe, low barrier, affordable staff and peer supported transitional, sober living housing to those suffering from substance use disorder in Bloomington and Monroe County.

PROJECT INFORMATION

Name of the project to be funded:

Drug tests

Total cost of project: \$3050 _____

Requested amount of Jack Hopkins funding: \$3050 _____

Number of City residents to be served by this project in 2025: 41-56 _____

Number of clients to be served by this project in 2025: 41-56 _____

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$3050 for drug testing kits to be used in our five houses. We are certified by INARR and drug testing is a certification requirement as well as a requirement of CTC. Our house/ case managers test our residents randomly and having enough drug tests on hand will allow them to test residents appropriately and consistently without having to worry about rationing tests. With this funding we will buy mouth swab drug kits as well as screen cups. It is important to have alternate methods of testing when dealing with different types of substance use issues.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

4525 Sunset Avenue Bloomington
1201 W Greentree Lane Bloomington
1860 S Walnut Bloomington
1000 West 11th Street Bloomington
2425 S Rogers Bloomington

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒

Yes

☐

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☒

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We will submit claims on a monthly basis. Complete draw down of funds will be at the end of the funding cycle.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources *(e.g., other funds, in-kind contributions, or volunteers.)*

We apply for funding to buy drug kits through out the year.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	75 Drug Tests per month (full funding)	\$3050
Priority #2	50 Drug tests per month. (partial funding)	\$2280
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$3050/\$2280

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

Drug testing is a vital part of sober living residences. SCANN states many social service agencies offer a variety of services to help address multiple needs. CTC provides supportive sober living and drug testing which supports individuals who are working on their recovery. Our house/case managers work to identify issues before they become problematic which could lead to relapse, removal from CTC and even returning to the legal system. Accountability is a big part of remaining in recovery and living in a sober living environment. Drug testing is a tool used by CTC to help residents stay accountable to themselves and other residents. The Consolidated Plan mentions "provide funding to non-profits that serve low income individuals/families with their basic emergency needs: food, shelter and health care. Also provide funding to non-profits that provide a safety net for community members in need and that provide valuable services to improve quality of life. " CTC serves our clients in all three of these areas and funding for drug testing kits plays a part in providing a safety net for residents and helps to improve their quality of life by helping them stay rooted in their recovery journey.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

Drug tests are vital to what we do and how we serve our clients. Each year we seek other funding for drug tests and will continue to do so in the future.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

CTC houses individuals with similar circumstances in terms of daily battles with sobriety, building healthy relationships, getting centered in recovery and being back in the community. We rely on trust and influence to maintain sobriety and safety in our residences. Our residents have an agreement among themselves and with CTC to stay sober. Relapse can be contagious in our houses-- one person returns to substance misuse and this can trigger others to have thoughts of substance use. Each resident has their own motivation for staying sober. For some, knowing they will be drug tested and held accountable serves as the motivation they need to stay in recovery. We have found that clean drug tests act as positive steps not only for the individual but for the whole house and can encourage others who feel like staying in recovery is impossible especially those who are new to recovery.

Supporting our residents in maintaining their sobriety has long lasting benefits to the community in terms of folks living independent and productive lives and rebuilding their family and community ties. Drug tests are part of the tools our house/case managers use to support our residents in recovery.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Drug Tests: how many drug tests administered each month; did the increase in drug tests impact relapse rates; impact of drug tests on the accountability of our residents; impact of drug tests on dismissal/graduation rates; impact on house/case managers ability to stop a relapse from becoming a bigger issue; were there enough drug tests for house/case managers; did house/case managers feel that having a larger amount of drug tests available to them make it easier for them to do their jobs.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Drug Tests: We have always had drug tests as a part of CTC even before being certified by INARR. Most of our residents come from the legal system and many are drug tested by the court but perhaps not as often as our house/case managers feel is necessary for our residents especially for those who are new in their recovery. It is important to make sure we have an adequate supply of drug tests as it allows our house/case managers to be more effective in maintaining a safe and sober living environment and if a relapse happens--as it is bound to--they can help get residents back on the right track in their recovery journey before it escalates and/or moves through the residence. In the past we would receive drug tests from another non-profit to supplement the drug tests we had funding to buy. That is no longer the case and the cost of drug tests have increased so making sure we have funding to buy this vital tool used by our house/case managers is very important to CTC. The number of people we will serve during the funding period can vary depending on how many people move in, how many graduate, and how many folks have been terminated from the program. We can serve 41 folks at one time but as I said in the application we could serve as many as 56 and even that number is just an estimate.

Courage to Change Sober Living	Drug Tests		
Total Project Costs	\$3050		
Funds			
JHSS Grant	\$3050		
Other Income Sources			
Total Project Funds			
Total Funding Ask	\$3050		
Total Expenses			
Drug Tests	\$3050		
Total Project Expenses	\$3050		

Courage to Change Sober Living

Profit and Loss

July 2023 - June 2024

	TOTAL
Income	
Donation	2,103.00
Fundraising	1,704.00
Grants	
City of Bloomington Digital Equity	2,300.00
City of Bloomington Downtown Outreach Grant	7,540.00
Jack Hopkins Social Services	814.48
Michael Lindsay Foundation	1,040.00
Monroe County CARES	4,625.37
Perry Township	5,000.00
Smithville Foundation	5,500.00
Sophia Travis	4,190.00
Total Grants	31,009.85
Recovery Works	117,324.40
Rental Income	77,758.94
Total Income	\$229,900.19
GROSS PROFIT	\$229,900.19
Expenses	
Advertising & Marketing	296.00
Bank Charges & Fees	122.36
Contractors	728.50
Fundraising Expenses	192.23
House Furnishings/supplies	1,542.38
House Supplies/Furniture	14,656.66
Insurance	14,402.18
Job Supplies	969.82
Legal & Professional Services	4,126.90
Meals & Entertainment	145.78
Office Supplies & Software	176.98
Payroll Expenses	
Salaries & Wages	
Employees	67,175.00
Total Salaries & Wages	67,175.00
Taxes	5,138.91
Total Payroll Expenses	72,313.91
Postage/Shipping	150.00
Reimbursable Expenses	-40.58
Reimbursable Grant Expense	256.63
Rent & Lease	145,853.42
Repairs & Maintenance	1,535.54
Taxes & Licenses	431.95

Courage to Change Sober Living

Profit and Loss

July 2023 - June 2024

	TOTAL
Uncategorized Expense	100.00
Utilities	20,277.17
Total Expenses	\$278,237.83
NET OPERATING INCOME	\$ -48,337.64
Other Income	
Dividend Income	68.52
Total Other Income	\$68.52
NET OTHER INCOME	\$68.52
NET INCOME	\$ -48,269.12

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: DEC 08 2016

COURAGE TO CHANGE SOBER LIVING
500 W FOURTH ST
BLOOMINGTON, IN 47408-0000

Employer Identification Number:
81-3870837
DLN:
26053740001796
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
August 27, 2016
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

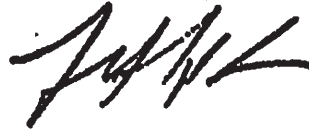
If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

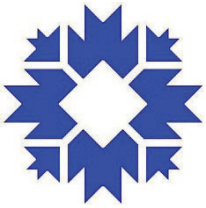
For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

COURAGE TO CHANGE SOBER LIVING

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeffrey I. Cooper', with a stylized flourish at the end.

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

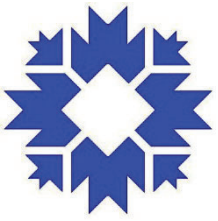
All applicants for 2025 Jack Hopkins funding must submit the following:

- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov
with subject line "[agency name] - 2025 JHSSF App"

Incomplete or late applications will not be accepted.



CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Crested Hill Refuge

Address:

2025 N Russell Rd. Bloomington, IN 47408

Phone: (812)272-5912

E-Mail: hcedar@crestedhill.org

Website: crestedhill.com

President of Board of Directors: Holly Cedar

Name of Executive Director: Holly Cedar

Phone: (812)272-5912

E-Mail: hcedar@crestedhill.org

Name of Grant Writer: Holly Cedar

Phone: (812)272-5912

E-Mail: hcedar@crestedhill.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
1	1	22

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Vision:

We prioritize diversity, equity, and inclusion, believing everyone deserves equal access to the resources each person or animal needs to thrive, and aim to create a transformative haven where all sentient beings have a safe space to heal.

Mission:

We encourage personal growth and healing of mind, body, and spirit, meeting the unique needs of each individual through equine assisted wellness sessions. We offer mounted and unmounted EAL (Equine Assisted Learning) and EAC (Equine Assisted Counseling) services.

PROJECT INFORMATION

Name of the project to be funded:

Crested Hill Refuge Addressing Mental Health

Total cost of project: \$246,226

Requested amount of Jack Hopkins funding: \$199,860

Number of City residents to be served by this project in 2025: 175

Number of clients to be served by this project in 2025: 200

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$199,560 to enable us to increase our capacity to provide services for clients in need of mental health resources.

This project will provide equine assisted wellness services to client referrals from IU Health facilities in Bloomington and other local agencies including but not limited to Family and Social Services, schools in the area, and other key players trying to meet the needs of marginalized people.

Priority is given to people living in poverty, to those with substantial emotional disturbances, and those struggling to have access to mental health care. Fees for services provided is calculated on a sliding scale according to income and household size, ensuring there is minimal expense to those who cannot afford mental health care.

Each client's unique wellness needs are assessed by staff and volunteer professionals at the initial intake, and a plan of care formulated with goals and objectives. After the initial intake, clients return for equine assisted wellness sessions for at least 8 weeks of services, depending on the participants' needs and goals of care.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Same

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

We are a new non-profit currently leasing the property, with the possibility to buy on a contract (pending) which we are currently pursuing.

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

This whole project has been approved by the owner, Brandi Williams. There are no other approvals or permits needed.

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒ Yes ☐ No

If “yes,” indicate the nature of the operational request:

☒ Pilot ☐ Bridge ☐ Collaborative

☐ None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

MHS grant, \$80,000, pending

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We will submit our claims as we incur the costs, and are open to receive the funds in whatever timing is best for funder. We understand that only receipts received after the grant cycle is open and for the grant year are allowable for reimbursement.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

N/A

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Being a non-profit, we rely largely upon donations and grants to provide our services on a sliding scale according to income. We are powered by volunteers which helps us minimize our financial obligations to staff.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Mortgage	\$60,000
Priority #2	Support for Equine Partners	\$47,660
Priority #3	Support for Staff/Volunteers	\$67,000
Priority #4	Finish reception/counseling spaces	\$10,200
Priority #5	Capital Improvements	\$10,500
Priority #6	Extra Support for Clients	\$4,500
Priority #7		
Total Requested		\$199,860

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

When this applicant directed the equine assisted counseling program at PALS in 2023, we could only serve 6-8 participants a week due to capacity limitations (we only had 2-4 PALS equine partners available for therapy, and none of them could be ridden; there was only one counseling room; and we only had enough qualified staff for maximum 8 participants a week.) Therefore, we were unable to meet the need of referrals.

As is often the case, IURBOBH (IU Riley Bloomington Outpatient Behavioral Health) did not have the capacity in 2023 for all of the referrals they received. For this reason, they would send their wait-listed clients to our program. We were able to provide a bridge of care for some of those pediatric patients immediately following the referral—but not all of them.

According to an RN at IURBOBH, a program with Adult and Child Health for students of Monroe County recently lost services providing mental health care, putting youth at increased risk of poor mental health outcomes. IURBOBH currently has at least 55 youth on their waitlist, and they expect this number to continue to rise as lack of available services increases (due to frozen federal funding.) This lack of mental health services for youth in our area is sure to continue its trend of devastating effects on families, in an ever-increasing fashion. CHR plans to meet this need with expanded services.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

We have confidence that once we are able to serve more and more families, community engagement will increase, along with funds from services and fund-raising. The only facility similar to ours is PALS, and they are outside of city limits which makes it difficult for people to get there. CHR is close to town which makes it easier for volunteers and clients to get to our facility through buses. We are the only facility in the area currently offering equine assisted counseling services aimed at addressing the whole person--mind body and spirit. This makes us unique and harkens future success.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

In an article titled "A systematic review of the efficacy of equine-assisted interventions on psychological outcomes" published in the European Journal of Psychotherapy & Counselling, researchers say, "Much research attests to the beneficial effects of equine interventions on physical development and ability...Findings from this review suggest that equine-assisted interventions hold much promise, particularly in terms of child/adolescent social and behavioural issues, and...adult affective disorders." (<https://www.tandfonline.com/doi/abs/10.1080/13642537.2014.996169>)

Also, in Anthrozoös, an article titled Animal-assisted Psychotherapy and Trauma: A Meta-analysis, Sarah Germain et al found in their review, "The results indicate that animal-assisted therapy is an efficacious treatment for trauma." (<https://www.tandfonline.com/doi/abs/10.1080/08927936.2018.1434044>)

If we are able to partner with JHSS funding, we would be able to increase our therapy horses from four to seven, be able to accommodate the added cost of three more horses, be able to replace and increase our equipment/tack to ensure safety and volume served, and be able to make the needed repairs on the facility (including counseling space), thus enabling us to increase the population we serve.

The impact of this program changes the lives of our participants and the whole trajectory of their journey towards healing. As we continue to expand our services, we will be able to reach more and more people in need, helping people not only to survive their mental health challenges, but helping them to thrive, as this project gives them tools for coping and lessens their mental distress.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

CHR will provide an average of at least 100 hours of direct services a month during the calendar year of funding.

CHR will provide services for at least 90% of all applicants and all referrals during the calendar year of funding.

CHR will measure mental health outcomes from services provided through clients' self-reported questionnaires gauging well-being before and after sessions.

CHR will provide services to at least 90% of referrals with known complicated grief/prolonged grief disorder at time of referral.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

While employed at PALS (People and Animal Learning Services) in 2005, Holly Cedar implemented a grant with NYSP (National Youth Sports Program), managing a summer camp for at-risk youth from the Boys and Girls Club. The project outcomes were measured primarily with a self-assessment tool. Campers reported their feelings such as anxiety, confidence, and happiness through circling a face or number prior to and after their days at camp. Goals and objectives related to improving self-confidence, reducing anxiety, increasing happiness, and so on, and were addressed through the curriculum (horseback riding, journaling, etc.), and reviewed. Camp staff also reviewed camper journals (writing exercises) to gain further insight about camper experiences throughout the week-long camp. As many studies suggest, ours found an improvement in self-confidence and reduction of anxiety.

Holly worked as a chaplain at IU Health hospitals and hospice for over 10 years, assessing patients referred to the chaplaincy department by interdisciplinary team members and patient requests. Holly has substantial clinical experience working with patients and their families during times of illness, death, and loss, and collaborating with an interdisciplinary team.

While employed by IU Health Hospice in 2023, Holly received another grant for a similar equine program, partnering with PALS. This time the clients were primarily referrals from IU Health Pediatric Outpatient Behavioral Health in Bloomington. At least one client was referred from a local government family and social services agency. The history of the group of youth referrals primarily consisted of known PTSD, anxiety disorder, and complicated grief—more severe emotional disturbances than program participants in 2005. Data was collected in similar fashion, with similar improvement.

Holly has been in contact with those our referral sources and we are guaranteed plenty of referrals from accross the region. The only way we can meet the need is through building our capapcity to recieve more clients.

We appreciate you taking the time to consider our project for funding, and assure you the funds will be used exactly as stated to benefit a large swath of our Bloomington community.

1. Mortgage**60000****2. Equine Partners**

Horse trailer	12000
3 therapy horses	20000
Horse tack	6000
grooming	300
insurance for 3 more horses	2000
hay/feed	2500
bedding	260
farrier	2000
vet	2000
Cart for mini-horse	600
	47660

3. Support for Staff/Volunteers

Part-time Instructor	15000
FT Executive Director	23000
CTRI Certs	2000
PT Barn Help	12000
PT Counselor	15000
	67000

4. Finish reception/counseling**10200****5. Capital Improvements**

Paint Barn	5000
Gutters	5000
Rocks for driveway	500
	10500

6. Extra Support for Clients

gas cards	500
portopotty	1000
bereavement resources	500
educational supplies	500
arena activity supplies	2000
	4500

199,860

RABER'S SEPTIC SERVICE AND PORTABLE TOILETS
LLC

2782 S 400 E
Washington, IN 47501 US
+18127872233
rabers.sanitation@gmail.com
<http://www.rabersepticsservices.com>

Estimate

ADDRESS
Holly Cedar

ESTIMATE # 1197
DATE 03/21/2025

ACTIVITY	QTY	RATE	AMOUNT
Standard unit 2025 N Russel rd Bloomington IN	1	125.00	125.00
IF YOU HAVE ANY QUESTIONS , GIVE ME A CALL OR TEXT : Myron 812-787- 1958			
Delivery Charge IF WE CAN DELIVER ON DAYS THAT WE ARE IN BLOOMINGTON , WE COULD DO FREE DELIVERY , OTHERWISE WE WOULD HAVE A DELIVERY FEE	1	55.00	55.00
SUBTOTAL			180.00
TOTAL			\$180.00

Accepted By

Accepted Date

ESTIMATE



Apex Home Services, LLC
4667 West Richland Plaza Drive
Bloomington, IN 47404
brandon@apexhslc.com
(812) 361-4365

For: Crested Hill Refuge
Job Address: 2025 N Russell Red
Bloomington, IN 47408
hcedar@crestedhill.org
(812) 272-5913

Salesman/Customer Rep

Adam Morrison
adam@apexhslc.com
(812) 360-4922

Job Id 2503-6710044-01	Estimate # 0383	Estimate Date 03/20/2025	Estimate Amount	\$10,200.00
------------------------	-----------------	--------------------------	-----------------	-------------

#	Type	Name	Unit / Qty	Line Total
1	ACTIVITY	Capital Improvements	Units / 1.00	\$10,200.00
		Description: Rework Plumbing for Kitchen Sink		
		Cabinet Repairs		
		Replace Broken Floor Tiles		
		Install New Floor Covering on Stairs		
		Drywall and Paint Bathroom		
		Install Lights and Switches in Two Bedrooms		
		Install Safety Gate at Top of Stairs		

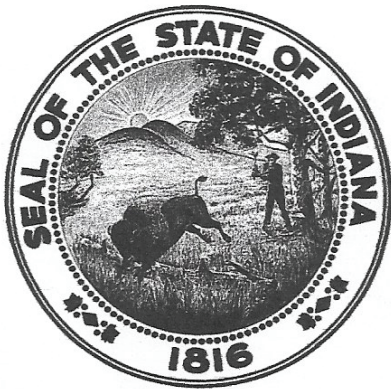
Subtotal	\$10,200.00
Tax(Material) (7%)	\$0.00
Total	\$10,200.00

**State of Indiana
Office of the Secretary of State**

**Certificate of Incorporation
of
CRESTED HILL REFUGE INC**

I, DIEGO MORALES, Secretary of State, hereby certify that Articles of Incorporation of the above Domestic Nonprofit Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, November 15, 2024.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 15, 2024.

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202411151840059 / 10577893

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

CRESTED HILL REFUGE INC
8839 W HINDS RD
BLOOMINGTON, IN 47403-9036

Date:
01/24/2025
Employer ID number:
33-2088122
Person to contact:
Name: K. Chapman
ID number: 4577077
Telephone: (877) 829-5500
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
November 15, 2024
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053417002175

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

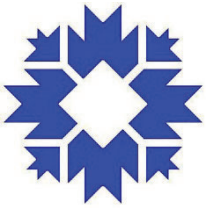
If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

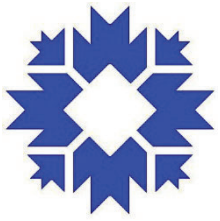
All applicants for 2025 Jack Hopkins funding must submit the following:

- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov
with subject line "[agency name] - 2025 JHSSF App"

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: El Centro Comunal Latino

Address:

303 E Kirkwood Ave
Room 206
Bloomington, IN, 47408

Phone: 812-533-7513

E-Mail: elcentrocomunal@gmail.com

Website: http://www.elcentrocomunal.com/

President of Board of Directors: Sandra Britton

Name of Executive Director: Ana Cordero
812-355-7513

Phone: _____

E-Mail: elcentrocomunal@gmail.com

Name of Grant Writer: Raquel Anderson

Phone: 812-322-7706

E-Mail: raanders@iu.edu

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
1		20

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

El Centro Comunal Latino (CCL) is a community-based organization that provides an accessible and safe space for all Latinos, with a focus on Spanish speakers, to find information, access resources, and provide a safe place to hold community events. El Centro Comunal Latino seeks to promote communication and understanding between service agencies and Latino residents in order to facilitate integration and encourage active participation in the greater Bloomington area.

PROJECT INFORMATION

Name of the project to be funded:

La Escuelita Para Todos

\$3,500

Total cost of project: _____

Requested amount of Jack Hopkins funding: _____

30-50

Number of City residents to be served by this project in 2025: _____

30-50

Number of clients to be served by this project in 2025: _____

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$3,500 to re-initiate the program La Escuelita Para Todos. This program ran in the past, as part of the Beacon, to develop biliteracy skills in Latine children, with the goals of: (1) establishing biliteracy skills in Spanish language heritage speakers, as research supports that said skills augment children's educational attainment (<https://www.aft.org/ae/summer2020/lu>); (2) teach literacy within a cultural lens to support biculturalism; (3) provide parents and families with information that will support their knowledge of U.S. educational system, strategies for enhancing literacy skills in their children, and to navigate the health and educational systems. La Escuelita Para Todos. El Centro Comunal Latino's board unanimously agreed that this is an important program wthat falls within our mission, and plan to initiate the program in the Fall (September) 2025. As of today, we have 20 families interested in participating in the program, and we plan on continuing to disseminate information about said program to the greater Latine community in Bloomington IN (facebook, El Boletin Comunitario, flyers, At present, we do not have the necessary materials needed to sustain the program (Spanish books, other teaching materials), thus our request for funding via JHSS.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☐ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

At present, we have secured the use of The Latino Culutral Center/La Casa, at Indiana University (Saturday mornings).

Do you own or have site control of the property at which the project is to take place?

☐

Yes

☒

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

n/a

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

We have obtained approval from the center's director, Lillian Casillas, and the Saturday mornings 9-12, have been reserved for La Escuelita Para Todos, beginning September 2025.

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒

Yes

☐

No

If “yes,” indicate the nature of the operational request:

☒

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

We are currently working on a book and materials drive.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

First period July-December 2025 - \$3000
second period January-June 2026 - \$1000

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

n/a

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources *(e.g., other funds, in-kind contributions, or volunteers.)*

La Escuelita Para Todos is volunteer run. Five individuals from the community have volunteered to direct the project and we have been meeting bi-weekly. All individuals who will work directly with the children and their families will be volunteers from the community (IU students, community members). As mentioned previously, we will conduct a book/materials drive during the months of March-June 2025.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	books and teaching materials	\$2750
Priority #2	educational materials (e.g. paper, whiteboards, markers)	\$1000
Priority #3	printer	\$250
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$4000

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

As of 2023, 5.6 % of the Monroe County population is Latino (<https://www.census.gov/quickfacts/fact/table/bloomingtoncityindiana/POP715223>). While this number may seem small, the number of county residents that identify as Latino is growing. Within the past decade, over 2,000 Latino community members have moved into Monroe County. Specifically, most recent demographic data from MCCSC indicate that 7.5% of the children attending schools in Monroe County are Hispanic/Latine. As a result, our program will address the educational needs of a significant population in our city. The priority of social services funding that falls within our program are: (1) education (as biliteracy is known to enhance educational attainment in our target population; (2) marginalized groups (Latine children and their families); and (3) low income (20.6% of the Latine population - U.S. Census).

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

The main need to re-initiate La Escuelita Para Todos is materials to support the teaching and support of literacy skills, thus our request for purchasing and securing this material. The program is volunteer run, and the physical space is donated to the program.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

We believe that the program will have both broad and long-lasting benefits to our community in various ways. First, it will develop biliteracy skills in children whose language is often marginalized and not supported (overtly) within our educational system. Biliteracy skill, as mentioned previously in this proposal, enhances overall educational attainment. Second, via the incorporation of family support, via specific informational programs aimed at parents, parents will have enhanced knowledge and skills to support their children.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

- 1- Number of children who participated in the program.
- 2- Number of parents/adults who participated in the informational programs (for each program/talk)
- 3- Number of families who participated in the program
- 4- comparison of performance prior to enrolling in the program to performance after a year in the program (pre-post testing of Spanish literacy skills, based on current age/grade level expectations)
- 5- Parent satisfaction surveys
- 6- Final literacy products (books, albums, recipes) created by the children

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

La Escuelita Para Todos ran for about five years before it was put on hold. It was ran by a group of committed individuals, and its director was Daniel Soto, who unfortunately died and thus the program was put on hold. One of its founding members, and most outspoken advocate, Patricia Marvin, also died within the past two years, which critically affected the continuation of the program. It was run out of the library (MCPL), where all materials were kept. These materials were donated by the library to the teacher's warehouse. In addition, because the program was run from the library, we had access to the wonderful Spanish children's books that the library has. The library has changed its policies in regards to room requests and we cannot request a space for use across time. As a result, we no longer have access to the literacy resources that La Escuelita Para Todos had. Working on literacy skills requires the necessary books (of various reading levels, and that support our bicultural focus) and materials to support teaching. Thus our request for funds via JHSS.

2025 – CCL/La Escuelita Para Todos Proposed Project Budget

El Centro Comunal Latino		La Escuelita Para Todos	
Total Budget Cost		\$4000	
	Totals	Other income sources	JHSS Grant
Funds			
JHSS Grant			4,000,.00
Other grants			
Other income sources			
TOTAL PROJECT FUNDS			4,000
EXPENSES			
Office equipment			250.00
Literacy/teaching materials (books, workbooks)			2,750.00
Educational supplies (e.g. paper, whiteboards, markers, pencils, crayons)			1,000.00
TOTAL BUDGET EXPENSES			4,000.00

El Centro Comunal, Inc. 2023 Profit & Loss

Start of year balance	\$	17,969.75
End of year balance	\$	18,679.64

Income

Donations	\$	6,688.09
Indiana Minority Health Coalition	\$	31,430.08
Jack Hopkins Assistance Program	\$	3,402.89
Refunds/Sefeguard	\$	125.93
Sofia Travis Grant	\$	-
COPA	\$	-
Subtotal	\$	41,646.99

Salary

Ana Cordero Martinez - IMHC-Salary	\$	25,986.54
Jane Walter - Interpreting	\$	-
Stephen Grimsley - Interpreting	\$	-
T'kay LLC - Interpreting	\$	-
Alec Pena - COPA Ref	\$	-
Chi Song - COPA Ref	\$	-
Evan Keiser - COPA Ref	\$	-
Bo Stillions - COPA Security	\$	-
Tax/Fringe	\$	8,653.97
Subtotal	\$	34,640.51

Services

Stampfli Associates, CPAs	\$	1,157.40
Subtotal	\$	1,157.40

Travel/Training

IMHC Events	\$	-
Indiana Latino Leadership Conference Registration	\$	505.00
Subtotal	\$	505.00

Programs

Materials and Supplies	\$	1,185.40
Verified Volunteers, Inc/ Sterling Volunteers	\$	104.00
Children's Expo - Parks & Rec/ Open House	\$	-
Subtotal	\$	1,289.40

Office Expense

Jack Hopkins Assistance Receipt	\$	3,366.90
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PO Box Rental	\$	146.00
Postage	\$	106.40
First Insurance Group - Selective	\$	291.00
Birthdates/Mentors/Gifts Reimbursements	\$	109.90
Rent	\$	3,600.00
Subtotal	\$	7,620.20

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

FEB 27 2002

LA CENTRAL LATINA INC
PO BOX 3462
BLOOMINGTON, IN 47402

Employer Identification Number:
35-2123499

DLN:

17053035034022

Contact Person:

RICHARD K DOLFI

ID# 31363

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Foundation Status Classification:

509(a) (1)

Advance Ruling Period Begins:

September 27, 2001

Advance Ruling Period Ends:

December 31, 2005

Addendum Applies:

No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c) (3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a) (1) and 170(b) (1) (A) (vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a) (1) or 509(a) (2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

Letter 1045 (DO/CG)

LA CENTRAL LATINA INC

a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return. Because you will be treated as a public charity for return filing purposes during your entire advance ruling period, you should file Form 990 for each year in your advance ruling period

Letter 1045 (DO/CG)

LA CENTRAL LATINA INC

that you exceed the \$25,000 filing threshold even if your sources of support do not satisfy the public support test specified in the heading of this letter.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are spent only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence that the funds will remain dedicated to the required purposes and that the recipient will use the funds for those purposes.

If you distribute funds to individuals, you should keep case histories

Letter 1045 (DO/CG)

LA CENTRAL LATINA INC

showing the recipients' names, addresses, purposes of awards, manner of selection, and relationship (if any) to members, officers, trustees or donors of funds to you, so that you can substantiate upon request by the Internal Revenue Service any and all distributions you made to individuals. (Revenue Ruling 56-304, C.B. 1956-2, page 306.)

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

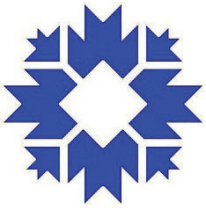
If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Steven T. Miller
Director, Exempt Organizations

Enclosure(s):
Form 872-C



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

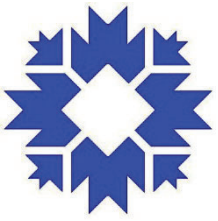
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Exodus Refugee Immigration, Inc.

Address:

1401 S Walnut St.
Bloomington, IN 47401

Phone: 317-921-0836

E-Mail: eaquino@exodusrefugee.org

Website: www.exodusrefugee.org

President of Board of Directors: Chris Scott

Name of Executive Director: Erin Aquino

Phone: 317-601-6280

E-Mail: eaquino@exodusrefugee.org

Name of Grant Writer: Matt Calvert

Phone: 317-531-1838

E-Mail: mcalvert@exodusrefugee.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
6	0	30

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Exodus Refugee Immigration is dedicated to the protection of human rights by serving the resettlement needs of refugees and other displaced people fleeing persecution, injustice, and war by welcoming them to Indiana.

PROJECT INFORMATION

Name of the project to be funded:

Emergency Assistance Project

Total cost of project: 150,000

Requested amount of Jack Hopkins funding: 15,000

Number of City residents to be served by this project in 2025: 100

Number of clients to be served by this project in 2025: 100

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

Exodus Refugee Immigration kindly requests \$15,000 to support its Emergency Assistance Program. The Emergency Assistance Program assists refugees resettled in Bloomington, who are struggling to meet their basic needs, such as housing and food, while working toward self-sufficiency and supporting their families.

Though refugees work hard to provide for themselves and their families, they sometimes encounter difficulties--such as a sudden illness, job loss, or simply the sharply rising cost of living--that can make it difficult for them to make ends meet. The emergency assistance program can help clients meet these needs so they can continue on their journeys to self-sufficiency here in our community.

This funding is particularly critical for refugees in Bloomington, given high rental costs and a lack of rental availability in the area. Grant funding will allow recipients of emergency assistance to achieve a measure of security and focus on larger self-sufficiency goals, such as obtaining employment, learning English, or enrolling in higher education.

Exodus anticipates serving a total of 100 refugees through its emergency assistance program in 2025; a grant from Jack Hopkins would allow us to serve 15 of these refugees.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

N/a

How do your missions, operations and services complement each other?

n/a

What is the existing relationship between agencies?

n/a

How will communication and coordination change as a result of the project?

n/a

Explain any challenges and steps you plan to take to address those challenges.

n/a

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Do you own or have site control of the property at which the project is to take place?

☐

Yes

☐

No

☒

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

n/a

Is the property zoned for your intended use?

☐

Yes

☐

No

☒

N/A

If "no," please explain:

n/a

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

n/a

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒

Yes

☐

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☒

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

Other expected project funds include:

1) Individual donors: \$35,000 confirmed

2) Anonymous Foundation: \$100,000 (pending)

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Exodus requests a full upfront payment of the \$15,000 for immediate use for emergency assistance to aid refugee clients residing in Bloomington. If the \$15,000 cannot be paid in full at the start of the grant, Exodus requests monthly claims for reimbursement.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

Emergency assistance is an ongoing project that depends on funding from foundations, individuals, government entities, and corporate donations. Funding is continually pursued and, if awarded, used quickly on individuals in need.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Exodus will continue to seek out individual and corporate donors who can help support this project financially, and will soon have an application pending with a local foundation for support for this project. Exodus continues to seek volunteers who can work with clients in a variety of ways to help them work toward self-sufficiency goals, and also accepts in-kind donations of things like hygiene items and various household goods, which can help families reduce their overall expenses.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Emergency basic needs assistance	\$15,000
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$15,000

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

The Emergency Assistance program closely aligns with the Service Community Assessment of Need's focus on Earning a Living. The report highlights the importance of finding and keeping a job, and of securing affordable housing. These are both challenges in today's climate.

Transition to life in the United States can be profoundly difficult and disorienting for refugees. They arrived with few material possessions and limited financial resources and thus face inevitable barriers to achieving self-supporting lives. Without adequate support to address these concerns, refugees can experience further difficulties in their quest to achieve self-sufficiency, such as feelings of isolation and homelessness.

Bloomington, like so many other cities in the U.S., has faced rising housing costs over the last several years; likewise, we have seen a dramatic increase in the cost of food and other basic essentials as inflation skyrockets. For many refugee families, that means there is little financial margin each month. Moreover, if a client is forced to miss work due to illness or injury, or if they are laid off from a company that is struggling, they may be unable to fully provide for themselves and their families.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

For 44 years, Exodus has had a strong record of sustaining its programs. Exodus attributes this to its adaptability, leadership and board, and ability to achieve greater cost-efficiency through difficult economic times.

To ensure Exodus can assist refugees meet their basic needs and ultimately reach self-sufficiency, Exodus will seek support from individuals, foundations, corporations, faith-based organizations, and other private sources. Exodus will build upon its prior fundraising successes and is informed by a comprehensive fundraising audit and plan.

Additionally, Exodus's Board of Directors is committed to the financial well-being of the organization and has a Development and Community Engagement Committee.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

At the heart of all of Exodus's programs is to assist its refugee clients – immigrants of humanitarian concern – reach self-sufficiency in their new homes. This project will give refugees the opportunity to remain on their journey to self-sufficiency in our community.

Over time, refugees make incredible contributions to their communities. For example, a study has shown that refugees have an entrepreneurship rate that outshines that of their U.S.-born counterparts (13% versus 9%); have a higher percentage who are working age compared to the U.S.-born population (77.1% versus 49.7%); and contribute billions in taxes (20.9 billion). (New American Economy From Struggle to Resilience: The Economic Impact of Refugees in America (June 2017). In other words, integrating the agency's clients into their communities leads to a mutually beneficial economic relationship between the two.

However, to achieve this success, refugees need some assistance in the first few years after they arrive in the U.S. This project will allow them to stay on the path to self-sufficiency and give them the tools they need to achieve future success.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Exodus will track the success of this program by measuring the following outcomes:

- the number of clients who report they can meet their basic needs after receiving assistance
- the number of clients who report they can continue to pursue their self-sufficiency goals as a result of receiving assistance

To measure the impact of the assistance, Exodus will use individual assessments, an established method, to evaluate program outcomes. Individual assessments, which may be conducted either verbally or in written format, will allow staff to assess if clients who have been provided housing and food assistance have taken substantial steps in pursuing personal self-sufficiency goals.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Exodus serves refugees and other immigrants of humanitarian concern (Afghans evacuees, asylees, Cuban/Haitian entrants, asylum seekers, Special Immigrant Visa holders, and victims of human trafficking), hereinafter "refugees." All of these individuals have fled persecution or violence in their home country and sought safety in the U.S. Our primary goal is to offer a warm welcome and provide the services and support they need to rebuild their lives in Indiana. The agency resettles individuals and families representing many faiths and nationalities including individuals from Afghanistan, Burma, Central African Republic, the Democratic Republic of the Congo, El Salvador, Eritrea, Ethiopia, Guatemala, Haiti, Iraq, Somalia, Sudan, and Syria.

Exodus's programming and services advance the quality of life for its clients by providing the necessary assistance to ensure they can become self-sufficient and integrated and active members of their new communities. The agency takes a holistic approach to each client, noting that each individual presents different challenges. Individuals are accordingly enrolled in programs and services that best meet their needs.

2025 has presented several challenges to the agency with the new Presidential administration. Under the Trump administration, the resettlement network (and immigration, broadly) has come under attack quickly and severely. The following policy changes have negatively affected refugee resettlement:

- An indefinite suspension of the Refugee Resettlement Program
- Slashes to federal refugee and asylee program funding
- Elimination of several key protections for humanitarian immigrants, including Humanitarian Parolees (such as Haitians, Cubans, and Venezuelan) and those with Temporary Protected Status (TPS).

With the change in Presidential administration and expected federal immigration policies shifts, Exodus is planning for a 3 million dollar decrease in our 2025 budget from our 2024 budget. Given these threats to refugee resettlement work and federal funding tied to Exodus programs, the agency will be focusing on securing more private funding to ensure its services for those it serves in the community are not interrupted.

2025 Jack Hopkins Project Budget

Exodus Refugee Immigration, Inc. - Bloomington		Emergency Assistance Program	
Total Project Cost		\$150,000	
	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant	\$15,000		\$15,000
Anonymous Foundation Grant	\$100,000	\$100,000	
Individual Donors	\$35,000	\$35,000	
TOTAL PROJECT FUNDS FROM ALL SOURCES	\$150,000	\$135,000	\$15,000
EXPENSES			
Emergency Assistance to cover certain expenses, such as rent & utilities food, childcare, medical expenses, work clothing, etc., while refugees work toward self-sufficiency.	\$150,000	\$135,000	\$15,000
TOTAL PROJECT EXPENSES	\$150,000	\$135,000	\$15,000

Exodus Refugee Immigration

Budget vs. Actuals: Budget_FY24_P&L - FY24 P&L

January - December 2024

	TOTAL	
	ACTUAL	BUDGET
Income		
4100 Federal Funding	6,273,410.31	4,371,275.00
4200 State Funding	2,525,027.54	3,219,992.00
4300 Private Funding		
4310 Grants/Foundations	621,342.65	640,350.00
4320 Corporate Funding	28,445.32	35,000.00
4330 Faith Groups	23,351.94	70,000.00
4340 Individuals	420,903.70	400,000.00
4341 T-Shirts (deleted)	-31.00	
Total 4340 Individuals	420,872.70	400,000.00
4350 Gala Proceeds	174,331.54	200,000.00
4360 Merchandise Sales	2,722.11	5,000.00
4360 Small Fundraising Events (deleted)		10,000.00
4365 Third Party Events (deleted)		1,000.00
Total 4300 Private Funding	1,271,066.26	1,361,350.00
4400 Income - Misc.		
4410 Legal Services Income	10,805.27	34,350.00
4420 Saving Interest	34,232.27	21,000.00
4430 Credit Card Credit	13,401.48	13,000.00
4440 CD Interest	64,218.83	60,000.00
4450 Endowment Return	62,878.19	0.00
4460 Misc Income - Others	8,727.42	5,000.00
Total 4400 Income - Misc.	194,263.46	133,350.00
4500 Income - Deferral Entries	67,358.53	734,714.00
Total Income	\$10,331,126.10	\$9,820,681.00
GROSS PROFIT	\$10,331,126.10	\$9,820,681.00
Expenses		
5000 Compensation & Benefits		
5010 Salary Expense	4,250,589.59	4,458,000.00
5020 Payroll Taxes	322,854.40	325,434.00
5025 Workers Compensation	40,159.85	45,510.00
5030 Health Insurance/HRA	461,627.76	501,000.00
5035 Emp. Health Ins. Contribution	-142,020.67	-142,000.00
5040 401K Match	52,884.83	48,000.00
Total 5000 Compensation & Benefits	4,986,095.76	5,235,944.00
6000 Administration		
6100 Professional Fees & Contractors		
6110 Payroll/Auditor/Misc.	41,781.79	45,036.00
6120 IT/Website Labor	179,465.86	164,710.00
6140 Contracted Staff	96,718.44	105,000.00
6160 Business Insurance	28,705.62	29,000.00
Total 6100 Professional Fees & Contractors	346,671.71	343,746.00

Exodus Refugee Immigration

Budget vs. Actuals: Budget_FY24_P&L - FY24 P&L

January - December 2024

	TOTAL	
	ACTUAL	BUDGET
6300 Occupancy		
6310 Space Rental	181,972.96	187,115.00
6320 Cleaning, Recycling, Shredding	14,046.01	14,580.00
Total 6300 Occupancy	196,018.97	201,695.00
6400 Supplies, Equip & Furnishings		
6410 Office Supplies	28,802.08	25,000.00
6420 Office Equipment & Furnishings	26,508.92	17,000.00
6430 Copier Expense	6,482.21	5,000.00
6450 Depreciation & Amort. Expense	34,949.59	34,180.00
6480 Interest Expenses	638.80	640.00
Total 6400 Supplies, Equip & Furnishings	97,381.60	81,820.00
6500 Marketing/Development		
6510 Merchandise Costs	6,022.07	5,823.00
6515 Gala Expenses	46,987.13	52,986.00
6520 Credit Card Processing Fees	5,096.68	5,000.00
6525 Marketing/Development - Other	28,276.02	24,734.00
Total 6500 Marketing/Development	86,381.90	88,543.00
6600 Communications		
6610 Phones/Internet	38,125.50	49,360.00
6620 Postage	3,487.99	3,273.00
Total 6600 Communications	41,613.49	52,633.00
6800 Trainings/Conferences	41,530.24	30,000.00
6900 Admin Other		
6920 Bank Fees	400.00	1,000.00
6940 CEO Fund	152.70	1,000.00
6950 Board Expenses	10,432.12	4,800.00
6960 Admin Miscellaneous	41,937.05	20,000.00
Total 6900 Admin Other	52,921.87	26,800.00
Total 6000 Administration	862,519.78	825,237.00
7000 Program Expenses		
7105 Basic Needs - Direct to Clients		
7110 Direct Cash	436,246.89	390,000.00
7115 Rent	2,023,383.70	1,800,000.00
7120 Utilities	383,095.20	340,000.00
7125 Furnishings	257,558.11	220,000.00
7130 Food	169,716.06	110,000.00
7135 Clothing	12,000.30	10,000.00
7140 Medical/Health	29,471.80	15,000.00
7145 Basic Needs - Other	64,323.89	55,000.00
Total 7105 Basic Needs - Direct to Clients	3,375,795.95	2,940,000.00
7175 Basic Needs - Indirect		
7180 Refugee Mileage/Transport	65,828.51	70,000.00

Exodus Refugee Immigration

Budget vs. Actuals: Budget_FY24_P&L - FY24 P&L

January - December 2024

	TOTAL	
	ACTUAL	BUDGET
7181 Uber/Lyft/Taxi	89,615.70	100,000.00
7220 Bus Passes	20,231.65	10,000.00
Total 7180 Refugee Mileage/Transport	175,675.86	180,000.00
7185 Interpretation	443,316.02	450,000.00
7190 Bulk Client Purchases	71,997.94	80,000.00
7195 Apartment Set Up Costs	15,269.99	14,000.00
7200 Client Postage	6,395.25	5,500.00
7205 Education Expense	40,595.35	80,000.00
7210 Employment Expense	17,017.90	10,000.00
7215 Indirect Need - Other	8,054.42	
Total 7175 Basic Needs - Indirect	778,322.73	819,500.00
Total 7000 Program Expenses	4,154,118.68	3,759,500.00
Total Expenses	\$10,002,734.22	\$9,820,681.00
NET OPERATING INCOME	\$328,391.88	\$0.00
NET INCOME	\$328,391.88	\$0.00

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 28 1990

Employer Identification Number:
35-1900090

DLN:
17053073881008

EXODUS REFUGEE IMMIGRATION INC
C/O SYLVIA ROBLES
701 N DELAWARE ST RM 202
INDIANAPOLIS, IN 46204-1125

Contact Person:
D. A. DOWNING
Contact Telephone Number:
(513) 241-5199

Our Letter Dated:
November, 1993

Addendum Applies:
Yes

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

CINCINNATI OH 45999-0038

In reply refer to: 0248367576
Mar. 17, 2017 LTR 4168C 0
35-1900090 000000 00
00019748
BODC: TE

EXODUS REFUGEE IMMIGRATION INC
% EXOD
2457 EAST WASHINGTON ST STE A
INDIANAPOLIS IN 46201

Employer ID Number: 35-1900090
Form 990 required: YES

Dear Taxpayer:

This is in response to your request dated Mar. 08, 2017, regarding your tax-exempt status.

We issued you a determination letter in November 1993, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

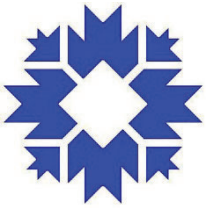
Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

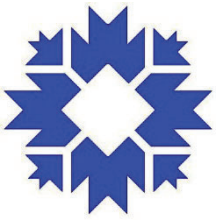
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ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov
with subject line "[agency name] - 2025 JHSSF App"

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Girls Inc. of Monroe County

Address:

1108 W. 8th Street
Bloomington, IN 47404

Phone: (812) 336-7313

E-Mail: development@girlsinc-monroe.org

Website: www.girlsinc-monroe.org

President of Board of Directors: Molly Hart

Name of Executive Director: Amy Dillon

Phone: (317) 392-1190

E-Mail: adillon@girlsincshelbycounty.org

Name of Grant Writer: Morgan Carpenter

Phone: (812) 336-7313

E-Mail: development@girlsinc-monroe.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
17	14	88

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Girls Inc. of Monroe County inspires all girls to be strong, smart, and bold.

PROJECT INFORMATION

Name of the project to be funded:

Strong, Smart, and Bold: Building Future Leaders in Bloomington

Total cost of project: \$1,515,958

Requested amount of Jack Hopkins funding: \$45,000

Number of City residents to be served by this project in 2025: 490

Number of clients to be served by this project in 2025: 620

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$45,000 to support personnel expenses, program costs, and participant scholarships for Girls Inc. of Monroe County's youth development programs, which provide critical academic, mental health, and leadership support to girls in Bloomington. Jack Hopkins funding will ensure that trained staff can continue delivering high-impact services, including STEAM education, social-emotional learning, physical wellness activities, and affordable out-of-school enrichment programs.

Funds will primarily support salaries for program staff, ensuring consistent, high-quality mentorship and engagement for participants. Additionally, a portion will cover program materials, transportation, and scholarships, increasing access for low-income and marginalized girls.

Through this investment, Girls Inc. will empower 400+ girls annually with the tools to thrive academically, build resilience, and develop leadership skills—creating lasting benefits for the Bloomington community.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

1108 W. 8th Street
Bloomington, IN 47404

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☐

Yes

☐

No

☒

N/A

If "no," please explain:

N/A

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒

Yes

☐

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☒

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

In addition to our ongoing fundraising efforts, major grants supporting our programs include a confirmed \$50,000 grant from Lilly and pending grants of \$20,000 from Novo Nordisk and \$10,000 from CenterPoint.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Girls Inc. will work with the City of Bloomington to determine the most efficient reimbursement schedule based on grant guidelines and organizational needs. Ideally, we would receive the full funding at the beginning of the grant cycle to immediately support salaries and program expenses, ensuring seamless service delivery. If a lump sum disbursement is not feasible, we will submit claims either as expenses are incurred or as a single reimbursement request at the end of the grant cycle, depending on the City's preference. Prior to the final draw-down, we will complete all required documentation, financial reconciliation, and program reporting to ensure compliance with grant requirements. We are committed to maintaining clear, accurate records and will coordinate with the City to align with their preferred reimbursement process.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

Girls Inc. maintains a diverse and stable funding structure, receiving revenue from grants, program fees, fundraising events, individual contributions, and business sponsorships throughout the year. We apply for and anticipate receiving funds on a rolling basis, allowing us to align revenue with expenses through careful cash flow projections. In addition to annual fundraising and grant efforts, we maintain healthy operating reserves and financial assets, ensuring our ability to sustain programming even in the event of temporary funding fluctuations. Our organization holds over \$2.5 million in total assets, with net assets of approximately \$2.38 million, demonstrating long-term financial health and sustainability. Jack Hopkins funding will supplement these diverse revenue streams, helping us maintain critical programming for girls in Bloomington while ensuring financial stability.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources *(e.g., other funds, in-kind contributions, or volunteers.)*

Jack Hopkins funding will serve as a catalyst to expand access to critical services, allowing Girls Inc. to reach more participants while attracting additional support. These funds will be leveraged alongside private grants, corporate sponsorships, and individual donations to sustain programming beyond the funding period. In-kind contributions, such as donated program materials and facility space from community partners, will further extend the impact of Jack Hopkins dollars. Additionally, volunteers support our programming at no additional cost, ensuring the funding generates maximum community benefit.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Personnel Expenses	\$35,000
Priority #2	Program Materials & Supplies	\$5,000
Priority #3	Summer Camp Scholarships	\$5,000
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$45,000

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

The City's Consolidated Plan prioritizes investing in public services that improve the quality of life for youth and families, including childcare, mental and physical health services, and education-based programming. However, gaps remain in accessible, affordable services, which disproportionately affects low-income families and girls.

Stakeholders have emphasized the urgent need for affordable childcare and structured out-of-school programs to support working families and prevent learning loss. Girls Inc. fills this gap with Summer Camp and after-school programs, providing safe, enriching spaces for girls to engage in hands-on learning and leadership development.

Local youth also face limited access to mental health support and physical wellness programs, increasing the risks of anxiety, depression, and chronic health issues. Through our Mind + Body program, we equip girls with lifelong skills for mental wellness, physical activity, and healthy lifestyle choices.

The City recognizes the importance of education and leadership development to ensure youth are prepared for future success. Girls Inc. provides STEAM workshops, leadership programs, and academic support to build confidence, resilience, and skills for college and career.

Through our programs, Girls Inc. ensures that all girls in Bloomington—regardless of income or background—have the resources they need to thrive academically, socially, and physically.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

Girls Inc. ensures program sustainability through diverse funding sources, including grants, corporate sponsorships, individual donations, and community partnerships.

Confirmed Funding:

- Individual Donations & Events: Support scholarships and program costs.
- Corporate Sponsors: Local businesses invested in youth and gender equity.
- Grants: Local and regional funding from foundations and government sources.

Ongoing Funding:

- Grants: We pursue mission-aligned funding from a variety of sources.
- Business Partnerships: Engaging companies supporting youth development and STEAM education.
- In-Kind: Materials, supplies, and field trip sponsorships.

Further, partnerships with schools, libraries, universities, and local organizations offset costs to ensure accessible, quality programs that empower girls to succeed.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Girls Inc. ensures lasting benefits by empowering girls with confidence, skills, and resilience for lifelong success. Research shows early intervention in education, leadership, and wellness leads to higher graduation rates, better careers, and stronger community engagement.

Our programs have a proven track record. National studies show our participants outperform peers in academic motivation, STEAM engagement, and leadership. Girls Inc. girls are more likely to see themselves as leaders and report higher confidence in math, science, and reading. Locally, participants show increased school engagement and social-emotional growth, with parents reporting high satisfaction and noticeable improvements in confidence and independence.

Our Mind + Body program fosters mental and physical well-being, equipping girls to manage stress, develop healthy habits, and build self-confidence. These skills reduce long-term health disparities and promote emotional resilience.

Through STEAM education, leadership development, and academic support, we prepare girls for higher education and careers. Our Summer Camp and after-school programs provide safe, enriching environments, increasing school readiness and self-sufficiency.

Girls Inc. prepares Bloomington's next generation of women to lead. By investing in girls today, we build a stronger, smarter, and bolder Bloomington—one where young women are equipped to lead, contribute, and uplift their communities for generations to come.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Our evaluation approach includes quantitative and qualitative measures to track progress in academic engagement, leadership development, and social-emotional growth. To measure these outcomes, we use a combination of pre- and post-program assessments, participant surveys, and staff observations. Our goals for this grant period include:

- At least 85% of participants demonstrating improved confidence in STEAM, literacy, and leadership activities.
- 80% of participants showing increased social-emotional resilience as measured by self-reported ability to navigate friendships and challenges.
- 90% parent satisfaction rate, affirming that the program had a positive impact on their child's development.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

At Girls Inc., we believe that investing in girls is one of the most effective ways to strengthen communities. Research shows that when girls are equipped with leadership skills, academic support, and wellness resources, they are more likely to graduate high school, pursue higher education, and break cycles of poverty.

Each year, we serve hundreds of girls ages 5-13, many from low-income, single-parent, or otherwise disadvantaged households. Our programs create a safe, empowering space where girls receive:

- Academic Support & STEAM Education – Hands-on science, technology, engineering, arts, and math activities that build confidence and close achievement gaps.
- Social-Emotional Learning & Mental Wellness – 1:1 support and workshops on self-esteem, stress management, and healthy relationships to equip girls with lifelong coping skills.
- Physical Wellness & Healthy Living – Nutrition education, physical activity, and movement-based programs that promote overall well-being.
- Leadership & Career Development – Mentorship programs, career exploration, and academic support to prepare girls for future success.
- Summer Camp & After-School Enrichment – Accessible, affordable programs that support working families while engaging girls in meaningful, skill-building experiences.

A typical Girls Inc. experience might include a hands-on science workshop, a conversation about managing stress, and a leadership workshop where girls practice public speaking skills. Girls leave our programs more confident, engaged, and equipped to navigate life's challenges.

Community Partnerships & Support

Girls Inc. works closely with local schools, businesses, and community organizations to provide holistic support for participants and enhance the quality of our programs. Key partnerships include Monroe County Public Library, WonderLab Science Museum, City of Bloomington Parks & Recreation, Indiana University, local schools, and others. This strong network ensures that our participants are connected to additional resources and opportunities, maximizing the impact of JHSS funding.

Addressing Financial Sustainability & Future Funding

While a portion of our request includes personnel costs, we recognize the importance of long-term sustainability. Our multi-source funding strategy ensures that we will not need to rely on JHSS funds beyond this grant cycle. Our leadership team has a proven track record of financial stewardship and sustainability, ensuring that all funds are leveraged for maximum community benefit.

As a result, JHSS funding would not just sustain but amplify our impact—ensuring that more girls have the resources, support, and confidence to become the next generation of strong, smart, and bold leaders in Bloomington. We deeply appreciate your consideration of this request and welcome any opportunity to provide additional details or collaborate further with the committee to maximize community outcomes.

2025 Proposed Project Budget

Girls Inc. of Monroe County		Strong, Smart, and Bold: Building Future Leaders in Bloomington	
Total Project Cost		\$1,515,958	
	Totals	Other Income Sources	JHSS Grant
<u>FUNDS</u>			
JHSS Grant			\$45,000
Grants & Foundations		\$844,758	
Program Fees & Rental Income		\$255,600	
Fundraising Events		\$235,000	
Individual & Business Contributions		\$121,500	
Endowment/Investments		\$13,850	
Monroe County NAP Credit Sales		\$17,160	
TOTAL PROJECT FUNDS	\$1,532,868	\$1,487,868	\$45,000
<u>EXPENSES</u>			
Personnel Expenses	\$1,141,516	\$1,106,516	\$35,000
Program Expenses & Participant Support	\$60,000	\$50,000	\$10,000
Technology & Communications	\$27,801	\$27,801	
Equipment & Maintenance	\$7,500	\$7,500	
Printing & Postage	\$12,476	\$12,476	
Occupancy Expenses	\$92,104	\$92,104	
Vehicle Expenses (fuel, maintenance, licenses)	\$7,050	\$7,050	
Professional Services (legal, accounting, etc.)	\$36,704	\$36,704	
Travel & Training	\$15,925	\$15,925	
Insurance & Memberships	\$50,882	\$50,882	
Special Events (fundraisers, awards, gala, etc.)	\$52,250	\$52,250	
Marketing & Advertising	\$3,000	\$3,000	
Business Expenses (bank fees, credit card processing, etc.)	\$2,250	\$2,250	
Mileage Reimbursement	\$6,500	\$6,500	
TOTAL EXPENSES	\$1,515,958	\$1,470,958	\$45,000

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Cash Basis

GIRLS INCORPORATED OF SHELBYVILLE
Profit & Loss Prev Year Comparison
January through December 2024

	Jan - Dec 24	Jan - Dec 23	\$ Change	% Change
Ordinary Income/Expense				
Income				
4000 · Contributed Support				
4010.1 · Ind / Business Contrl - Monroe	7,000.00	10,473.72	-3,473.72	-33.2%
4440.0 · Other Grants & Reimbursements				
4440.1 · Passthrough from National	10,875.00	40,388.00	-29,513.00	-73.1%
4440.0 · Other Grants & Reimbursements - Other	261.19	0.00	261.19	100.0%
Total 4440.0 · Other Grants & Reimbursements	11,136.19	40,388.00	-29,251.81	-72.4%
4005 · Board of Director	983.70	5,030.48	-4,046.78	-80.5%
4010 · Indiv/business contribution	4,172.14	54,842.25	-50,670.11	-92.4%
4231 · Foundations and State Grants				
4235.1 · Monroe County Foundation	913.00	892.00	21.00	2.4%
4235.2 · Monroe County - NAP Credits	13,035.40	3,269.48	9,765.92	298.7%
4015 · Martin & Mary Schultz Fund	970.00	970.00	0.00	0.0%
4016 · John C. & Martha Jane DePrez	6,965.00	6,895.00	70.00	1.0%
4017 · Girls Inc. Endowment	5,880.00	5,800.00	80.00	1.4%
4018 · The Sandy Allen Fund	380.00	380.00	0.00	0.0%
4230 · Foundation and State - Other	530,247.87	503,348.88	26,898.99	5.3%
Total 4231 · Foundations and State Grants	558,391.27	521,555.36	36,835.91	7.1%
4430 · SCUFFY	202,750.00	200,650.04	2,099.96	1.1%
Total 4000 · Contributed Support	784,433.30	832,939.85	-48,506.55	-5.8%
5000 · Program Revenues				
5180.1 · Program Service Fees	252,846.46	221,462.28	31,384.18	14.2%
5182 · Team Meets and League Fees				
5186 · Gymnastics Meets	0.00	1,220.00	-1,220.00	-100.0%
5189 · Gymnastics Fundraiser	0.00	2,028.40	-2,028.40	-100.0%
5182 · Team Meets and League Fees - Other	0.00	705.00	-705.00	-100.0%
Total 5182 · Team Meets and League Fees	0.00	3,953.40	-3,953.40	-100.0%
5000 · Program Revenues - Other	20.00	340.81	-320.81	-94.1%
Total 5000 · Program Revenues	252,866.46	225,756.49	27,109.97	12.0%
5800 · Fund Raising Activities				
5850 · Monroe County Gala	37,754.12	41,349.94	-3,595.82	-8.7%
5801 · Annual Giving Campaign				
5801.2 · Annual Giving - Monroe Co	8,356.11	6,326.46	2,029.65	32.1%
5801 · Annual Giving Campaign - Other	25,794.55	14,686.20	11,108.35	75.6%
Total 5801 · Annual Giving Campaign	34,150.66	21,012.66	13,138.00	62.5%
5805 · Member/Staff Fundraiser	3,065.25	0.00	3,065.25	100.0%
5823 · SC Gala				
4999 · Gaming				
5821 · Giving Wall	3,422.00	0.00	3,422.00	100.0%
5822 · Ring/Cup Sales	0.00	3,079.00	-3,079.00	-100.0%
Total 4999 · Gaming	3,422.00	3,079.00	343.00	11.1%
5815 · Dinner/Dance Ticket	3,495.63	3,612.47	-116.84	-3.2%
5816 · Table Sponsor	36,700.00	33,000.00	3,700.00	11.2%
5818 · Major Sponsorship	63,000.00	63,000.00	0.00	0.0%
5819 · Donation to Gala	510.35	650.00	-139.65	-21.5%
5825 · Auction Items	5,837.66	11,302.59	-5,464.93	-48.4%
5823 · SC Gala - Other	1,990.00	600.00	1,390.00	231.7%
Total 5823 · SC Gala	114,955.64	115,244.06	-288.42	-0.3%
5840 · Purse Bingo	40,359.70	23,137.25	17,222.45	74.4%
5800 · Fund Raising Activities - Other	280.00	5,220.50	-4,940.50	-94.6%
Total 5800 · Fund Raising Activities	230,565.37	205,964.41	24,600.96	11.9%

GIRLS INCORPORATED OF SHELBYVILLE

Profit & Loss Prev Year Comparison

January through December 2024

	Jan - Dec 24	Jan - Dec 23	\$ Change	% Change
6000 · Investment & Other Income				
5310 · Interest-savings/short-term inv	283.33	569.32	-285.99	-50.2%
5335 · Rental	5,334.53	5,619.00	-284.47	-5.1%
6000 · Investment & Other Income - Other	45.37	5,255.41	-5,210.04	-99.1%
Total 6000 · Investment & Other Income	5,663.23	11,443.73	-5,780.50	-50.5%
Total Income	1,273,528.36	1,276,104.48	-2,576.12	-0.2%
Gross Profit	1,273,528.36	1,276,104.48	-2,576.12	-0.2%
Expense				
7200 · Salaries & related expenses				
7220 · Admin Salaries & Wages	160,132.25	178,768.58	-18,636.33	-10.4%
7222 · Program Salaries & Wages	601,409.87	574,227.15	27,182.72	4.7%
7224 · Gymnastics Salaries & Wages	47,916.02	47,546.03	369.99	0.8%
7230 · Pension plan contributions	17,717.82	14,899.73	2,818.09	18.9%
7240 · Employee Health benefits	19,859.84	22,991.85	-3,132.01	-13.6%
7245 · Fund Development Salaries	108,961.13	138,310.86	-29,349.73	-21.2%
7250 · Payroll taxes	70,259.09	72,411.16	-2,152.07	-3.0%
Total 7200 · Salaries & related expenses	1,026,256.02	1,049,155.36	-22,899.34	-2.2%
8100 · Non-personnel expenses				
8110 · Supplies	51,146.51	70,696.11	-19,549.60	-27.7%
8122 · Reimbursement	756.49	801.00	-44.51	-5.6%
8137 · Technology Plan	25,316.51	23,639.19	1,677.32	7.1%
8140 · Postage, shipping, delivery	1,805.00	1,371.97	433.03	31.6%
8155 · Equipment	1,167.56	0.00	1,167.56	100.0%
8170 · Printing & copying	11,316.26	11,474.21	-157.95	-1.4%
8175 · Legal and Accounting	12,446.49	8,984.81	3,461.68	38.5%
8199 · Other Program Service Expenses				
8145 · Competitive Meets and Fees	11,596.05	13,680.00	-2,083.95	-15.2%
8594 · Annual Awards Ceremony	886.20	1,333.55	-447.35	-33.6%
8604 · Gymnastics Pro Shop Expense	0.00	7,491.27	-7,491.27	-100.0%
8199 · Other Program Service Expenses - Other	3,850.00	0.00	3,850.00	100.0%
Total 8199 · Other Program Service Expenses	16,332.25	22,504.82	-6,172.57	-27.4%
8100 · Non-personnel expenses - Other	625.00	0.00	625.00	100.0%
Total 8100 · Non-personnel expenses	120,912.07	139,472.11	-18,560.04	-13.3%
8200 · Occupancy expenses				
8217 · Utilities				
8225 · Trash Pick Up	2,091.27	1,953.57	137.70	7.1%
8218 · Electric	19,892.51	21,482.25	-1,589.74	-7.4%
8219 · Gas	9,079.57	8,545.84	533.73	6.3%
8221 · Sewage	2,171.04	2,298.40	-127.36	-5.5%
8223 · Water	4,106.48	3,009.51	1,096.97	36.5%
8217 · Utilities - Other	189.74	2,525.64	-2,335.90	-92.5%
Total 8217 · Utilities	37,530.61	39,815.21	-2,284.60	-5.7%
8224.0 · Building Maintenance				
8224.5 · General Maintenance	2,217.92	7,836.02	-5,618.10	-71.7%
8224.1 · Security	4,168.97	2,635.70	1,533.27	58.2%
8224.2 · Heating & Cooling	623.49	593.80	29.69	5.0%
8224.4 · Building Supplies	1,515.93	1,948.48	-432.55	-22.2%
8224.6 · Cleaning Services	25,483.58	30,942.90	-5,459.32	-17.6%
8224.0 · Building Maintenance - Other	9,575.61	0.00	9,575.61	100.0%
Total 8224.0 · Building Maintenance	43,585.50	43,956.90	-371.40	-0.8%
Total 8200 · Occupancy expenses	81,116.11	83,772.11	-2,656.00	-3.2%
8300 · Travel & meetings expenses	14,858.09	16,757.78	-1,899.69	-11.3%

GIRLS INCORPORATED OF SHELBYVILLE

Profit & Loss Prev Year Comparison

January through December 2024

	Jan - Dec 24	Jan - Dec 23	\$ Change	% Change
8470 · Vehicle Expense				
8474 · Mileage Reimbursement	7,888.51	5,303.20	2,585.31	48.8%
8471 · License and Fees	461.45	137.35	324.10	236.0%
8472 · Maintenance and Service	2,800.51	0.00	2,800.51	100.0%
8473 · Fuel and Oil	1,480.43	2,402.00	-921.57	-38.4%
Total 8470 · Vehicle Expense	12,630.90	7,842.55	4,788.35	61.1%
8500 · Misc expenses				
8520 · Insurance - non-employee				
8524 · Chub Member	460.00	477.25	-17.25	-3.6%
8522 · Commercial Package w/auto	28,249.00	24,002.00	4,247.00	17.7%
8523 · Workmans Comp	7,804.25	6,641.25	1,163.00	17.5%
8520 · Insurance - non-employee - Other	2,211.00	2,213.00	-2.00	-0.1%
Total 8520 · Insurance - non-employee	38,724.25	33,333.50	5,390.75	16.2%
8530 · Membership dues - organization	15,653.20	14,830.00	823.20	5.6%
8570 · Advertising expenses	2,098.36	432.77	1,665.59	384.9%
8500 · Misc expenses - Other	200.00	0.00	200.00	100.0%
Total 8500 · Misc expenses	56,675.81	48,596.27	8,079.54	16.6%
8591 · Special Event Expense				
8593.1 · Monroe Co Gala	13,397.00	4,747.73	8,649.27	182.2%
8563 · Sponsorships	0.00	1,000.00	-1,000.00	-100.0%
8585 · Member/Staff Fundraising Expens	876.97	8,073.47	-7,196.50	-89.1%
8593 · SC Gala	63,647.91	60,012.41	3,635.50	6.1%
8599 · Purse Bingo Expense	10,196.66	6,945.08	3,251.58	46.8%
8591 · Special Event Expense - Other	64.18	0.00	64.18	100.0%
Total 8591 · Special Event Expense	88,182.72	80,778.69	7,404.03	9.2%
8600 · Business expenses				
5336 · Bank Fees	290.84	274.06	16.78	6.1%
8151 · Credit Card Fees	9,347.43	6,176.47	3,170.96	51.3%
8600 · Business expenses - Other	0.00	1,776.36	-1,776.36	-100.0%
Total 8600 · Business expenses	9,638.27	8,226.89	1,411.38	17.2%
Total Expense	1,410,269.99	1,434,601.76	-24,331.77	-1.7%
Net Ordinary Income	-136,741.63	-158,497.28	21,755.65	13.7%
Other Income/Expense				
Other Income				
9999 · Miscellaneous Income	1,167.07	2,677.96	-1,510.89	-56.4%
4000.1 · Capital Campaign	0.00	9,468.33	-9,468.33	-100.0%
5900 · Concessions	0.00	260.00	-260.00	-100.0%
5980 · Interest income	10,836.84	0.24	10,836.60	4,515,250.0%
Total Other Income	12,003.91	12,406.53	-402.62	-3.3%
Other Expense				
5961 · Property Donation	0.00	-71,985.00	71,985.00	100.0%
Total Other Expense	0.00	-71,985.00	71,985.00	100.0%
Net Other Income	12,003.91	84,391.53	-72,387.62	-85.8%
Net Income	-124,737.72	-74,105.75	-50,631.97	-68.3%

11:45 AM

01/28/25

Cash Basis

GIRLS INCORPORATED OF SHELBYVILLE

Balance Sheet

As of January 28, 2025

	Jan 28, 25
ASSETS	
Current Assets	
Checking/Savings	
1070 · Unrestricted Cash	
1070-1 · Operating Cash	353,041.06
1070-2 · Interest Bearing	484,274.52
Total 1070 · Unrestricted Cash	837,315.58
1076 · Restricted Cash	172,494.77
Total Checking/Savings	1,009,810.35
Other Current Assets	-16,666.63
Total Current Assets	993,143.72
Fixed Assets	1,706,179.90
Other Assets	0.00
TOTAL ASSETS	2,699,323.62
LIABILITIES & EQUITY	
Liabilities	1,157.56
Equity	2,698,166.06
TOTAL LIABILITIES & EQUITY	2,699,323.62

District Director

Internal Revenue Service

Date:

FEB 24 1973

In reply refer to:

442:22: JS

CIN:EO:

CIN:EO:73:0229

Girls Club of Shelbyville,
Indiana, Inc.
137 East Washington St.,
Shelbyville, IN 46176

Your Third Tax Year Ends: 12/31/74

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you can reasonably be expected to be an organization of the type described in sections 170(b)(1)(A)(vi) and 509(a)(1). Accordingly, for your first three tax years, you will be treated as an organization which is not a private foundation.

At the end of your first three tax years, however, you must establish with the Internal Revenue Service that for such three years you were in fact an organization of the type described in section 170(b)(1)(A)(vi). If you establish this fact with the Service, you will be classified as a section 509(a)(1) organization for all purposes beginning with the first day of your fourth tax year and you must normally meet the requirements of section 170(b)(1)(A)(vi) thereafter. If, however, you do not meet the requirements of section 170(b)(1)(A)(vi) for your first three tax years, you will be classified as a private foundation as of the first day of your fourth tax year. Furthermore, you will be treated as a private foundation as of the first day of your first tax year for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation for your first three tax years, unless notice that you will no longer be treated as a section 509(a)(1) organization is published in the Internal Revenue Bulletin. However, a grantor or donor may not rely on such determination if he was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

P-3060

waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible under sections 2055, 2106, and 2522 of the Code.

If your sources of support, or your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your status. Also, you must inform us of all changes in your name or address.

If your gross receipts each year are normally more than \$5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, for failure to file a return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

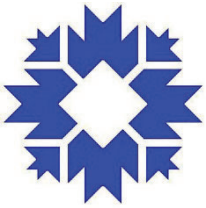
Please keep this determination letter in your permanent records.

cc: J. Leo McNeely
21 West Taylor St.
Shelbyville, IN 46176

Sincerely yours,

District Director

P-3860



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

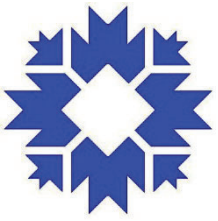
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Habitat for Humanity of Monroe County

Address:

213 E. Kirkwood Ave
Bloomington, IN 47408

Phone: (812) 331-4069

E-Mail: habitat@monroecountyhabitat.org

Website: monroecountyhabitat.org

President of Board of Directors: Karan Rastall

Name of Executive Director: Wendi Goodlett

Phone: (812) 331-4069

E-Mail: goodlett@monroecountyhabitat.org

Name of Grant Writer: Lindsey Boswell

Phone: (812) 331-4069 Ext 6

E-Mail: boswell@monroecountyhabitat.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
13	7	1255

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

The mission of Habitat for Humanity of Monroe County (HFHMC) is to expand affordable housing opportunities by partnering with people in our community. Our vision is a world where everyone has a decent place to live.

PROJECT INFORMATION

Name of the project to be funded:

Truck for Habitat Construction

Total cost of project: \$23,350

Requested amount of Jack Hopkins funding: \$21,550

Number of City residents to be served by this project in 2025: 910

Number of clients to be served by this project in 2025: 75

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

Habitat for Humanity of Monroe County is requesting \$21,000 to purchase a used three-quarter ton, four-wheel drive pickup truck to support our construction team in building affordable homes. Funding will also cover the cost of the vehicle's title, registration, and branded decals.

Our three-person construction team currently relies on two half-ton pickup trucks with rear-wheel drive—both over 10 years old—and a specialty flatbed truck used only for exceptionally heavy loads. These aging vehicles have limited hauling and towing capacity, creating safety concerns and inefficiencies.

Adding a three-quarter ton truck will significantly improve our team's ability to safely transport materials, reduce reliance on costly and time-restricted deliveries, increase our capacity to build homes for local families in need of affordable housing.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

4810 South Old State Road 37
Bloomington, IN 47401

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/a

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/a

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐

Yes

☒

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

We continually raise funds to support our operating and capital expenses. If we are not awarded the full amount requested, we would have to access unrestricted donor funds that would otherwise be used to build affordable homes.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

If we are approved for funding, we will immediately move forward to purchase the truck. We expect the purchase to happen within 1-2 months of approval. The branded decals will be purchased shortly after the initial truck purchase.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

n/a

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources *(e.g., other funds, in-kind contributions, or volunteers.)*

In 2024, 910 individuals contributed 12,885 hours on our construction sites. The Independent Sector averages the value of a volunteer hour in Indiana at \$31.16, meaning volunteers saved Habitat at least \$388,610 in labor costs just last year. This ensures construction costs – and thus, homeowner mortgage payments – remain affordable. Our incredible volunteer base strengthens our community and has positive ripple effects on other aspects of our organization.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Used three-quarter ton pickup truck	\$21,000.00
Priority #2	Title and registration	\$200.00
Priority #3	Branded vehicle decals	\$350.00
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$21,550

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

Monroe County faces a critical shortage of affordable housing, as identified in the HAND Consolidated Plan, 2020 City of Bloomington Housing Study, SCAN Report, and 2023 Indiana Uplands Regional Housing Study. According to the National Low Income Housing Coalition's Out of Reach Report, Monroe County consistently ranks as one of the least affordable counties in Indiana due to high demand, rising prices, and wages that haven't kept pace.

The homeownership rate in Monroe County is 54.8%, compared to Indiana's average of 70.4%, creating a complicated housing market. Additionally, 55% of renters are cost-burdened, paying more than 30% of their income on housing, compared to just 16% of homeowners. This disproportionately impacts low-income families and people of color, many of whom are forced to live in substandard or overcrowded conditions that pose serious health risks and long-term consequences for children and vulnerable individuals.

Habitat for Humanity of Monroe County directly addresses this need by creating affordable homeownership opportunities. With additional resources, we can increase the number of homes we build, providing more families with a safe, stable, and affordable place to call home—helping to meet a documented community priority for affordable housing.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

This funding request is a one-time investment to purchase a three-quarter ton, four-wheel drive pickup truck to support our construction team in building affordable homes. The new truck is expected to serve the organization for 10+ years, and Habitat has budgeted for regular maintenance to maximize its lifespan. Our current work trucks—2009 and 2011 models—remain in good condition despite their age and hauling limitations, demonstrating our strong track record of vehicle stewardship. This investment will expand our capacity and deliver long-term value to our mission.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Habitat home construction is fundamentally different from typical builders. We rely on volunteers—including Habitat future homeowners—to complete most of the building labor under the supervision of our construction staff. Our team not only ensures homes are safe and code-compliant but also teaches volunteers safe and effective building techniques each day on site. Reliable equipment, including the requested ¾ ton four-wheel drive pickup truck, is critical to supporting this work. It enables us to efficiently perform essential tasks like hauling and towing materials, which reduces our dependence on costly material deliveries and allows us to reinvest those savings directly into building more affordable homes.

The long-term benefits of this investment extend beyond Habitat's daily operations. Homeownership is known to provide long-term financial stability, improved health and education outcomes, increased social and civic engagement, and build generational wealth for families.

This vehicle will support these long-term outcomes, while increasing volunteer opportunities, improving construction team efficiency, and strengthening community engagement. Dependable equipment ensures we can focus our efforts where they matter most: building safe, affordable homes and empowering families in our community for generations to come.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Since the main focus of purchasing a third pickup truck is to increase efficiency of the construction team and decrease costs, the outcome indicators focus on these areas:

1. Number of times, the ¾ ton pickup truck was used to transport materials when the other two trucks could not handle it
2. Amount of money and time saved on delivery fees due to the ¾ ton pickup truck being able to transport materials.
3. Number of affordable homes built.
4. Number of individuals served through homeownership
5. Number of volunteers able to assist on construction sites.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Testimonials from Habitat homeowners consistently speak to the transformative impact of homeownership—improved health, better academic outcomes for children, and stronger community engagement. One homeowner shared, “Owning our home has given us a sense of pride and stability we never thought possible. Our children now have a safe place to grow and thrive.” A recent review shows that over 85% of Habitat homes built in Monroe County since 1988 are still owned by the original homeowners, even after their mortgages have been fully paid—demonstrating the long-term stability our program provides.

We are intentionally seeking a used truck to maximize the impact of this one-time investment. New vehicles meeting our needs start at \$45,000, which is cost-prohibitive. However, our construction vehicles typically accumulate lower mileage as they primarily operate within Monroe County. Hauling and towing capacity, along with reliability, are our top priorities. We have reviewed representative used trucks ranging from \$19,950 to \$25,096. While specific trucks may not be available at the time of purchase this summer, these quotes form the basis of our grant request and reflect our commitment to responsible stewardship of community resources.

2025 Proposed Project Budget

Habitat for Humanity of Monroe County		Truck for Habitat Construction	
Total Project Cost		\$23,550	
	Totals	Other Income Sources	JHSS Grant
FUNDS			
JHSS Grant			\$21,000.00
Other Funds Raised/Gift-In-Kind		\$2,000.00	
TOTAL PROJECT FUNDS	\$23,550	\$2,000.00	\$21,550.00
EXPENSES			
Used ¾ ton pick-up truck with four-wheel drive			\$21,000.00
Registration and title cost			\$200.00
Graphic/Branded Decal Wrap			\$350.00
Gas (mileage from last year + average gas cost)		\$1,500.00	
Vehicle Maintenance (oil changes, etc.)		\$500.00	
TOTAL PROJECT EXPENSES	\$23,550	2,000.00	\$21,550



Habitat for Humanity of Monroe County 2025 Jack Hopkins Social Service Grant Project Quotes

Truck Quote 1:



2015 Ford F-250 Super Duty XL LB 4WD

Anderson, IN (28 mi away)

\$19,950 ~~\$21,344~~

Good Deal

\$1,831 below market ⓘ

Dealer rating (11 reviews)



<https://www.cargurus.com/Cars/inventorylisting/viewDetailsFilterViewInventoryListing.action?sourceContext=carGurusHomePageModel&showNegotiable=false&distance=50&inventorySearchWidgetType=AUTO&zip=46240&entitySelectingHelper.selectEntity=d340&isDeliveryEnabled=true#listing=407972955/NONE/DEFAULT>

Truck Quote 2:



2015 Chevrolet Silverado 2500HD LT Crew Cab RWD

Bloomington, IN (3 mi away)

\$21,600

↑ Great Deal

\$4,227 below market ⓘ

Dealer rating (1 review)



<https://www.cargurus.com/Cars/inventorylisting/viewDetailsFilterViewInventoryListing.action?sourceContext=carGurusHomePageModel&showNegotiable=false&distance=50&inventorySearchWidgetType=AUTO&zip=47406&entitySelectingHelper.selectEntity=d634&isDeliveryEnabled=true#listing=403341844/NONE/DEFAULT>

Truck Quote 3:



2019 Ford F-250 Super Duty XL SuperCab LB 4WD

 Price includes \$1,196 delivery to Bloomington, IN

\$25,096

 **Good Deal**

\$1,875 below market 

Dealer rating (10 reviews)



https://www.cargurus.com/Cars/inventorylisting/viewDetailsFilterViewInventoryListing.action?sourceContext=carGurusHomePageModel&showNegotiable=false&distance=50&inventorySearchWidgetType=AUTO&zip=47401&entitySelectingHelper.selectedEntity=d340&isDeliveryEnabled=true#listing=410188245/NONE/NATIONWIDE_SHIPPING

Habitat for Humanity of Monroe County, Inc.

Balance Sheet

As of December 31, 2024

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001 First Financial, operating	\$ 134,436
1002 MainSource, money market	3,106
1003 First Financial, SHOP	66,858
1005 Old National, cert of deposit	37,296
1008 U.S. Bancorp NMTC account	38,560
1009 First Financial, money market 4361	102,111
1011 IU Credit Union, Member Savings	341
1013 Old National Bank, savings	5,568
1014 MML Investors Services	6,040,939
1016 Pat Wilson Education Fund	40,671
1020 First Financial, HOA Escrow	1,593
1030 IU Credit Union, CD	1,260,236
Total Bank Accounts	7,731,714
1100 Mortgages Receivable	4,560,228
1105 Unamortized Mortgage Discounts	(3,598,786)
ERTC Receivable	22,844
12000 Undeposited Funds	44,427
1250 Prepaid Expenses	11,716
1275 HOA Dues	(825)
Total 1300 Land for Development	1,478,910
2120 Escrow Advances	27,741
Total Current Assets	10,277,969
Total Fixed Assets (net)	44,797
1350 Homes For Sale	391,478
1550 Insurance Deposit Receivable	8,885
1575 Due from NMTC POB	187,395
1600 Construction In Progress	473,341
1650 Investment in HFHI Leveraged Lender	842,892
Soft Second Mortgages Receivable	223,096
TOTAL ASSETS	\$ 12,449,853
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2100 Accounts Payable	\$ 58,089
2105 Accrued Vacation Payable	61,398
2110 Home Deposits	15,499
2115 Accrued Expenses	9,161
2125 Accts Payable to ReStore	163,671
Total 2200 Accrued Payroll Expenses	18,510

2300 Current Portion of LTD	4,424
2305 Unearned Revenue	3,151,012
2320 Deferred Revenue - NMTC	42,767
Recourse Obligation	443,700
Total Current Liabilities	3,968,230
Long-Term Liabilities	
Total 2600 Long Term Notes Payable	(4,424)
2693 SHOP Note Payable #251017	6,363
2694 SHOP Note Payable 252014	2,973
2695 SHOP Note Payable #261038	16,137
Total Long-Term Liabilities	21,048
Total Liabilities	3,989,278
Equity	
3000 Opening Bal Equity	839,467
3100 Unrestricted Net Assets	7,588,066
Net Income	33,043
Total Equity	8,460,575
TOTAL LIABILITIES AND EQUITY	\$ 12,449,853

Monday, Feb 17, 2025 07:29:46 AM GMT-8 - Accrual Basis

Habitat for Humanity of Monroe County, Inc.

Budget vs. Actuals: Budget_FY25_P&L - FY25 P&L

July - December, 2024

	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Total		
							Actual	Budget	Variance
Income									
Total 4104 General Contributions	\$ 44,579	\$ 20,726	\$ 35,269	\$ 54,627	\$ 81,133	\$ 100,875	\$ 337,210	\$ 229,000	\$ 108,210
4106 House Sponsors	70,943	115,247	52,563	22,314	10,757	28,293	300,117	405,628	(105,511)
Total 4100 Contributions	115,523	135,973	87,832	76,940	91,890	129,169	637,327	634,628	2,699
Total 4200 In-Kind Contributions	3,967	11,684	2,239	6,105	854	3,076	27,925	30,000	(2,075)
Total 4300 Home Sales	-	274,900	319,491	248,131	-	125,751	988,272	880,000	88,272
4700 Other Income	12,869	5,657	48,101	6,287	10,512	23,370	-	71,640	(71,640)
4706 Interest Income	17,427	15,958	10,640	4,206	11,770	24,747	84,747	71,640	13,107
Total 4700 Other Income	92,503	7,750	500		250	6,000	259,067	583,500	(324,433)
4800 Grant Income		150,446		1,418	200		48,410	-	48,410
Grant Income from Solar									
4803 SHOP Grant									
Total 4800 Grant Income	92,503	158,196	500	1,418	450	54,410	307,476	583,500	(276,024)
Processing Fees	(2,232)	(5,339)	(2,918)	(844)	(1,153)	(2,379)	(14,864)	-	(14,864)
Total Income	226,389	592,012	417,886	335,995	103,849	334,810	2,010,943	2,199,768	(188,825)
Less: Cost of Goods Sold	193,761	366,888	178,505	227	227	164,372	1,055,817	890,000	165,817
Less: Solar	150,075	371	1,271	347					
Gross Profit	\$ 76,314	\$ 397,881	\$ 49,727	\$ 157,144	\$ 103,622	\$ 170,439	\$ 955,127	\$ 1,309,768	\$ (354,642)
Expenses									
Total 6080 Payroll Expenses	\$ 70,674	\$ 65,878	\$ 73,773	\$ 79,468	\$ 62,952	\$ 49,008	\$ 401,752	\$ 441,448	\$ (39,696)
6110 Staff / Human Resources	617	194					811	420	391
6125 Training / Staff Development	410	1,720	250	310	250	250	3,190	3,235	(45)
6130 Travel	72		985	16			1,073	2,392	(1,319)
Total 6000 Staff-Related Expenses	71,773	67,792	75,008	79,794	63,202	49,258	406,827	447,495	(40,668)
6010 Bank Fees	24	33	117	143	(32)	37	322	270	52
6015 Credit Card Fees	(198)						(198)	11,400	(11,598)
6025 Technology Expenses	1,234	634	687	2,110	724	724	6,115	8,400	(2,285)
6035 Contract Labor	400	400	400	400	400	200	2,200	2,550	(350)
6055 Insurance	3,587	3,587	3,590	2,616	2,616	2,616	18,612	22,500	(3,888)

6070 Office Expense	352	135	(1,279)	1,920	4	75	1,207	2,820	(1,613)
6085 Postage & Freight	206	420	307	803	292	272	2,301	4,275	(1,974)
6095 Professional Fees	1,700	2,079	1,700	1,700	2,329	1,072	10,579	10,200	379
6115 Taxes		12	(11)	(1)	1	4	5	-	5
7056 Dues & Memberships	3,675	80		2,340	180		6,275	10,300	(4,025)
Total 6200 Office & Admin Expenses	10,981	7,382	5,510	12,031	6,514	5,000	47,418	72,715	(25,297)
6005 Vehicle Expenses	121	456	139	237	294	79	1,325	3,000	(1,675)
6040 Depreciation Expense			633			633	1,265	1,300	(35)
6100 Rentals and Leasing	4,300	4,300	4,300	4,300	4,300	4,300	25,800	25,800	-
6105 Repairs and Maintenance	307	55	115		160	90	726	1,620	(894)
6150 Utilities	1,004	1,519	1,172	992	990	1,111	6,788	6,900	(112)
Total 6300 Facilities & Equipment	5,732	6,330	6,359	5,529	5,743	6,213	35,905	38,620	(2,715)
6500 Programming & Marketing						132	132	-	132
6020 Closing Costs	477	2,244	3,190	3,314	1,157	1,109	11,490	15,000	(3,510)
6030 Construction Tools & Supplies	118	1,104	235	235	432	72	2,196	6,000	(3,804)
6045 Fundraising Expenses	155	910	511	28	2,343	1,766	5,714	9,400	(3,686)
6050 Volunteer/Hospitality Expenses	190	6,976	511	401	2,965	562	11,605	9,558	2,047
6065 Mortgage Service Fee	500		1,005		975	505	2,985	6,500	(3,515)
6090 Printing	102	794	1,369	567	192	7,007	10,031	5,090	4,941
6097 Public Relations	195	708	481	164	132	112	1,793	7,002	(5,209)
6120 Tithes Expense	8,000	8,000	8,000	8,000	8,000	8,000	48,000	48,000	-
Total 6500 Programming & Marketing	9,736	20,735	15,304	12,709	16,196	19,265	93,946	106,550	(12,604)
Total Expenses	98,222	102,239	102,181	110,064	91,655	79,736	584,096	665,380	(81,284)
Net Operating Income	(21,908)	295,641	(52,453)	47,080	11,967	90,703	371,030	644,388	(273,358)
9010 Loss (Gain) Disposal of Assets	-	-	-	-	(337,987)	-	(337,987)	-	(337,987)
Net Income	\$ (21,908)	\$ 295,641	\$ (52,453)	\$ 47,080	\$ (326,021)	\$ 90,703	\$ 33,043	\$ 644,388	\$ (611,345)

HABITAT FOR HUMANITY

building houses in partnership with God's people in need

September 20, 1988

John Martin
HFH of Monroe County
P.O. Box 1441
Bloomington, IN 47402

Dear John,

This letter will confirm that HFH of Monroe County has been added to the roster of exempt subordinates included in Habitat for Humanity, Inc.'s group exemption under section 501(c)(3) of the Internal Revenue Code.

The enclosed copy of the group exemption letter received from the IRS provides evidence of Habitat's group exemption. That letter, together with this letter which confirms your affiliate's exempt subordinate status, provide evidence of your tax exempt status under section 501(c)(3) of the Code. Both these letters should be retained as part of your affiliate's permanent records.

Please note that if your gross income is normally more than \$25,000, you are required to file Form 990, Return of Organizations Exempt from Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. Also, note that a significant penalty is imposed when a return is filed late. While filing of a group return by Habitat's national office is a permitted option, that does not appear to be a feasible alternative at this time.

The group exemption number assigned to Habitat by the IRS is 8545. This number may be provided to prospective donors, foundations, and other grant organizations as they request it, and is required on any Form 990 you may file.

In partnership,



Robert T. Mayo

RTM/mr

Enclosure

AUTHORIZATION

December 13, 1988
(date)

Habitat for Humanity, Inc.
Habitat and Church Streets
Americus, GA 31709

Dear Friends,

Habitat for Humanity for Monroe/ County is incorporated in the state of
Indiana
(affiliate name)

as a nonprofit corporation. Our employer identification number is
35-1753977.

Our official mailing address is P.O. Box 1441, and our street
address Bloomington, IN 47401

is 7618 Sand College Rd., Gosport, IN 47433

This letter is our official authorization for Habitat for Humanity, Inc. to
add

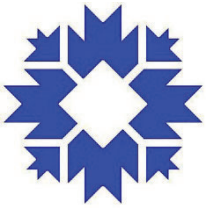
Habitat for Humanity for Monroe to its group exemption roster.
(affiliate name) County

Sincerely,

John H. Martin
President Monroe Co. Habitat for
(affiliate name) Humanity

Notes: (1) For inclusion under Habitat's group exemption to be retroactive to the affiliate's date of formation, a new affiliate's authorization must be received by the end of the 15th month after its date of incorporation.

(2) If the employer identification number has not been received by the time authorization is to be sent Habitat, insert "pending" in lieu of the EIN and send in the EIN as soon as it's received.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

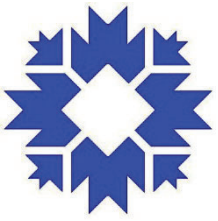
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Healing Hands Outreach Center

Address:

1917 S Walnut Street
Bloomington, Indiana 47401

Phone: 812 272 2515

E-Mail: info@healinghandsbloomington.org

Website: Healinghandsbloomington.org

President of Board of Directors: David Norris

Name of Executive Director: Heidi Brown

Phone: 812 272 2515

E-Mail: office@healinghandsbloomington.org

Name of Grant Writer: Heidi Brown

Phone: 812 272 2515

E-Mail: office@healinghandsbloomington.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
0	3	35

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Healing Hands Outreach Center is a 501(c)(3) nonprofit organization committed to addressing homelessness and poverty. Through our Hope and Health To-Go Bags Initiative, we are striving to provide essential food and hygiene products to individuals experiencing homelessness, ensuring dignity and support. Our services are offered unconditionally, with no requirement for religious affiliation or belief. Religious activities are separate in time and place from the provision of services.

PROJECT INFORMATION

Name of the project to be funded:

Hope and Health (Food and Hygiene) To-Go Bags Initiative

Total cost of project: \$9,273.60

Requested amount of Jack Hopkins funding: \$9,273.60

Number of City residents to be served by this project in 2025: 900

Number of clients to be served by this project in 2025: 960

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

Healing Hands Outreach Center respectfully requests \$9,273.60 to support the purchase, assembly, and distribution of 960 Health and Hope To-Go Bags for Bloomington's unhoused population over a 24-week period. These bags will provide supplemental food when other local resources are unavailable, improving both access and nutritional quality. Our To-Go Bags offer practical, healthy snacks and serve as a low-barrier form of assistance through our Healing Hands Outreach food pantry.

Access to no-preparation food is critical for the unhoused, especially when they cannot access local food pantries like Mother Hubbard's Cupboard, Community Kitchen, or Shalom Center. The To-Go Bags will contain water, food, and basic hygiene items like hand sanitizer, toothpaste, and a toothbrush, all packaged in a reusable backpack.

The Hope and Health To-Go Bags Initiative will make a meaningful difference in the lives of those facing homelessness. Your funding will help expand our reach, improve the aid provided, and ensure a more dignified response to homelessness in our community.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

1917 S Walnut Street
Bloomington, Indiana 47401

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☐

Yes

☐

No

☒

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐

Yes

☒

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Since this is a request for a one- time investment for items needed for Hope and Health to go bags, we expect to submit a claim for the entire grant cost beginning in July of 2025.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

The success of the Hope and Health To-Go Bag Initiative depends on combining in-kind donation from Oswald Marketing (food backpacks), Jack Hopkins Social Services Grant (funds for food and sanitation items), and volunteer support from schools, local university health and medical students, and community groups. These volunteers will help assemble and distribute the bags. Healing Hands Outreach Center staff will maintain accurate records of the number of bags distributed and volunteers involved.

By combining these efforts, the Hope and Health To-Go Bag program will create a template to promote future community driven initiatives, maximizing resources to support those in need

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Essential supplies	\$9,273.60
Priority #2	In kind donation of backpacks	
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$9,273.60

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

Food insecurity remains one of the most significant challenges for the unhoused population in Monroe County. According to IDS News, the number of homeless individuals has steadily increased, from 427 in 2023 to 456 in 2024 in Monroe County.

Additionally, the McLean County Housing Coalition reports that approximately 100 individuals in Bloomington are unsheltered. Homelessness in Bloomington, Indiana, has been a growing concern in recent years, with a 100% rise in unsheltered individuals. Overall homelessness in Region 10, which includes Bloomington, increased by 7% from 2023 to 2024.

These statistics highlight a significant rise in homelessness in Bloomington and surrounding areas, emphasizing the need for enhanced support services and other initiatives.

Social service funding for homeless to-go food is critical in addressing immediate food insecurity and supporting individuals without stable housing.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

This funding request is for a one-time startup investment to purchase to-go bags for 24 weeks (40 bags per week during Healing Hands Outreach Center's 4-day operational hours). If the bags prove beneficial to our unhoused clientele, additional funding will be provided at 25% by City Church for All Nations, with 100% labor from our volunteer force. Further funding will be sought through collaborative efforts.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Should the data indicate a positive response to the Hope and Health To-Go Bag Initiative in Bloomington, Healing Hands Outreach Center will create a Community Advisory Council with representatives from government and nonprofit agencies, as well as academic public health institutions, to assist in pursuing additional funding and resources.

Bloomington, Indiana, offers several community services to support individuals experiencing homelessness. Healing Hands Outreach Center works alongside local initiatives to address food insecurity for our unhoused clients. This funding is necessary for several reasons:

Immediate Access to Nutrition
Supporting Health and Well-Being
Reducing Barriers to Accessing Food
Serving Vulnerable Populations
Boosting Community Support
Fostering Collaboration

The Hope and Health To-Go Bags Initiative is a low-cost, high-impact solution that provides essential supplies to the unhoused. This initiative aligns with Bloomington's efforts to reduce homelessness

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

The outcome indicators used to measure the effectiveness of these to-go bags are as follows:

1. Number of bags distributed per day/week/month
2. Recipient Engagement - number of individuals returning for additional bags
3. Number of volunteers participating in the to-go bag assembly and distribution
4. Volunteer hours spent assembling and distributing bags
5. Short oral exit survey and direct observations/comments from the impacted clientele

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

In recent years, Bloomington, Indiana, has experienced a significant increase in homelessness, underscoring the urgent need for immediate support initiatives like the Hope and Health To- Go Bags Initiative.

Key statistics include:

* Quadrupling of Homelessness: Over the past five years, the number of individuals without homes in Monroe County has quadrupled.

*Doubling of Unsheltered Individuals: In Region 10, which includes Bloomington, the count of unsheltered homeless individuals rose from 73 in 2023 to 142 in 2024- a 100% increase.

*Recent influx: A 2024 survey revealed that 39% of the 249 surveyed households experiencing homelessness had been in Bloomington less than two years, with many citing reasons such as seeking services, relationships, or fleeing unsafe situations.

*Increase in Street Homelessness: On May 13, 2024, 117 individuals reported sleeping outdoors or in vehicles in Bloomington, a substantial rise from 29 individuals in the 2019 count.

These statistics highlight the escalation homelessness crisis in Bloomington and the critical need for immediate interventions to support the affected individuals. Healing Hands Outreach Center appreciates your consideration and looks forward to partnering with other organizations to create a more compassionate and responsive community.

PROJECTED BUDGET FOR HOPE AND HEALTH TO GO BAG INITIATIVE

Contents of bags:

Water	0.17
Jiff Peanut butter Cups (30x2)	0.60
Applesauce (33x2)	0.66
Nutrigrain Breakfast Bars (28x2)	0.56
Peanut Butter Crackers	0.30
Ritz Stack Crackers	0.42
BelVita Breakfast Biscuits	0.51
Chips	0.37
Chicken Salad/Crackers	1.67
Tuna Salad/Crackers	1.49
Beef Ravioli	1.00
Vienna Sausages	0.69
Hand Sanitizer	0.95
Toothbrush Toothpaste	0.27

Total Cost of contents	\$9.66
------------------------	--------

Weekly give out of bags	10 per day x 4 days =40 per week
-------------------------	----------------------------------

Total amount of bags given out over 24 weeks 40 bags x 9.66 = \$ 9273.60

Healing Hands Outreach Center Inc

Balance Sheet

As of March 5, 2025

Mar 5, 25

ASSETS

Current Assets

Checking/Savings

Jackson County Bank 49,932.93

Total Checking/Savings 49,932.93

Total Current Assets 49,932.93

Fixed Assets

Furniture and Equipment 2,381.67

Total Fixed Assets 2,381.67

TOTAL ASSETS 52,314.60

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Credit Cards

HH BILL Spend & Expense 713.98

Total Credit Cards 713.98

Other Current Liabilities

Direct Deposit Liabilities 1,000.00

Payroll Liabilities 1,096.21

Total Other Current Liabilities 2,096.21

Total Current Liabilities 2,810.19

Total Liabilities 2,810.19

Equity

Opening Balance Equity 6,972.35

Unrestricted Net Assets 23,494.71

Net Income 19,037.35

Total Equity 49,504.41

TOTAL LIABILITIES & EQUITY 52,314.60

Healing Hands Outreach Center Inc

Profit & Loss

January through December 2024

Jan - Dec 24

Ordinary Income/Expense	
Income	
Other Income	0.02
Program & Registration Income	225.40
Public Grants	16,831.00
Public Support	223,588.20
Total Income	240,644.62
Expense	
Accounting Fees	670.00
Business Registration Fees	22.50
Dues & Subscriptions	5,019.30
Gifts & Donations	
Food Bank	27,486.68
Total Gifts & Donations	27,486.68
Grant Spending	321.99
Insurance	5,035.25
Legal Fees	427.50
Merchant/ Bank Fees	261.23
Miscellaneous Expenses	313.44
Outside Contract Services	14,955.00
Payroll Expenses	
Salary Gross	54,446.11
Payroll Expenses - Other	6,073.50
Total Payroll Expenses	60,519.61
Phone & Internet	6,015.09
Postage, Mailing Service	326.50
Printing and Copying	3,061.75
Rent, Parking, Utilities	86,799.23
Repairs & Maintenance	6,118.49
Supplies	9,488.59
Travel and Meetings	
Travel & Gas	226.01
Total Travel and Meetings	226.01
Vehicle Expense	2,959.71
Volunteer Appreciation	2,155.74
Total Expense	232,183.61
Net Ordinary Income	8,461.01
Net Income	8,461.01



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

HEALING HANDS OUTREACH CENTER INC
PO BOX 7392
BLOOMINGTON, IN 47403

Date:
09/28/2021
Employer ID number:
85-2489962
Person to contact:
Name: Julie Chen
ID number: 31261
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
July 16, 2020
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053483002191

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

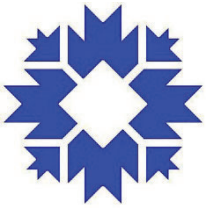
If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 35152P



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

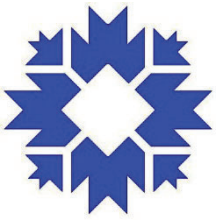
All applicants for 2025 Jack Hopkins funding must submit the following:

- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov
with subject line "[agency name] - 2025 JHSSF App"

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Hoosier Hills Food Bank, Inc.

Address:

2333 W Industrial Park Dr. PO Box 697 Bloomington, IN 47402

Phone: 812-334-8374

E-Mail: julio@hhfoodbank.org

Website: www.hhfoodbank.org

President of Board of Directors: Kevin R. Robling

Name of Executive Director: Julio Alonso

Phone: 812-334-8374

E-Mail: julio@hhfoodbank.org

Name of Grant Writer: same

Phone: _____

E-Mail: _____

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
17	0	11,920

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

HHFB rescues and collects food for distribution to those facing hunger and food insecurity through a network of partner agencies and direct service programs.

PROJECT INFORMATION

Name of the project to be funded:

Supplemental Healthy Food Purchasing

Total cost of project: \$410,279

Requested amount of Jack Hopkins funding: \$35,000

Number of City residents to be served by this project in 2025: 15,000

Number of clients to be served by this project in 2025: 51,720

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$35,000 to purchase healthy food that will supplement our ongoing donated food collection efforts. Food purchasing not only increases available food but allows for more targeted acquisition of varied and healthier products that may not be available to us through donated channels.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

Not as defined by this application, but it is collaborative in that it includes partnerships with about 40 other agencies in the City.

How do your missions, operations and services complement each other?

n/a

What is the existing relationship between agencies?

n/a

How will communication and coordination change as a result of the project?

n/a

Explain any challenges and steps you plan to take to address those challenges.

n/a

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

n/a

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

n/a

Is the property zoned for your intended use?

☐

Yes

☐

No

☒

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

n/a

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒

Yes

☐

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☒

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

See budget for detail. Additional funds are secured from private and public sources with other applications pending. Some funds are dependent upon inclusion in the state and federal budgets. Other funds will come from ongoing fundraising/operational budget.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

If approved, we will likely make an immediate purchase of a desired shelf-stable item and will likely also plan the purchase of fresh produce loads through Fresh Connect. We anticipate no problems in submitting claims well before the requested deadline.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

Overall purchasing will be determined by other funds received, however there are sufficient funds committed to make the most of JH funding by leveraging our purchasing capacity.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Our purchasing process includes access to partners such as the Fresh Connect cooperative at Gleaners in Indianapolis from which we can obtain significant quantities of fresh produce, as well as to preferential pricing through Feeding America's purchasing portal. We can obtain large quantities of product for City agencies/residents by combining purchases for others in our service area. Purchased food is combined with donated food to support agency programs and is often staged by volunteers.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Food Purchasing	35,000.00
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		35,000.00

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

According to Feeding America's Map the Meal Gap study, Monroe County's food insecurity rate is 14.9%, higher than the state average and representing over 37,000 people. Both SCAN and HAND's Consolidated Plan recognize the importance of access to nutritious food and supporting those agencies providing that access, including HHFB and many of our partners in the City. Our own surveys of partner agencies continue to show high levels of need for food assistance that spiked during the pandemic but have not come down since, due to high inflation that dramatically increased food prices and costs of other basic necessities. In our fall survey, over half of agencies reported that their numbers were higher than the year before and still increasing. Nearly 40% of agencies indicated that they were not receiving enough food to keep pace with demand.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

While it has become an ongoing cost, the need for direct food purchasing has varied from year to year depending on factors such as community need and levels of donated food available. During the past several years, the purchasing need has been unusually high - first due to the pandemic and then due to the inflation it caused. Unfortunately, pandemic-related support has waned while extremely high grocery and other costs have remained and food pantry lines have stayed stubbornly high. As always, we are committed to distributing as much food as possible from as many sources as possible to meet the need. We continue to seek new funding and food sources but remained challenged as long as inflation and economic uncertainty remain high.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Truthfully, much of the impact of our work is more immediate. As Harry Hopkins said "people don't eat in the long run, they eat every day." And every day, week, month, or year that we can continue to ensure them access to nutritious food improves the potential for individual success and better outcomes for the community at large. Our purchased food makes its way to individuals through our local mobile pantries and through a broad network of partners that are also providing other vital and impactful services such as housing, child care, health care, youth development, nutrition education and more. These programs reach many of the most vulnerable in our community including children, seniors, veterans, the unhoused, the disabled and people with very low incomes. Increasing the ability of these individuals to cope with the issues facing them now improves their opportunity for long-term health, stability and success.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Reducing hunger and food insecurity are the primary goals of our efforts but given the wide range of agencies and programs supported by our work it is often difficult to quantify the impact. Our primary measures of success relate to the quantity (pounds of food) and quality (nutritional value and variety) of food we can distribute. We also measure the satisfaction of our agency partners with our services, food levels and food quality/variety.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

While the events of the past several years have been unusual and caused unprecedented levels of need for the work of HHFB and our partners, we seek your support at an even more critical and unpredictable time. Food pantry lines have remained stubbornly high since the start of the pandemic and while inflation may start to abate, the high food prices it caused have not and the resources of those low-income people most affected have not improved. Now, we are faced with extraordinary uncertainty regarding continued state and federal support not only for grant programs, but for basic services such as food, health care, child care and education. Non-profits, including HHFB face the possibility of fewer government resources at the same time that individual clients face the loss of food stamps, health insurance and other types of support. Frankly, we need every purchasing dollar we can obtain in order to continue supplementing the food donations we rescue and collect so that we are in a position to meet a potentially even higher level of demand. Just like the clients we all serve, the agencies we support may find themselves in the position of making program choices and are likely to need as much food assistance from us as possible.

We very much appreciate the past support of the Jack Hopkins grant program, especially during the past several difficult years. We are grateful for your consideration of our request.

Hoosier Hills Food Bank		
Supplemental Healthy Food Purchasing 2025		
<u>Projected Budget</u>		
<u>Income</u>		
2024 Carry Over Grants	\$ 45,479.00	
Perry Township	\$ 17,500.00	
EFSP	\$ -	?
REMC Round Up	\$ 5,000.00	
Bloomington Thrift Shop	\$ 1,800.00	
Kroger	\$ 27,500.00	
Anthem	\$ 48,000.00	
COB Sustainability/Climate Change Initiative	\$ 10,000.00	
Agency Produce Box Grant Reimbursements	\$ 18,000.00	
<i>Lawrence County Community Foundation</i>	\$ 5,000.00	*
<i>Owen County Community Foundation</i>	\$ 3,000.00	*
<i>Indiana Dept. of Agriculture</i>	\$ 80,000.00	*?
<i>Bloomington Township</i>	\$ 4,000.00	
<i>Jack Hopkins Grant Funding</i>	\$ 35,000.00	
<i>Other Anticipated Grant Applications</i>	\$ 10,000.00	
HHFB Operating Budget/Fundraising	\$ 100,000.00	
Total	\$ 410,279.00	
<i>*Pending</i>		
<i>?Federal Funding in question</i>		
<i>*?Dependent on inclusion in state budget</i>		
<u>Expenses</u>		
Agency Specific Produce Box Reimbursements	\$ 18,000.00	
Local Organic Produce Purchases	\$ 10,000.00	
HATCH Egg Purchases	\$ 80,000.00	
Fresh Connect Produce	\$ 100,000.00	
General Food Purchasing & Transportation	\$ 202,279.00	
Total	\$ 410,279.00	



ACCOUNTANTS' COMPILATION REPORT

To the Board of Directors
Hoosier Hills Food Bank, Inc.
Bloomington, Indiana

Management is responsible for the accompanying financial statements of Hoosier Hills Food Bank, Inc. (a non-profit corporation), which comprise the statement of financial position as of December 31, 2024 and 2023, and the related statements of activities for the one and twelve months then ended, and the accompanying supplementary information in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements and supplementary information. During our compilation, we did become aware of certain departures from accounting principles generally accepted in the United States of America that are described in the following paragraph.

The value of in-kind donations of food and supplies and the value of such materials distributed have not been included in these financial statements. This data has been omitted because the amounts have not been determined. If accounting principles generally accepted in the United States of America had been followed, in-kind revenue and expenses would be different by an undetermined amount. The net of donations received and distributions has been estimated and included as an expense. A statement of cash flows and a statement of functional expenses for the period ended has not been presented. Accounting principles generally accepted in the United States of America require that such statements be presented when financial statements purport to present financial position and results of operations.

Management has elected to omit substantially all of the disclosures required by accounting principles generally accepted in the United States of America. If the omitted disclosures and statements were included in the financial statements, they might influence the user's conclusions about the company's financial position, changes in net assets, and cash flows. Accordingly, the financial statements are not designed for those who are not informed about such matters.

Stampfli Associates

January 30, 2025

Hoosier Hills Food Bank, Inc.
Statements of Financial Position
December 31, 2024 and 2023

Assets

	2024	2023
Current Assets		
Petty Cash	\$ 50.00	\$ 50.00
German American Checking	311,441.59	430,208.89
German American Savings	218,512.46	209,860.99
German American Capital Projects	118,084.06	10,055.85
CD - 6195	51,927.25	49,966.38
CD - 63619	19,723.41	19,361.67
CD - 3932	11,269.08	10,702.10
CD - 13619	79,184.31	77,160.87
Beneficial Interest in Trusts	235,586.40	228,958.63
Accounts Receivable	18,620.96	12,240.80
Grant Receivable - Restricted	96,000.00	0.00
Grant Receivable - Unrestricted	48,850.74	18,548.44
Allowance for Uncollectible Account	(2,000.00)	(2,000.00)
Inventory - Donated Food Inventory	593,211.24	659,184.84
Inventory - Donated Book Inventory	72,192.54	60,741.40
Prepaid Service Contract	38,389.82	38,389.82
Prepaid insurance	7,109.16	7,109.16
Prepaid Warranty	2,782.00	2,782.00
Security Deposit	500.00	500.00
Loan Origination Fees	5,383.77	5,383.77
Total Current Assets	<u>1,926,818.79</u>	<u>1,839,205.61</u>
Property and Equipment		
Land	157,500.00	157,500.00
Buildings	810,810.67	810,810.67
Building Improvements	617,927.74	617,927.74
Equipment	268,629.90	258,437.90
Vehicles	855,577.80	855,577.80
	<u>2,710,446.11</u>	<u>2,700,254.11</u>
Less Accumulated Depreciation	<u>(1,619,391.34)</u>	<u>(1,456,796.03)</u>
Net Property and Equipment	<u>1,091,054.77</u>	<u>1,243,458.08</u>
Total Assets	<u><u>\$ 3,017,873.56</u></u>	<u><u>\$ 3,082,663.69</u></u>

Liabilities and Net Assets

	2024	2023
Current Liabilities		
Accounts Payable	57,283.17	15,058.81
Accrued Wages	20,793.91	14,942.40
Accrued Paid Time Off	53,809.36	49,232.30
Payroll Taxes Payable	11,722.70	6,773.64
Employee Benefits	56.42	0.00
Mortgage - Current	27,445.46	23,440.13
Total Current Liabilities	<u>171,111.02</u>	<u>109,447.28</u>
Long-Term Liabilities		
Mortgage	<u>474,642.90</u>	<u>499,324.00</u>
Total Long-Term Liabilities	<u>474,642.90</u>	<u>499,324.00</u>
Total Liabilities	<u>645,753.92</u>	<u>608,771.28</u>

See Accountants' Compilation Report

Hoosier Hills Food Bank, Inc.
Statements of Financial Position
December 31, 2024 and 2023

Net Assets - Unrestricted	<u>2,372,119.64</u>	<u>2,473,892.41</u>
Total Liabilities and Net Assets	<u>\$ 3,017,873.56</u>	<u>\$ 3,082,663.69</u>

Hoosier Hills Food Bank, Inc.

Statements of Activity

For the One and Twelve Months Ending December 31, 2024 and 2023

	Period			Year		
	2024	2023	Budget	2024	2023	Budget
Support and Revenue:						
Support						
Donated Book Inventory	\$ 0.00	\$ 89,544.58	\$ 0.00	\$ 0.00	\$ 89,544.58	\$ 0.00
United Way	2,126.81	5,799.07	4,166.67	25,533.22	74,664.97	50,000.00
Misc Grants	131,030.71	150,000.00	14,666.67	431,021.71	256,500.00	176,000.00
Restricted Bequests	0.00	0.00	1,083.34	0.00	0.00	13,000.00
Donations	162,275.43	129,018.85	23,750.00	600,024.96	512,050.01	285,000.00
Food Donation In Kind Income	6,146,275.08	4,860,015.07	0.00	6,146,275.08	4,860,015.07	0.00
Book Donation In Kind Income	11,451.14	0.00	0.00	11,451.14	0.00	0.00
Bequest	(12,337.06)	(21,458.45)	0.00	0.00	0.00	0.00
Total Support	<u>6,440,822.11</u>	<u>5,212,919.12</u>	<u>43,666.68</u>	<u>7,214,306.11</u>	<u>5,792,774.63</u>	<u>524,000.00</u>
Revenue						
Shared Maint	14,883.28	9,634.95	10,833.34	158,118.34	102,811.00	130,000.00
Food Purchase Reimbursement	7,578.00	0.00	833.34	33,061.78	34,379.38	10,000.00
Monroe Co FEMA	0.00	0.00	416.67	4,766.00	4,117.00	5,000.00
CDB Grant-Operating	16,829.49	13,834.02	2,083.34	24,392.17	13,834.02	25,000.00
Restricted - Capital Contributions	108,000.00	0.00	0.00	108,000.00	0.00	0.00
Restricted Grants - Anthem	96,000.00	0.00	22,141.67	96,000.00	0.00	265,700.00
USDA	9,006.14	14,850.08	12,583.34	127,747.35	144,005.21	151,000.00
Local Government Grants	22,770.00	12,250.00	10,416.67	142,270.00	290,761.00	125,000.00
Investment Income	19,217.45	30,194.39	208.34	26,645.11	32,185.06	2,500.00
Fund-Raising Events	141,807.37	171,201.16	43,751.94	605,025.57	710,555.70	525,023.00
Total Revenue	<u>436,091.73</u>	<u>251,964.60</u>	<u>103,268.65</u>	<u>1,326,026.32</u>	<u>1,332,648.37</u>	<u>1,239,223.00</u>
Total Revenue, Gains and Other Support	<u>6,876,913.84</u>	<u>5,464,883.72</u>	<u>146,935.33</u>	<u>8,540,332.43</u>	<u>7,125,423.00</u>	<u>1,763,223.00</u>
Expenses						
In Kind Food Expense	6,212,248.68	4,659,207.33	0.00	6,212,248.68	4,659,207.33	0.00
Salaries	89,481.42	81,312.70	65,180.75	812,079.89	762,264.97	782,169.00
Payroll Taxes	6,542.47	8,072.96	4,986.16	63,714.21	56,771.84	59,834.00
Health Insurance	10,469.12	3,337.72	9,333.33	124,729.20	112,303.40	112,000.00
Employee Benefits	0.00	4,226.28	1,333.33	15,506.29	16,418.16	16,000.00
IU Work Study	0.00	0.00	116.66	2,427.91	1,127.33	1,400.00
Harvest Membership	1,083.39	1,083.00	625.00	8,855.20	7,698.42	7,500.00
Food Share Purchase	181,182.93	270,610.64	26,801.41	663,626.51	899,034.28	321,617.00
Agency Food Purchase	7,585.00	0.00	833.33	23,785.00	0.00	10,000.00
Supplies & Maintenance	1,253.67	1,214.25	500.00	4,775.32	6,881.75	6,000.00
Occupancy	5,269.04	5,041.14	2,841.65	31,098.03	33,933.87	34,100.00
Office Supplies	734.98	168.16	416.66	4,679.18	4,958.35	5,000.00
General Office Fund	0.00	0.00	83.33	2,339.00	2,220.28	1,000.00
Computer Sup. & Exp.	4,165.03	2,334.04	2,166.66	33,466.54	27,113.47	26,000.00
Telephone	0.00	0.00	0.00	10.00	1,196.90	0.00
Postage	1,026.87	935.93	458.33	4,154.61	6,213.34	5,500.00
Subscriptions & Publications	220.00	0.00	66.66	1,254.16	601.46	800.00
Conf & Lodging	15.00	365.81	416.66	5,740.89	9,636.66	5,000.00
Business Insurance	2,663.87	7,321.00	3,250.00	44,804.97	44,012.08	39,000.00
Copy & Printing	3,084.38	4,517.16	1,416.66	19,696.70	21,736.24	17,000.00
Fundraising exp	20,920.03	(20,847.56)	8,781.16	134,267.56	92,798.08	105,374.00
Vehicle Expenses	30,141.14	7,574.73	6,191.66	100,348.74	81,727.07	74,300.00
Interest Expense	3,764.55	2,793.97	2,500.00	34,792.68	30,678.79	30,000.00
Donated Book Expense	0.00	81,538.00	0.00	0.00	81,538.00	0.00
Compliance and Safety Expense	335.30	2,592.78	833.33	4,148.69	12,958.02	10,000.00
Equip Repair & Maintenance	105.00	0.00	625.00	9,351.56	3,436.05	7,500.00
Repairs & Maintenance	0.00	2,835.01	500.00	(4,507.81)	12,180.74	6,000.00
Legal & Accounting	1,625.00	1,399.50	2,333.33	38,197.82	25,778.26	28,000.00
Volunteer Supplies	4,073.64	5,635.35	2,041.66	25,968.55	32,304.22	24,500.00
Employee Mileage	192.57	103.59	133.33	1,300.57	1,843.78	1,600.00
Depreciation	162,595.31	164,691.95	0.00	162,595.31	164,691.95	0.00
Miscellaneous	447.20	77.00	208.58	2,635.82	2,324.06	2,503.00
Grants to Agencies	15,000.00	0.00	0.00	27,000.00	10,000.00	0.00
Food Rescue Supplies	1,942.74	2,488.00	1,958.33	27,013.42	21,287.45	23,500.00
Total Expenses	<u>6,768,168.33</u>	<u>5,300,630.44</u>	<u>146,932.96</u>	<u>8,642,105.20</u>	<u>7,246,876.60</u>	<u>1,763,197.00</u>
Changes in Unrestricted Net Assets	<u>\$ 108,745.51</u>	<u>\$ 164,253.28</u>	<u>\$ 2.37</u>	<u>(101,772.77)</u>	<u>(121,453.60)</u>	<u>26.00</u>

See Accountants' Compilation Report

Hoosier Hills Food Bank, Inc.

Statements of Activity

For the One and Twelve Months Ending December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>	<u>Budget</u>	<u>2024</u>	<u>2023</u>	<u>Budget</u>
Net Assets - January 1st				2,473,892.41	2,595,346.01	0.00
Net Assets - December 31, 2024				<u>\$ 2,372,119.64</u>	<u>\$ 2,473,892.41</u>	<u>\$ 26.00</u>

Hoosier Hills Food Bank, Inc.

Statements of Activity

Supplemental Activity

For the One and Twelve Months Ending December 31, 2024 and 2023

	Period			Year		
	2024	2023	Budget	2024	2023	Budget
Fund-Raising Events						
FR-Direct Mail	\$ 42,226.93	\$ 53,516.86	\$ 9,382.50	\$ 156,896.85	\$ 142,080.55	\$ 112,590.00
FR-Events	390.00	0.00	1,019.92	16,375.51	21,496.46	12,239.00
FR-HT AD	37,520.92	14,355.00	1,835.84	43,336.27	17,016.00	22,030.00
FR Events - Soup Bowl	31,500.00	93,926.00	12,850.00	141,364.62	276,051.07	154,200.00
FR Events - Book Fair	779.51	855.13	7,853.34	113,026.27	107,302.04	94,240.00
FR-General	29,390.01	8,548.17	7,648.75	114,206.05	123,942.58	91,785.00
FR-NAP	0.00	0.00	2,141.67	19,820.00	22,232.00	25,700.00
FR-Board Fundraising	0.00	0.00	1,019.92	0.00	435.00	12,239.00
Total Fund-Raising Events	<u>\$ 141,807.37</u>	<u>\$ 171,201.16</u>	<u>\$ 43,751.94</u>	<u>\$ 605,025.57</u>	<u>\$ 710,555.70</u>	<u>\$ 525,023.00</u>
Occupancy						
Trash Pick up	\$ 1,130.00	\$ 1,576.20	\$ 625.00	\$ 5,643.65	\$ 7,855.60	\$ 7,500.00
Utilities-Electric	3,057.17	2,908.29	1,583.33	19,847.23	19,591.61	19,000.00
Utilites-Water	180.82	176.92	91.66	1,228.43	1,255.94	1,100.00
Utilites-Gas	701.05	379.73	250.00	2,178.72	2,280.72	3,000.00
Pest Control	200.00	0.00	291.66	2,200.00	2,950.00	3,500.00
Total Occupancy	<u>\$ 5,269.04</u>	<u>\$ 5,041.14</u>	<u>\$ 2,841.65</u>	<u>\$ 31,098.03</u>	<u>\$ 33,933.87</u>	<u>\$ 34,100.00</u>
Vehicles Expenses						
Vehicle Gas	\$ 5,065.28	\$ 6,812.25	\$ 3,750.00	\$ 42,654.06	\$ 48,066.66	\$ 45,000.00
Vehicle Repair	25,075.86	762.48	2,208.33	54,804.28	31,496.41	26,500.00
Vehicle Registration	0.00	0.00	233.33	2,890.40	2,164.00	2,800.00
Total Vehicle Expenses	<u>\$ 30,141.14</u>	<u>\$ 7,574.73</u>	<u>\$ 6,191.66</u>	<u>\$ 100,348.74</u>	<u>\$ 81,727.07</u>	<u>\$ 74,300.00</u>

ATLANTA GA 39901-0001

In reply refer to: 0752135461
Aug. 08, 2019 LTR 4168C 0
31-1051402 000000 00

00020686

BODC: TE

HOOSIER HILLS FOOD BANK INC
PO BOX 697
BLOOMINGTON IN 47402-0697

Employer ID number: 31-1051402
Form 990 required: YES

Dear Taxpayer:

We issued you a determination letter in MARCH 1983, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

0752135461

Aug. 08, 2019 LTR 4168C 0

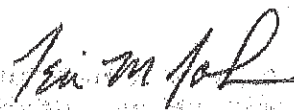
31-1051402 000000 00

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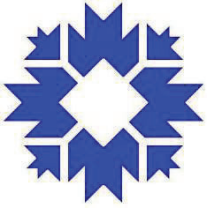
HOOSIER HILLS FOOD BANK INC
PO BOX 697
BLOOMINGTON IN 47402-0697

Thank you for your cooperation.

Sincerely yours,



Teri M. Johnson
Operations Manager, AM Ops. 3



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

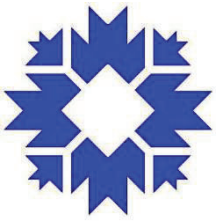
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line "[agency name] - 2025 JHSSF App"

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Indiana Recovery Alliance

Address: 1710 W 3rd St, Bloomington

Phone: (812) 567-2337

E-Mail: info@indianarecoveryalliance.org

Website: Website: <https://indianarecoveryalliance.org/>

President of Board of Directors: Alicia Suarez

Name of Executive Director: Nicholas Voyles

Phone: (812) 361-6451

E-Mail: nick@indianarecoveryalliance.org

Name of Grant Writer: Nicholas Voyles

Phone: (812) 361-6451

E-Mail: nick@indianarecoveryalliance.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
5	3	5

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

The Indiana Recovery Alliance operates under the philosophy of harm reduction to educate the community and to promote the health and dignity of the individuals and communities impacted by drug use. We respectfully collaborate with people to assist in any positive change, as a person defines it for themselves, beginning where the person is at with no biases or condemnations for the person's chosen lifestyle. Our efforts advance policies, practices and programs that address the adverse effects of drug use including overdose, HIV, hepatitis C, substance use, and incarceration.

PROJECT INFORMATION

Name of the project to be funded:

Grant Manager

Total cost of project: 60,000

Requested amount of Jack Hopkins funding: 20,000

Number of City residents to be served by this project in 2025: 3,300

Number of clients to be served by this project in 2025: 3,000

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

The Indiana Recovery Alliance is seeking a one time capital investment of \$20,000 to establish a full time Grant Manager position to further our goal of long term financial stability. The position will begin as part-time and advance to full-time after an adjustment period. The Grant Manager will work closely with the Executive Director to identify, develop applications, track reporting requirements, and ensure proper submission of all reports for current and future grants. As the IRA continues to expand, the need for dedicated grant management has become critical. Currently, grant responsibilities are distributed to the Executive Director who is already at capacity with day-to-day administrative duties. Through the creation of a dedicated Grant Manager position, we will increase the IRA's capacity to seek and secure more sustainable funding for overdose prevention, harm reduction outreach, hepatitis C and HIV testing (in collaboration with PositiveLink), referrals for community resources, and connecting individuals to recovery services.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐

Yes

☒

No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Same as agency address.

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

Is the property zoned for your intended use?

☐

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒

Yes

☐

No

If “yes,” indicate the nature of the operational request:

☒

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

We will submit claims for reimbursement on a monthly basis for a third of the Grant Manager's wages over the course of 12 months until we reach the funded amount or 12 months have elapsed, whichever comes first.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Our operational budget has already allocated matching funds from external sources for two-thirds of the position's salary, which are available immediately. This position is beginning as a part-time role and stepping up to full-time after the pilot period.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources *(e.g., other funds, in-kind contributions, or volunteers.)*

This position will significantly leverage other resources by directly generating additional funding through grant applications. By centralizing grant management, we will free up time for the Executive Director to focus on other administrative and managerial tasks necessary for maintaining the IRA. The position will be trained by and continue to work closely with the Executive Director to track and report program outcomes, which will reinforce our position with current and future funders and improve our capacity to leverage in-kind donations.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Grant Manager Salary	\$20,000
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$20,000

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

The Indiana Recovery Alliance addresses critical needs identified in the SCAN and Consolidated Plan by providing harm reduction services to individuals affected by substance use. According to the SCAN, 40% of area providers' clients face substance use disruptions in their life, and 20-30% encounter barriers to substance use treatment (p. 106-107). The 2020-2024 Consolidated Plan identifies supportive services for vulnerable populations facing substance use issues as high priority alongside other services (p. 32-33, 54, 73). As the region's primary harm reduction provider, we distribute safer use supplies, naloxone, and offer referrals to recovery, housing, and healthcare, free of charge. We are Indiana's largest peer-to-peer naloxone distributor, having provided over 100,000 doses, with participants reporting over 2,446 overdose reversals.

Having a Grant Manager position directly addresses these social service gaps by ensuring the IRA's sustainability. This role will simultaneously ensure funding for these critical services remain available while freeing up time for the ED to focus on organizational strategy, staff management, development, and mentorship of other harm reduction providers across the nation to become model harm reductionists in their community.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

This request from the IRA serves as a pilot investment to establish the Grant Manager position, developing from part-time to full-time. Our sustainability plan for this position includes the Grant Manager being responsible for securing their own position funding through grants by the end of the pilot period. In our previous Development Director position (funded by Jack Hopkins in 2021), we've created a proven sustainability plan that includes this position. The Grant Manager will help us access funding streams previously unavailable due to lack of grant writing capacity.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

The Grant Manager position will provide substantial long term benefits for both the IRA and the broader community. For the IRA, this position supports the infrastructure necessary for financial sustainability by:

1. Maintaining and developing consistent, diverse funding streams
2. Creating systems for tracking outcomes that strengthen current and future funding applications
3. Build and strengthen current relationships with funders
4. Free the ED and other staff to focus on service delivery, strategic planning and development
5. Ensure timely and thorough grant reporting and application submissions

For the community, the position's impact will be equally significant:

1. Financially sustaining the syringe service program, which demonstrably increases substance use treatment entry for people with substance use disorder at five times the likelihood than those communities without them
2. Securing funding for HIV and HCV testing and care connections to address the county's hepatitis C epidemic
3. Sustain the naloxone distribution program that has demonstrably reduced overdose deaths in the community
4. Enable the expansion of services to continue the IRA's reach in the community and throughout the country as a premier harm reduction program

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Success will be measured by the following quantitative indicators during the funding period:

1. Number of grant applications submitted
2. Amount of new funding secured
3. Percentage of current funders retained
4. Tracking of services provided through the IRA, including but not limited to:
 - a. Treatment referrals
 - b. Naloxone doses distributed and trainings completed
 - c. Tests for HCV and HIV provided
 - d. Collection and distribution of sterile supplies and life saving education materials

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

The creation of a Grant Manager position represents a critical next step in the organizational development of the Indiana Recovery Alliance. The IRA has gradually built capacity through strategic staff positions, including the SSP Coordinator and Development Director, each funded by start-up investments from Jack Hopkins. The Grant Manager position completes this infrastructure by creating dedicated capacity for securing and maintaining the funding needed to increase access to substance use treatment five fold and connect an at-risk, criminalized, and stigmatized population to services that reduce disease transmission and overdose deaths.

The timing of this position is particularly crucial as we navigate an evolving funding landscape for harm reduction services due to state and federal policy changes. Accessing new sources of funding requires specialized knowledge and dedicated time that only a Grant Manager can provide. Additionally, as we expand our harm reduction and recovery services, we become eligible for new funding streams that we currently lack the capacity to pursue. This position builds upon our successful experience with previous Jack Hopkins funding. The Development Director position, funded in 2021, has allowed us to create a comprehensive development strategy that now requires a grant manager to support in executive with the Executive Director. Similarly, the SSP Coordinator funded in 2022 has expanded direct services and made headway in empowering people with substance use issues to make positive changes in their lives, cut disease transmission and save lives by distributing and teaching community members how to use naloxone. These outcomes and and more not covered here will need to be effectively communicated to future and current funders.

The IRA has consistently demonstrated our ability convert initial investments into sustainable programming, growing from a volunteer collective to a fully-staffed organization serving thousands every year while maintaining our grassroots, peer-led approach. Our participant-centered services have saved thousands of lives through overdose prevention, reduced infectious disease transmission, and connected our some of most vulnerable neighbors to essential community resources. By funding this position, the Jack Hopkins grant would not only be funding a staff position, but the long-term sustainability of harm reduction services in Bloomington. We are confident that this one-time investment will yield significant returns for the IRA and, most importantly, for the community we serve.

2025 Proposed Project Budget

Indiana Recovery Alliance		Grant Manager Position	
Total Project Cost		60,000	
	Totals	Other Income Sources	JHSS Grant
FUNDS			
JHSS Grant			20,000
Other Grants		40,000	
Other Income Sources			
TOTAL PROJECT FUNDS	60,000	40,000	20,000
EXPENSES			
TOTAL PROJECT EXPENSES			



Indiana Recovery Alliance

Statement of Activity

January - December 2024

	TOTAL
Revenue	
Building Reimbursements	70,075.00
Contributed Revenue	
Donations	60,115.69
Grants	
Accelerator Grant	17,700.00
Aids United	10,000.00
Broadway Cares	7,500.00
City of Bloomington	30,681.58
Comer Foundation	15,000.00
Greater Health Foundation of Indiana	12,451.72
HepC Grant 2023	64,289.32
HepConnect	21,640.00
IN FSSA Reimbursements	210,575.73
Monroe Co Health Dept	25,000.00
Monroe County	4,260.00
NASDAT	235,741.26
Sophia Travis (2025)	7,250.00
TGFI Grant (2024)	8,662.50
Total Grants	670,752.11
Total Contributed Revenue	730,867.80
Merchandise Sales	5,603.74
Ship Happens Asset Transfer	25,278.04
Total Revenue	\$831,824.58
GROSS PROFIT	\$831,824.58
Expenditures	
Advertising	364.37
Auto	
Mileage / Fuel	6,369.40
Parking	215.33
Vehicle Maintenance	2,802.30
Vehicle Registration	199.70
Total Auto	9,586.73



Indiana Recovery Alliance

Statement of Activity

January - December 2024

	TOTAL
Compensation	
Wages	
Bethany P.	13,900.00
Elizabeth C.	53,060.00
Floyd V.	2,100.00
Hunter T.	20,908.98
Julie P.	20,800.30
Katrina (Trin) P.	4,217.00
Katrina P.	0.00
Kyle H.	41,700.00
Lauren D.	17,727.53
Nathan W.	2,420.00
Nick V.	57,868.00
Scott P.	40,000.22
Tabitha T.	4,000.00
Whitney M.	18,800.00
Total Wages	297,502.03
Total Compensation	297,502.03
Contract Labor	81,198.00
Dues & Subscriptions	59.88
Employee Benefits	155.82
Retirement Matching	1,545.49
Total Employee Benefits	1,701.31
Fees for Services	
Accounting	9,064.04
Low-threshold Employment	10,125.65
Management	14,395.00
Total Fees for Services	33,584.69
Grants / Other Assistance	2,000.00
Information / Technology	7,330.33
Insurance	20,571.48
Insurance - Worker's Comp	3,649.12
Total Insurance	24,220.60
Interest Expense	348.67
Legal & Professional Fees	7,178.07
Member Benefits	
Meals and Entertainment	4,465.95
Participant Incentive	4,698.27
Total Member Benefits	9,164.22
Merch Supplies	50.00



Indiana Recovery Alliance

Statement of Activity

January - December 2024

	TOTAL
Office Expenses	917.67
SSP Supplies	119,800.64
Supplies	22,288.83
Total Office Expenses	143,007.14
Other Expenses	
Bank Charges	418.25
Disposal Fees	3,086.90
Shipping	874.88
Taxes & Licenses	952.77
Property Taxes	3,836.74
Total Taxes & Licenses	4,789.51
Total Other Expenses	9,169.54
Parking	49.25
Payroll Taxes	23,215.12
Promotional Events	170.00
Rent or Lease	5,099.96
Storage Unit	893.85
Total Rent or Lease	5,993.81
Repair & Maintenance	7,084.25
Telephone Expense	6,937.01
Training	550.40
Travel	9,904.07
Travel Meals	118.57
Utilities	8,169.41
Total Expenditures	\$688,657.47
NET OPERATING REVENUE	\$143,167.11
Other Revenue	
Interest Earned	75.90
Total Other Revenue	\$75.90
Other Expenditures	
Depreciation	2,905.00
Total Other Expenditures	\$2,905.00
NET OTHER REVENUE	\$ -2,829.10
NET REVENUE	\$140,338.01

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE P.O. BOX 2508 CINCINNATI, OH 45201

Date: MAY 27 2015

INDIANA RECOVERY ALLIANCE 2417 WOOLERY MILL DR BLOOMINGTON, IN
47403-0000

Employer Identification Number:

47-3889160 DLN:

26053540001895 Contact Person:

CUSTOMER SERVICE

ID# 31954 Contact Telephone Number:

(877) 829-5500 Accounting Period Ending:

January 31 Public Charity Status:

170 (b) (1) (A) (vi) Form 990/990-BZ/990-N Required:

Yes Effective Date of Exemption:

May 1, 2015 Contribution Deductibility:

Yes Addendum Applies:

No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-BZ/990-N, our records show you're required to file an

annual information return (Form 990 or Form 990-BZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

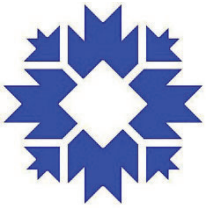
If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC*" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping reporting, and disclosure requirements,

Sincerely,

Tamma
Kippenda

Director, Exempt Organizations



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

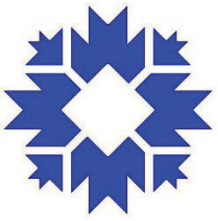
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- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov
with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Lantern Support Services

Address:

600 East Hillside Drive Suite # 3 Bloomington IN, 47401

Phone: (812) 650-2262

E-Mail: findhelp@lanternsupportservices.org

Website: <https://www.lanternsupportservices.org/>

President of Board of Directors: Martha Nord

Name of Executive Director: Sky Adams

Phone: 812-650-2262

E-Mail: therapy@skyadamslc.com

Name of Grant Writer: Amy Cornell

Phone: 812-360-9055

E-Mail: acornell@iu.edu

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
0	0	~40

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

At Lantern, our mission is to support foster, kinship, collaborative care, and adopted individuals and families by providing hands-on help, programming, and resources.

PROJECT INFORMATION

Name of the project to be funded:

Kinship Families Project

Total cost of project: \$20,400

Requested amount of Jack Hopkins funding: \$18,400

Number of City residents to be served by this project in 2025: 20-25 kinship families

Number of clients to be served by this project in 2025: 20-25 kinship families

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$18,400 to create Lantern's Kinship Family Support Project.

Most people are familiar with foster families but do not know that kinship families comprise a large percentage of support for our youth. They are relatives, often grandparents, or close family friends of children who need stable homes. These families often suddenly find themselves raising children they did not expect to have, and they have little or no support. Some of the children are designated by the court as CHINS (Child in Need of Services) and have a DCS caseworker assigned to them. Many do not. Whether they are officially in the child welfare system or not, the kinship families we have worked with report feeling overwhelmed, isolated, and in need of support.

Lantern wants to give these families support by creating a Family Coordinator position. This person will start a kinship family support group facilitated by a contracted mental-health expert; recruit, train, and support volunteers to provide childcare during these groups; and connect these families to our other services such as meals, in-home volunteers, and other programming and resources.

We also will use the money to rent the Banneker Center for our support meetings for kinship families.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐

Yes

☐

No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

This person once hired will work out of thier own space.

Our support groups meet at Banneker Center-930 West 7th street.

Do you own or have site control of the property at which the project is to take place?

☐

Yes

☐

No

☒

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

Is the property zoned for your intended use?

☐

Yes

☐

No

☒

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒

Yes

☐

No

If “yes,” indicate the nature of the operational request:

☒

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

We plan to request monies from the Sophia Travis Fund as well as do a primary donor outreach for funds.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We'll submit claims for reimbursement as soon as we incur the expense. Since we are a brand new non-profit we do not have a lot of cash on hand so a smooth reimbursement will be helpful to our budget.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

We use volunteers to staff our support groups including a trained mental health expert, funds from donors, and grants from other human services granting organizations.

A campus sorority (Theta Phi Alpha) has made Lantern Support Services their service project so we have a continuous stream of volunteers from the sorority. Theta Phi Alpha will provide a meeting site for future volunteer training.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Pay Family Coordinator (MSW or equivalent degree)	\$19,200
Priority #2	Pay Family coordinator (MSW in progress)	\$15,360
Priority #3	Cost of Support Group for 12 months	\$1,200
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$20,400 or \$16,560

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

Lantern is a new addition to youth and family services. We exist to provide support to foster, kinship, collaborative care, and adoptive families who are on the ground helping the City of Bloomington care for its youngest members. We seek to provide help to these families so they in turn can provide stability to youth in our community.

Our Kinship Family Support Project will pay for a social worker who will help us serve kinship families in meaningful ways so they can provide the best possible care for their vulnerable children and help to lead them out of trauma and, often, poverty.

Peer support is a powerful tool. Lantern currently offers a once a month support group for foster and adoptive families during which families connect with each other and find functional solutions to everyday stressors that these families share. Nothing like this currently exists for kinship families. We want to provide them with a place to brainstorm solutions to shared problems, find additional community resources through each other and our program, and know they are not alone.

We will also provide excellent childcare during these support meetings. Children will know they are valued and worthy and also not alone.

.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

Once we have a coordinator firmly planted and getting our program running, the board of directors and the executive director will be devoting more time to raising awareness of their program, raising funds through private donations, writing more grants and generally getting our mission underway. We fully intend to create a donor base that will help us carry this position and more into the future.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

More and more DCS relies on kinship care for youth in need. Once our program becomes fully functional and is able to provide more of the support needed by kinship families, in the way of support groups, meals, secure therapy for children in transition, volunteers to be mentors to the youth, and so much more, we think it will be easier to recruit and maintain more kinship families.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

- +Satisfaction with kinship parenting will rise.
- +More youth will be placed in stable therapeutic relationships.
- +More youth will have stable role models.
- +More youth will have more outlets for self-expression, find help when needed, and do better in school.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Lantern Support Services incorporated in April of 2024 and we received our 501c3 status in February 2025. This makes the Jack Hopkins grant our first opportunity to raise money and announce ourselves to our community. We are proud of what we do.

During the past year with only “volunteer power” we have provided a much needed and appreciated monthly foster/adoptive family support group and simultaneous children’s programming, craft and activity times for kids, homemade meals for families from time to time, volunteer mentors for foster children, and delivered welcome bags to families when a new child arrived, We served 17 families and 30 children.

Because we are new and newly a 501c3, we have no year-end financial statement. Now that we can fund-raise, we can increase what we are able to provide to families who have taken on the difficult and very important task of caring for vulnerable and hurt children.

Lantern Support Services

Kinship Project



Total Project Cost

\$20,400

Totals**Other Income****JHSS Grants****Funds**

JHSS Grant	20,400	20,400
other grants		
donations		



Expenses

salary (\$40/hour x 10 hrs a week)	19,200	19,200
banneker rental 12 mons	960	960
hospitality	240	240
Total Project expenses	20,400	20,400



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

LANTERN SUPPORT SERVICES CORPORATION
C/O JOSHUA SKY ADAMS
600 EAST HILLSIDE DR. SUITE 3
BLOOMINGTON, IN 47401

Date:
02/03/2025
Employer ID number:
99-2625712
Person to contact:
Name: Mr. Muhammad
ID number: 5579078
Telephone: (877) 829-5500
Accounting period ending:
March 31
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
June 13, 2024
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053569004854

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

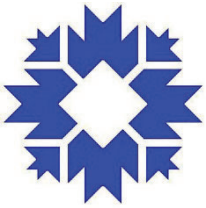
If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

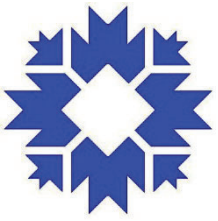
All applicants for 2025 Jack Hopkins funding must submit the following:

- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov
with subject line "[agency name] - 2025 JHSSF App"

Incomplete or late applications will not be accepted.



CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION

CONTACT INFORMATION

Lead Agency Name: Monroe County CASA, Inc.

Address:

320 W. 8th Street, Suite 201 Bloomington, IN 47404

Phone: (812)333-2272

E-Mail: info@monroecountycasa.org

Website: monroecountycasa.org

President of Board of Directors: Kathleen Field

Name of Executive Director: Tia Arthur

Phone: (812)333-2272 x214

E-Mail: tia.arthur@monroecountycasa.org

Name of Grant Writer: Tia Arthur

Phone: (812)333-2272 x214

E-Mail: tia.arthur@monroecountycasa.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
7	1	73

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Monroe County Court Appointed Special Advocates is a non-profit organization that recruits, trains, and supervises court-appointed volunteers to advocate for children who are involved in juvenile court due to abuse or neglect. Volunteer advocacy is based on the belief that all children are entitled to a safe and permanent home. The Monroe County Court Appointed Special Advocate (CASA) makes recommendations for the best interest of children in court. CASA promotes and supports unbiased advocacy representation for all children to ensure that each child has a safe, permanent home, as quickly as possible. The success of our agency's goals relies on the active involvement of the community. Monroe County CASA welcomes and encourages advocates to participate at all levels and in all relevant programs and activities. All staff and agency members are invited to help create meaningful roles for advocates and assist in recruiting new advocates from the community.

PROJECT INFORMATION

Name of the project to be funded:

CASA Cares Network program

Total cost of project: 7,400

Requested amount of Jack Hopkins funding: \$6,400

Number of City residents to be served by this project in 2025: 90+

Number of clients to be served by this project in 2025: 73

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

Since 2020, CASA has experienced a significant reduction in its volunteer numbers. With a current waitlist of 38 cases, we have over 60 children waiting for advocacy. CASA is seeking to recruit and retain additional volunteers to advocate for children, because all children should have a voice in these cases. Given the formidable nature of the cases for which CASAs advocate, and the secondary trauma experienced by our volunteers, CASA is requesting \$5,400 (\$225/session) to pay for group process therapeutic services with Spencer Psychology. This would be seed money for a new program that supports current and future advocates' mental health in partnership with Spencer Psychology. Additionally, CASA is requesting \$1,000 to purchase gas cards(\$25 increments) to expand its volunteer pool by making it more affordable to volunteer with our organization.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

Is the property zoned for your intended use?

☐

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐

Yes

☒

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

For the gas card program, Psi Iota Xi, has confirmed \$1,000 toward gas cards for volunteers.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Monroe County CASA will enter into a contract with Spencer Psychology to pay half of the fees no later than September 1, and the final payment by December 1, 2025.

For gas cards, Monroe County CASA will purchase \$500 (\$25 increments) from Speedway gas station by August 1 and another purchase of \$500 (\$25 increments) from Speedway by September 1, to be disbursed to CASAs by end of calendar year 2024.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources *(e.g., other funds, in-kind contributions, or volunteers.)*

I plan to utilize this grant for gas cards by asking for donations from other businesses or organizations, including Psi Iota Xi, to maintain this fund.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	group process sessions for CASAs	5,400
Priority #2	gas cards for CASAs	1,000
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		6,400

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

The appointment of a CASA is required by law for children involved in the legal system due to abuse and neglect. The CASA program is a volunteer-powered organization, and has experienced a significant decline in volunteers since the pandemic. With 111 advocates in 2019 and down to 73 currently, We must expand our supportive efforts and volunteer pool so all children can have proper advocacy within the legal system. In 2019, CASA had 111 advocates. Last year, 305 cases were filed and appointed to the CASA program, with only 73 CASAs advocating for 230 children via 139 cases. We are establishing the CASA Cares Network. This program will provide much needed emotional and financial support for our volunteers in an effort to offset the undue burden of providing advocacy for our most vulnerable population, children who are victims of abuse and/or neglect. According to the SCAN 2012, respondents with lower total household incomes were less likely to report that they volunteered on a regular basis. In an effort to deepen our impact on community and broaden access to our organization, we hope to reduce the barriers for those who would like to volunteer with CASA, but cannot afford it.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

This project fits criterion because this is seed money to initiate the beginning of this program within the organization. We know that these two needs are necessary, and plan to expand the program through other grant opportunities and donor investments.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Organizational staff has witnessed first-hand the impact on our advocates' emotional wellbeing. While we offer support through training on self-care, and monthly check-ins with our advocates, we know that it goes deeper than that and we are not the experts on therapeutic process to minimize the impact of secondary trauma our advocates experience. By offering therapeutic group process by a professional, who is not affiliated organization, we hope that our advocates will feel safe to share in a neutral clinical setting. The lasting benefit for our community includes retention of our advocates, who might otherwise leave the program due to burn out. Further, our advocates tend to be our best recruiters through word of mouth. The gas card piece of programming allows us to extend our engagement with those who may feel they can't afford to volunteer with CASA, this is only one piece, but a start to addressing the financial barriers to volunteering at CASA. The lasting benefit to the community is having an inclusive organization that allows people from any socioeconomic background to volunteer with this organization and serve the community's most vulnerable population.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Monroe County CASA will use two outcome indicators to measure success of our project. First, we will use surveys from volunteers who utilize the group therapeutic process to determine its efficacy. Further, we will use increased volunteer enrollment by July 2026 as our second measure of success.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

We see the utilization of these funds to create new programming as a gap we are seeking to fill within the organization. Our fund development often focuses on direct service to our volunteers, who are doing the hard work of advocating our children within the legal system. The focus typically includes funding staff salaries, the costs associated with training advocates, or marketing. While we have special activities we do to recognize and show appreciation for our volunteers, we need to do more to support their overall volunteer experience and support them because of the challenging nature of the work. We need to be more attuned to the needs of our current advocates, and also utilize this programming as a tool to draw more advocates who couldn't otherwise afford to volunteer. With the CASA Cares Network, we hope to create a network of support for our advocates. Further, we hope to expand this program over the years to draw more volunteers to our organization, and include other incentives within the CASA Cares Network. We will continue to utilize one on one conversation and surveys to determine what other needs our volunteers have to further support them in this expansion of services over time.

2025 Proposed Project Budget

Monroe County CASA		CASA Cares Network	
Total Project Cost		\$7,400	
	Totals	Other Income Sources	JHSS Grant
FUNDS			
JHSS Grant			6,400.00
Other Grants		1,000.00	
TOTAL PROJECT FUNDS		1,000.00	6,400.00
EXPENSES			
Dr. Jennifer Spencer			5,400.00
Gas cards		1,000.00	1,000.00
TOTAL PROJECT EXPENSES		1,000.00	6,400.00

Fields in yellow are for data entry.



Indiana Supreme Court
Office of Court Services

State Office of GAL/CASA
ANNUAL FINANCIAL REPORT

January 1, 2024 - December 31, 2024

Program Information

County Name	Monroe
Program Name	Monroe County CASA, Inc.

Expense Category	2024 Budget	2024 Actual Expenses
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A. PERSONNEL EXPENDITURES

Position Title <i>List each position separately, one per yellow field in this top section of Column A)</i>	Advocate? <i>Check if individual directly advocates for any children</i>	Contractor? <i>Check box if position is held by a Contract Employee</i>	Full-Time Equivalent <i>See Instructions below</i>			
GAL/CASA Director	<input type="checkbox"/> Advocate	<input type="checkbox"/> Contract Empl	1.00	Salary	\$71,338.00	\$71,338.00
				Benefits	\$24.00	\$24.00
office manager	<input type="checkbox"/> Advocate	<input type="checkbox"/> Contract Empl	1.00	Salary	\$47,329.43	\$47,329.43
				Benefits	\$1,224.00	\$1,122.00
resource dev coordinator	<input type="checkbox"/> Advocate	<input type="checkbox"/> Contract Empl	1.00	Salary	\$54,472.00	\$54,472.00
				Benefits	\$1,224.00	\$1,224.00
case coordinator	<input type="checkbox"/> Advocate	<input type="checkbox"/> Contract Empl	1.00	Salary	\$53,442.00	\$53,442.00
				Benefits	\$1,224.00	\$1,224.00

[Add More Personnel >](#)

Total from Additional Personnel Sheet	4.75		\$274,316.00	\$262,457.00
Total Personnel Expenditures	8.75		\$504,593.43	\$492,632.43

Full-Time Equivalent (FTE) Instructions

Select 1.00 if position is 40 hours a week or equal to your program standard for a full time.

Select 0.75 if position is approximately 75% of full time.

Select 0.50 if position is approximately 50% of full time.

Select 0.25 if position is approximately 25% of full time.

Approximate Full-Time Equivalent percentages based on your program standard for full time.

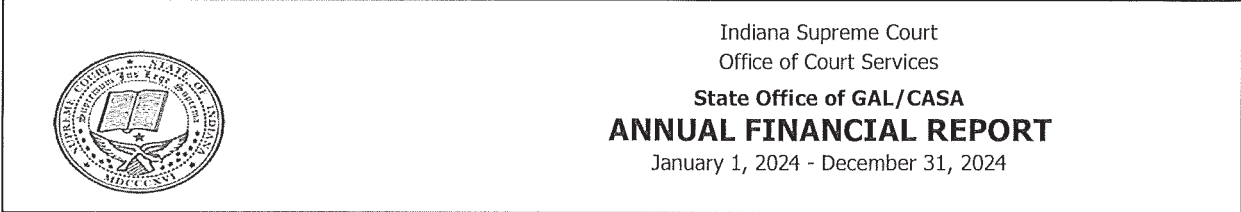
B. NON-PERSONNEL EXPENDITURES

Rent	\$48,000.00	\$43,922.00
Utilities	\$0.00	\$0.00
Equipment	\$3,200.00	\$3,400.00
Office Supplies	\$6,000.00	\$9,511.00
Telephone	\$4,200.00	\$4,078.00
Background checks	\$1,000.00	\$881.00
Travel	\$9,000.00	\$7,771.00
Training	\$44,170.00	\$42,949.00
Postage	\$800.00	\$907.00
Copying and Printing	\$2,500.00	\$2,667.00
Dues and Fees	\$8,171.00	\$10,151.00
Advertising	\$42,296.00	\$35,193.00
Volunteer Recognition	\$7,000.00	\$8,854.00
Other <i>(please specify below)</i>		
multi-case CASA contractor fees	\$50,000.00	\$52,966.00
Insurance	\$12,500.00	\$9,206.00
CASA kids	\$2,000.00	\$4,056.00
Total Non-Personnel Expenditures	\$240,837.00	\$236,512.00
Total Expenditures	\$745,430.43	\$729,144.43

Total Funds to be Carried Over (into 2025)	\$123,348.57	\$66,831.50
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[< Back to Income](#)

Fields in yellow are for data entry.



State Office of GAL/CASA

January 1, 2024 - December 31, 2024

January 1, 2024 - December 31, 2024

County Name	Monroe
Program Name	Monroe County CASA, Inc.

A. PERSONNEL EXPENDITURES - Continued (please complete the information below if your program has more than three positions)

[illegible]

Program Information		
County Name	Monroe County	
Program Name	Monroe County CASA	
Income Category	2024 Budget	2024 Actual Income
A. INCOME		
GAL/CASA Matching Grant Funds (see chart)	\$58,608.00	\$58,608.00
Capacity Grant Funds (see chart)	\$25,129.00	\$25,129.00
GAL/CASA Leftover (3rd Round) / Other (see chart)	\$0.00	\$9,475.00
Amount Carried Over from Prior Year(s)	\$168,549.00	\$0.00
County Funds Contributed in 2024	\$214,500.00	\$214,500.00
Victims of Crime Act (VOCA) Funds	\$183,766.00	\$146,560.00
Indiana Criminal Justice Institute Funds		
Court Improvement Program (CIP) Funds		
IV-D Reimbursement		
Wellness Grant (See Chart)		
Other Grants or Federal Funds <i>(please specify below)</i>		
Foundations	\$5,000.00	\$27,781.93
Community Service Organizations	\$10,000.00	\$28,502.00
National CASA Association		
Corporations	\$5,000.00	\$1,220.00
Individuals	\$90,000.00	\$139,937.00
Fundraising Events	\$40,000.00	\$64,676.00
Product Sales		
United Way		
Kappa Alpha Theta	\$10,000.00	\$31,481.00
Churches/Religious Organizations		\$950.00
Other Income/Grants <i>(please specify below):</i>		
Lilly grant used for training	\$58,227.00	\$40,502.00
Interest on investments/checking account		\$6,654.00
Total Income	\$868,779.00	\$795,975.93

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **FEB 19 2009**

MONROE COUNTY CASA INC
120 W 7TH ST STE 104
BLOOMINGTON, IN 47404

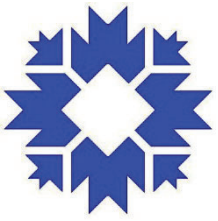
Employer Identification Number:
26-3994368
DLN:
17053036331019
Contact Person:
RENEE RAILLEY NORTON ID# 31172
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
December 19, 2008
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Monroe County Humane Association

Address:

791 S Fieldstone Blvd
Bloomington, IN 47403

Phone: 812-333-6242

E-Mail: mcha@monroehumane.org

Website: monroehumane.org

President of Board of Directors: Sue Allmon

Name of Executive Director: Andrew Krebbs

Phone: 812-333-6242

E-Mail: akrebbs@monroehumane.org

Name of Grant Writer: Andrew Krebbs

Phone: 812-333-6242

E-Mail: akrebbs@monroehumane.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
7	8	98

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Monroe County Humane Association supports and advocates for the welfare of companion animals and the human-animal bond through its non-profit veterinary clinic, education, and community outreach programs.

PROJECT INFORMATION

Name of the project to be funded:

Critical Pet Care Resources for Vulnerable Families

Total cost of project: \$115,000

Requested amount of Jack Hopkins funding: \$139,500

Number of City residents to be served by this project in 2025: 1250

Number of clients to be served by this project in 2025: 6322

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

MCHA is requesting \$13,000 to fund essential pet care services for low-income families in Bloomington. These pets have no other options, and MCHA is the only provider of these critical programs in our community. Without this support, pets suffer, are surrendered to our overcrowded shelter, or force families into further financial hardship.

Funds will be allocated as follows:

\$5,000 for the Crisis Housing Program – Covers food, medical supplies, vaccinations, and essential care for pets in temporary boarding due to their owners facing crises such as domestic violence, medical emergencies, addiction recovery, fires/natural disasters, eviction, etc.

\$5,000 for the Pet Food Pantry – Supplies over 30,000 pounds of pet food annually to low-income pet owners, preventing pet hunger and family hardship.

\$3,000 for Spay/Neuter Assistance – Helps cover low-cost surgeries for pets in financially struggling households, reducing pet overpopulation.

Without these services, these pets have nowhere to turn. This funding ensures that families stay together, pets remain healthy, and our community avoids unnecessary shelter overcrowding.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

While this grant request is not a collaborative submission, MCHA works closely with social service agencies and local government to ensure our programs reach the most vulnerable members of our community. Over the past two years, we have worked to strengthen these relationships and improve accessibility, ensuring that pet assistance services are available to those in crisis.

Through strong partnerships with Bloomington Animal Care & Control, Monroe County Animal Management, Monroe County Emergency Management, Beacon, Centerstone, Middle Way House, IU Health, Bloomington Police Department, Wheeler Mission, and others, we provide critical support to individuals facing homelessness, domestic violence, medical crises, and other emergencies. These collaborations help us ensure that pets receive the care they need, and families remain together during difficult times.

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

791 S Fieldstone Blvd
Bloomington, IN 47403

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒

Yes

☐

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☒

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

MCHA actively fundraises throughout the year to support these vital programs through individual donations, business sponsorships, fundraising events, and grants. This diverse funding approach ensures we can continue providing critical pet assistance services to those in need, keeping pets safe, families together, and our community stronger.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Upon being awarded a grant, MCHA will request reimbursement from the City of Bloomington via the requested format for future expenses from these programs during the grant cycle. MCHA will also adhere to any necessary reporting standards and requirements.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

MCHA's ability to provide these critical programs is supported by ongoing fundraising efforts, including individual donations, business sponsorships, fundraising events, and grants. While this grant will help cover essential program costs, MCHA actively secures funding year-round to ensure the sustainability of our Crisis Housing Program, Pet Food Pantry, and Spay/Neuter Assistance, allowing us to continue serving the most vulnerable pets and families in our community.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

MCHA will leverage this grant to strengthen our fundraising efforts, attract additional financial support, and expand volunteer engagement. Securing Jack Hopkins funding demonstrates credibility and community investment in our programs, making it easier to attract individual donors, corporate sponsors, and additional grants from local and national funders.

Additionally, MCHA will use this grant to highlight the impact of our programs, showcasing measurable outcomes such as pets housed, food distributed, and spay/neuter surgeries performed. This data strengthens our case for continued funding from foundations, businesses, and community partners.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Vaccinations, Medications, Preventative for Pets in Crisis Housing Program	\$5,000
Priority #2	Food and Supplies for Crisis Housing Animals and the Pet Food Pantry	\$5,000
Priority #3	Spay/Neuter Surgeries for Cats & Dogs	\$3,000
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$13,000

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

MCHA's programs directly address critical needs in Monroe County, including hunger relief, emergency housing, economic stability, public health, and crisis services. Without MCHA, pets and their families have no options, leading to suffering, shelter surrender, or financial hardship.

Food insecurity forces tough choices—83% of struggling families will feed their pets before themselves (PetSmart Charities). MCHA's Pet Food Pantry distributes over 30,000 pounds of food annually, preventing pet hunger and unnecessary surrenders.

Housing instability leaves pet owners in crisis with no alternatives. Many face homelessness, domestic violence, hospitalization, eviction, or incarceration, forcing them to choose between their own well-being and their pets. MCHA's Crisis Housing Program provides temporary boarding for pets while owners secure stability, preventing abandonment.

Low-income families often cannot afford veterinary care, leading to untreated illnesses. MCHA provides affordable medical care, vaccinations, and treatment, improving public health and animal welfare.

Unaltered pets worsen overpopulation, impacting shelters and low-income families most. One unspayed cat and her offspring can produce over 2 million kittens in 8 years; one unspayed dog, 67,000 puppies in 6 years (Bissell Foundation). MCHA's Spay/Neuter Assistance Program reduces this crisis.

By keeping pets and families together, MCHA prevents suffering and strengthens our community.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

MCHA requests \$13,000 in one-time operational funds to cover the hard costs of supplies and materials for the Crisis Housing Program, Pet Food Pantry, and Spay/Neuter Assistance. These funds will provide food, medical supplies, vaccinations, surgeries, and temporary shelter for pets in vulnerable households, keeping them with their families and out of overcrowded shelters.

MCHA has served Bloomington since 1956, providing lifesaving programs to those in need. While MCHA secures donor contributions, in-kind support, and grants for long-term sustainability, this funding meets urgent needs, stabilizing families and reducing shelter overcrowding. This investment will have a lasting impact on public health, pet welfare, and community stability.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

MCHA's programs provide broad and long-lasting benefits by keeping pets with their families, preventing unnecessary shelter surrenders, and improving public health. The Crisis Housing Program ensures that pets are cared for during emergencies, allowing owners to regain stability without losing their beloved animals. The Pet Food Pantry prevents pet hunger and financial strain, ensuring families do not have to choose between feeding themselves or their pets.

The Spay/Neuter Assistance Program has a lasting impact by reducing pet overpopulation, which helps decrease the number of stray animals and eases the burden on local shelters. By providing affordable veterinary care, vaccinations, and essential supplies, MCHA promotes public health, responsible pet ownership, and community stability.

These programs strengthen the human-animal bond and improve mental and emotional well-being, particularly for low-income individuals who rely on their pets for companionship and support. By investing in these essential services now, we create a healthier, more compassionate community for years to come.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

MCHA will measure success through quantifiable outcome indicators demonstrating the direct impact of grant funds:

Crisis Housing Program: Provides 1,400 days of housing, food, vaccinations, and medical treatment for Bloomington pets/families in extreme need, with a 95%+ reunification rate.

Pet Food Pantry: Distributes 30,000+ lbs of food to 1,000+ Bloomington families.

Spay/Neuter Assistance: Funds 75 spay/neuter surgeries, preventing millions of unwanted litters and easing shelter overcrowding.

These indicators show immediate impact, preventing pet hunger, surrenders, and overpopulation while tracking real-time progress toward long-term community stability.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

The Essential Role of MCHA in Bloomington and Beyond—

For over 65 years, Monroe County Humane Association (MCHA) has been a cornerstone of animal welfare and community support in Bloomington. As the only provider of a Crisis Housing Program for pets in South Central Indiana and the sole pet assistance resource for Bloomington's most vulnerable residents, MCHA plays a critical role in keeping pets and families together. With over 66% of U.S. households owning pets, affordable and accessible pet care is essential—pets are family, providing emotional support, stability, and companionship, especially for those facing hardship.

MCHA's impact goes beyond animal welfare—it addresses key social and economic challenges, including homelessness, domestic violence, financial insecurity, and public health. Many low-income pet owners, when forced to choose between caring for themselves or their pets, overwhelmingly choose their pets. Studies show that over 70% of domestic violence survivors will stay with an abuser rather than leave their pet behind. Many individuals experiencing homelessness or addiction recovery decline services because there is nowhere for their pet to go. Without MCHA's Crisis Housing Program, these individuals often remain in dangerous or unhealthy situations, perpetuating cycles of poverty and instability. Most animals needing Crisis Housing services are also in desperate need of vaccinations, spay/neuter, and sometimes medical care.

Addressing a Growing Need—

Bloomington faces rising housing costs, economic uncertainty, and a lack of affordable pet resources, making it difficult for struggling families to care for their pets. MCHA's Pet Food Pantry provides over 30,000 pounds of pet food annually, ensuring that families don't have to choose between feeding themselves or their pets. Without this support, many families would be forced to surrender their pets to our overburdened shelter, further overcrowding an already overwhelmed system.

MCHA also tackles pet overpopulation, a major contributor to shelter overcrowding, stray animal issues, and pet health complications further contributing to financial hardship. According to the Bissell Pet Foundation, one unspayed cat and her offspring can produce over 2 million kittens in eight years, and one unspayed dog can lead to 67,000 puppies in six years. MCHA's Spay/Neuter Assistance Program makes spay/neuter surgery affordable and accessible preventing millions of unwanted litters and easing the burden on Bloomington Animal Care & Control.

Strengthening Our Community—

MCHA is more than an animal welfare organization—it is a lifeline for Bloomington's most vulnerable residents. Pets provide emotional support, companionship, and stability, particularly for those facing poverty, disability, or crisis. Our Crisis Housing, Pet Food Assistance, Low-Cost Veterinary Services, and Spay/Neuter Programs ensure that no pet suffers due to their owner's financial or housing insecurity.

Our passion is helping pets, and our mission is to support the people who love them. When we provide a safe place for a pet, we help a domestic violence survivor escape an abuser. When we provide pet food assistance, we keep families together. When we offer affordable medical care, we prevent suffering and improve public health.

As the only organization in South Central Indiana offering these comprehensive services in one place, MCHA is essential to keeping pets safe, families together, and our community stronger. With growing economic challenges, the demand for accessible pet care and crisis intervention services continues to rise. MCHA remains committed to meeting these needs today and into the future.

MCHA provides the Crisis Housing Program, Pet Food Pantry, and Spay/Neuter Assistance completely free of charge to those in need, ensuring that financial hardship is never a barrier to accessing critical pet care services. This makes support from the Jack Hopkins Social Services Fund even more critical, allowing us to continue offering these essential programs to all who need them.

2025 Proposed Project Budget

Monroe County Humane Association		Critical Pet Care Resources for Vulnerable Families	
Total Project Cost		\$139,500	
	Totals	Other Income Sources	JHSS Grant
FUNDS			
JHSS Grant	\$13,000.00		\$13,000.00
Other Grants	\$12,550.00		
Other Income Sources	\$113,950.00		
TOTAL PROJECT FUNDS	\$139,500		
EXPENSES			
Spay/Neuter Surgeries	\$10,500.00	\$7,500.00	\$3,000.00
Vaccines/Medications/Preventatives	\$20,500.00	\$15,500.00	\$5,000.00
Cat & Dog Food	\$35,750.00	\$30,750.00	\$5,000.00
Pet Food Pantry Supplies	\$5,000.00	\$5,000.00	
Staff Salaries/Expenses	\$61,750.00	\$61,750.00	
Crisis Housing Utilities/Morg	\$6,000.00	\$6,000.00	
TOTAL PROJECT EXPENSES	\$139,500.00	\$126,500.00	\$13,000.00

MCHA

Budget vs. Actuals: Approved Budget - FY24 P&L

January - December 2024

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Revenue				
4010 Clinic Services	372,866.23	410,000.00	-37,133.77	90.94 %
4015 Online Pharmacy Income	21,963.80	60,000.00	-38,036.20	36.61 %
4030 Crisis Housing Center		1,000.00	-1,000.00	
4040 Pantry		2,000.00	-2,000.00	
4050 Spay/Neuter Program	1,000.00		1,000.00	
4400 Programming				
4410 Education				
4410.05 Ed Program Fee/Donations	315.00		315.00	
4410.10 Workshop Income		1,750.00	-1,750.00	
Total 4410 Education	315.00	1,750.00	-1,435.00	18.00 %
4420 Therapy Animal Program (TAP)				
4420.05 Fees/Evaluations	150.00	1,000.00	-850.00	15.00 %
Total 4420 Therapy Animal Program (TAP)	150.00	1,000.00	-850.00	15.00 %
Total 4400 Programming	465.00	2,750.00	-2,285.00	16.91 %
4500 Annual Fund Income				
4510 Direct Mail		104,100.00	-104,100.00	
4510.05 Prior Year Solicitation		3,250.00	-3,250.00	
4510.10 2023 - Roscoe	275.00		275.00	
4510.15 2023 - Sandy	105.00		105.00	
4510.20 - New ED Mailing	690.00		690.00	
4510.25 2023 - Christmas Cat	2,540.00		2,540.00	
4510.30 2024 - Buddy Crisis Housing	14,510.00		14,510.00	
4510.31 - Stormy Food Pantry	8,991.75		8,991.75	
4510.32 - Vet Care	6,560.00		6,560.00	
4510.33 - Pets In Need	5,331.00		5,331.00	
4510.34 - Friends for Life	6,957.00		6,957.00	
4510.35 Make a Difference	4,476.00		4,476.00	
4510.36 Falling In Love	6,455.00		6,455.00	
4510.37 Holiday Fund Drive	14,019.50		14,019.50	
4510.38 Holiday Care Tickets	4,749.00		4,749.00	
4510.39 2024 Yr End Urgent	6,730.00		6,730.00	
4510.40 Annual Holiday Campaign	2,380.00		2,380.00	
Total 4510 Direct Mail	84,769.25	107,350.00	-22,580.75	78.97 %
4520 Tails on The Town		100,000.00	-100,000.00	
4520.05 Ticket Sales/Income	13,350.00		13,350.00	
4520.10 Fund-an-Item	48,205.00		48,205.00	
4520.20 Silent Auction	4,195.00		4,195.00	
4520.25 Live Auction	18,525.00		18,525.00	
4520.50 Corporate Sponsors	12,450.00		12,450.00	
4520.61 Carnival Tickets	470.00		470.00	
4520.62 Raffle Tickets	1,460.00		1,460.00	
Total 4520 Tails on The Town	98,655.00	100,000.00	-1,345.00	98.66 %
4530 Run for the Animals		0.00	0.00	
4530.05 Barktoberfest		2,000.00	-2,000.00	
4530.10 RFTA - Registration	5,998.60	7,000.00	-1,001.40	85.69 %
4530.50 RFTA - Corp Sponsors	10,400.00	10,500.00	-100.00	99.05 %
4530.70 RFTA - Raffle	263.00	200.00	63.00	131.50 %
4530.80 RFTA - Donation	426.00	400.00	26.00	106.50 %
4530.90 RFTA - Retail		100.00	-100.00	
Total 4530 Run for the Animals	17,087.60	20,200.00	-3,112.40	84.59 %
4540 Fundraising Events		10,000.00	-10,000.00	
4540.05 Facebook - MCHA - Christmas	4,323.86	1,500.00	2,823.86	288.26 %
4540.10 MCHA Yard Sale	1,231.55	2,000.00	-768.45	61.58 %
4540.15 Dine & Donate	24.02		24.02	
Total 4540 Fundraising Events	5,579.43	13,500.00	-7,920.57	41.33 %

MCHA

Budget vs. Actuals: Approved Budget - FY24 P&L

January - December 2024

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
4545 Third Party Benefits	3,612.00	9,500.00	-5,888.00	38.02 %
4550 Board Giving	2,012.00	5,250.00	-3,238.00	38.32 %
4558 Giving Tuesday	8,730.00	10,000.00	-1,270.00	87.30 %
Total 4500 Annual Fund Income	220,445.28	265,800.00	-45,354.72	82.94 %
4560 Unsolicited Donations				
4560.10 Unsolicited - General	26,449.70	10,000.00	16,449.70	264.50 %
4560.15 Memoriam/Honorarium	13,318.97	22,000.00	-8,681.03	60.54 %
4560.40 Facebook Donations	2,849.20	3,000.00	-150.80	94.97 %
Total 4560 Unsolicited Donations	42,617.87	35,000.00	7,617.87	121.77 %
4600 Development Revenue				
4610 Recurring Giving Program	10,537.46	12,000.00	-1,462.54	87.81 %
4620 Major Donor	38,000.00	60,000.00	-22,000.00	63.33 %
4630 Qualified Charitable Distributions	15,195.49	10,000.00	5,195.49	151.95 %
4640 New Building / Naming	20,000.00	5,000.00	15,000.00	400.00 %
4650 Development - Newsletter Sponsor	1,000.00		1,000.00	
4670 Matching Gift	20,000.00		20,000.00	
4680 Planned Giving				
4680.05 Judy Feldspausch by Comm Foundation	5,368.50	5,000.00	368.50	107.37 %
Total 4680 Planned Giving	5,368.50	5,000.00	368.50	107.37 %
Total 4600 Development Revenue	110,101.45	92,000.00	18,101.45	119.68 %
4700 Grants		110,000.00	-110,000.00	
4700.05 Jack Hopkins Grant	4,308.75		4,308.75	
4700.20 City of Bloomington	12,900.00	0.00	12,900.00	
4700.30 Community Foundation	11,143.00		11,143.00	
4700.40 Lil Bub's Fund	678.60	0.00	678.60	
4700.50 Petco	2,400.00		2,400.00	
4700.90 Grants - Other	8,750.00		8,750.00	
Total 4700 Grants	40,180.35	110,000.00	-69,819.65	36.53 %
4800 MCHA Community Foundation Funds				
4800.05 Branch Fund for the MCHA (Jean Branch)	9,208.00	9,000.00	208.00	102.31 %
4800.10 Theodore H Appleton Fund	1,582.00	1,500.00	82.00	105.47 %
4800.15 Monroe County Association Fund	1,789.00	2,400.00	-611.00	74.54 %
4800.90 MCHA CF Year End	-12,579.00		-12,579.00	
Total 4800 MCHA Community Foundation Funds	0.00	12,900.00	-12,900.00	0.00 %
Total Revenue	\$809,639.98	\$991,450.00	\$ -181,810.02	81.66 %
GROSS PROFIT	\$809,639.98	\$991,450.00	\$ -181,810.02	81.66 %
Expenditures				
5000 Cost of Goods Sold				
5010 Med / Vax Clinic CODB	130,953.89	143,500.00	-12,546.11	91.26 %
5015 Online Pharmacy	13,121.39	48,000.00	-34,878.61	27.34 %
5040 Pantry Expenses	2,063.14	3,000.00	-936.86	68.77 %
5050 Animal Care		100.00	-100.00	
5060.16 Workshop Expenses		500.00	-500.00	
5070 VIPaws Expenses		400.00	-400.00	
5205 Tails on the Town Expense		25,000.00	-25,000.00	
5205.10 Venue Charge	14,634.38		14,634.38	
5205.70 Event Costs, TOT	10,208.52		10,208.52	
Total 5205 Tails on the Town Expense	24,842.90	25,000.00	-157.10	99.37 %
5210 Run for the Animals Expense	6,880.33	8,000.00	-1,119.67	86.00 %
5310 SNAP Program		4,000.00	-4,000.00	
5310.05 SNAP Program General	6,791.00	0.00	6,791.00	
Total 5310 SNAP Program	6,791.00	4,000.00	2,791.00	169.78 %
Total 5000 Cost of Goods Sold	184,652.65	232,500.00	-47,847.35	79.42 %
6000 Salary and Payroll Expenses				
6010 Salary				

MCHA

Budget vs. Actuals: Approved Budget - FY24 P&L

January - December 2024

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
6010.10 Salary - Regular	440,733.79	561,380.00	-120,646.21	78.51 %
6010.20 Salary - Overtime	16.14		16.14	
6010.30 PTO	24,310.96		24,310.96	
6010.40 Holiday	6,826.98		6,826.98	
6010.80 HRA	19,474.68	42,000.00	-22,525.32	46.37 %
6010.95 Other Pay	12,108.87	0.00	12,108.87	
Total 6010 Salary	503,471.42	603,380.00	-99,908.58	83.44 %
6020 Payroll Taxes	36,818.04	46,550.00	-9,731.96	79.09 %
6025 Employee Insurance	7,246.75	8,380.00	-1,133.25	86.48 %
6030 Retirement	2,061.41	16,000.00	-13,938.59	12.88 %
6080 Staff Development	1,211.58	2,000.00	-788.42	60.58 %
Total 6000 Salary and Payroll Expenses	550,809.20	676,310.00	-125,500.80	81.44 %
7000 Office General Administrative				
7010 Advertising / Promotions	903.30	2,000.00	-1,096.70	45.17 %
7020 Fundraising Expense				
7020.05 Direct Mail	42,883.08	43,361.00	-477.92	98.90 %
7020.10 Fundraising Supplies	1,091.34	1,500.00	-408.66	72.76 %
7020.20 Fundraising Postage	814.47	2,000.00	-1,185.53	40.72 %
Total 7020 Fundraising Expense	44,788.89	46,861.00	-2,072.11	95.58 %
7300 Professional Fees	4,750.00	10,000.00	-5,250.00	47.50 %
7400 Credit Card Service Fees				
7400.05 Credit Fees Charged	3,439.88	4,000.00	-560.12	86.00 %
7400.10 Credit Card Fees Donated	-668.28		-668.28	
Total 7400 Credit Card Service Fees	2,771.60	4,000.00	-1,228.40	69.29 %
7500 Board Expenses	235.45	500.00	-264.55	47.09 %
7510 CEO Expenses	821.54	4,000.00	-3,178.46	20.54 %
7520 Travel		2,000.00	-2,000.00	
7530 Auto Expense	1,403.56	3,100.00	-1,696.44	45.28 %
7540 Supplies - Admin	754.08	500.00	254.08	150.82 %
7545 Volunteer Management	1,229.70	500.00	729.70	245.94 %
7550 Computer/Technology	3,880.57	4,500.00	-619.43	86.23 %
7600 Dues & Subscriptions	2,409.37	960.00	1,449.37	250.98 %
7650 Software	10,224.55	8,600.00	1,624.55	118.89 %
7700 Office Supplies	4,663.27	4,500.00	163.27	103.63 %
7705 Postage	303.42	300.00	3.42	101.14 %
Total 7000 Office General Administrative	79,139.30	92,321.00	-13,181.70	85.72 %
8000 Building - Facility Expenses				
8025 Business Insurance	17,711.00	18,000.00	-289.00	98.39 %
8030 Interest Expense	31,537.56	32,637.00	-1,099.44	96.63 %
8040 Utilities				
8040.05 Electric	8,338.00	7,100.00	1,238.00	117.44 %
8040.10 Water	899.47	1,920.00	-1,020.53	46.85 %
8040.15 Gas	715.94	1,410.00	-694.06	50.78 %
8040.20 Phone	7,264.04	9,000.00	-1,735.96	80.71 %
Total 8040 Utilities	17,217.45	19,430.00	-2,212.55	88.61 %
8050 Building Expenses				
8050.05 Building supplies	2,810.26	3,500.00	-689.74	80.29 %
8050.10 Trash service	1,640.00	1,680.00	-40.00	97.62 %
8050.15 Landscaping / Snow Removal	36,622.43	12,000.00	24,622.43	305.19 %
8050.20 Property Taxes	562.54	750.00	-187.46	75.01 %
8050.30 Repair & Maintenance	4,180.74	5,000.00	-819.26	83.61 %
Total 8050 Building Expenses	45,815.97	22,930.00	22,885.97	199.81 %
Total 8000 Building - Facility Expenses	112,281.98	92,997.00	19,284.98	120.74 %
Total Expenditures	\$926,883.13	\$1,094,128.00	\$ -167,244.87	84.71 %
NET OPERATING REVENUE	\$ -117,243.15	\$ -102,678.00	\$ -14,565.15	114.19 %

MCHA

Budget vs. Actuals: Approved Budget - FY24 P&L

January - December 2024

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Other Revenue				
9000 Other Revenue & Expenses				
9005 Interest Income	2,601.62	5,000.00	-2,398.38	52.03 %
9090 Other Income	95,006.06		95,006.06	
9100 Endowment Income & Expenses				
9105 Interest Earned - Endowment	25,433.85		25,433.85	
9110 Dividend Income - Endowment	22,365.02		22,365.02	
9130 Realized Gains (Losses) on Investments	53,053.81		53,053.81	
9135 Investment Fees & Expenses	-23,021.24		-23,021.24	
9140 Unrealized Gain or Loss on Securities	276,560.34		276,560.34	
Total 9100 Endowment Income & Expenses	354,391.78		354,391.78	
Total 9000 Other Revenue & Expenses	451,999.46	5,000.00	446,999.46	9,039.99 %
Total Other Revenue	\$451,999.46	\$5,000.00	\$446,999.46	9,039.99 %
NET OTHER REVENUE	\$451,999.46	\$5,000.00	\$446,999.46	9,039.99 %
NET REVENUE	\$334,756.31	\$ -97,678.00	\$432,434.31	-342.71 %



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248145604
Dec. 07, 2009 LTR 4168C E0
35-6064277 000000 00
00015531
BODC: TE

HUMANE ASSOCIATION INC OF MONROE
COUNTY
PO BOX 1334
BLOOMINGTON IN 47402-1334

038910

Employer Identification Number: 35-6064277
Person to Contact: Jeffery Cordell
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 25, 2009, request for information regarding your tax-exempt status.

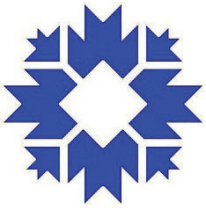
Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1971.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

If you have any questions, please call us at the telephone number shown in the heading of this letter.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

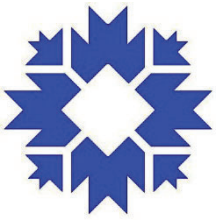
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Mother Hubbard's Cupboard

Address:

1100 W. Allen Street

Phone: 812-339-5887

E-Mail: development@mhcfoodpantry.org

Website: mhcfoodpantry.org

President of Board of Directors: Sherri Dugger

Name of Executive Director: Megan Betz

Phone: 812-339-5887

E-Mail: ceo@mhcfoodpantry.org

Name of Grant Writer: Liz Barnhart

Phone: 812-339-5887

E-Mail: development@mhcfoodpantry.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
4	2	120

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Mother Hubbard's Cupboard works to increase access to healthy food in ways that cultivate dignity, agency, and community.

PROJECT INFORMATION

Name of the project to be funded:

New MHC Greenhouse

5700

Total cost of project:

5700

Requested amount of Jack Hopkins funding:

Number of City residents to be served by this project in 2025: 85143

Number of clients to be served by this project in 2025: 101361

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

Mother Hubbard's Cupboard (MHC) is requesting \$5,700 for a new greenhouse for our Garden program. This greenhouse will replace our existing greenhouse, which is too small to meet the demand for plant starts. With this new addition, we will be able to provide more plant starts for community members so that they can grow their own food at home.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☐ N No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

1100 W. Allen Street

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐

Yes

☐ N

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

N/A

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

This will be a one-time purchase and we plan to submit a reimbursement claim as soon as we receive confirmation of funds.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

We do not anticipate needing additional funding for this project, but if we do, we will use funds from our 2025 Garden budget.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources *(e.g., other funds, in-kind contributions, or volunteers.)*

This project will involve installation of the new greenhouse, and we will utilize volunteer assistance in this process.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Vego Greenhouse	5700
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		5700

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

Each year, MHC provides thousands of plant starts to low-income community members so that they can grow food at home. This project does not only address meeting the essential needs such as hunger and food insecurity, but includes education and youth development. Our on-site gardens will benefit from increased greenhouse space. All of the gardens that we have are for educational purposes, which includes adults and youth, where we teach community members how to grow their own food. This improves mental health, teaches people valuable skills, improves confidence, increases connection to food, and builds community resilience.

In 2024, we provided 4,409 plant starts, 3,313 packets of seeds, soil, compost, and 7 garden workshops. With the additional of a new greenhouse, we hope to increase these numbers in the following year.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

This one-time purchase will last us many years, and the quality of this greenhouse will not require additional funding for repairs unless an accident occurs.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

With additional greenhouse space, we will be able to distribute more plant starts to our community members and offer additional education. The ability, knowledge, and materials to grow your own food will have a lasting impact on the community that we serve because it will allow our patrons to grow additional food in years to come. This will also help to address the rising costs of produce, and will combat some of the possible effects of the loss of government funding to programs that provide produce for low-income communities.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Our outcome indicators will be:

Number of plants distributed
Number of garden workshops

If requested, we could provide qualitative data from patrons surveys on the impact of the gardening program.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Our greenhouse is too small, but also in need of repair. The poor quality of our current greenhouse has lead us to making repairs using duct tape and plastic that is not ideal for keeping our plants safe.

2025 Proposed Project Budget - Sample

Sample Organization		Sample Project Name	
Total Project Cost		\$5,000	
	Totals	Other Income Sources	JHSS Grant
FUNDS			
JHSS Grant			3,000.00
Other Grants		1,000.00	
Other Income Sources		1,000.00	
TOTAL PROJECT FUNDS	5,000.00	2,000.00	3,000.00
EXPENSES			
Office Equipment		300.00	200.00
Staff Time (15 hrs.)			300.00
Client Services		1,200.00	1,500.00
Project Supplies		500.00	1,000.00
TOTAL PROJECT EXPENSES	5,000.00	2,000.00	3,000.00



★★★★★ 5 | [14 Reviews](#)

Vego Garden Pacific Greenhouse

\$4,999.95 ~~\$5,399.95~~ **SAVE \$400**

Shipping Fee: \$299.95/unit

☐ Upgrade to Premium Delivery **\$150** [What's included](#)

Size:

- 8.5' x 8.5'
- 8.5' x 16.5'
- 8.5' x 10.5'
- 8.5' x 12.5'
- 8.5' x 14.5'

Ships by: Apr 15, 2025

-

1

+

Pre-Order

From **\$242.43**/mo or 0% APR with **shop**
[Check your purchasing power](#)

MOTHER HUBBARD'S CUPBOARD INC.

Profit and Loss

January - December 2024

	TOTAL
Income	
Contributions Income	
Church/Nonprofit	12,656.00
Corporate	37,022.31
Individual	217,513.68
NAP Individual Contributions	21,750.00
Stock Donations	5,951.61
United Way	
Allocation	20,170.50
Total United Way	20,170.50
Total Contributions Income	315,064.10
Grants	10,500.00
CDBG	10,277.77
Emergency Food Asst. Program	5,444.00
Other Program Grants	200,621.06
Sophie Travis Grant	5,190.00
Total Grants	232,032.83
Interest Income	340.15
Merchandise Sales	2,864.83
Misc. Income, Tools & T-Shirts	19.69
Special Events	
Bake Sale	835.64
Breakfast	63,975.00
Chilly Cook-Off	3,184.03
GG Garden Gala	16,409.84
Total Special Events	84,404.51
Total Income	\$634,726.11
Cost of Goods Sold	
Cost of Goods Sold	0.00
Total Cost of Goods Sold	\$0.00
GROSS PROFIT	\$634,726.11
Expenses	
Advertising	420.25
MHC Merchandise	310.15
Total Advertising	730.40
Automobile Expense	
Fuel	80.99
Other	247.00
Van R&M	1,323.26
Total Automobile Expense	1,651.25

MOTHER HUBBARD'S CUPBOARD INC.

Profit and Loss

January - December 2024

	TOTAL
Building R&M	4,798.56
Building R&M, Unexpected	11,430.78
Conference/Travel	44.91
Conferences/Trainings	851.54
Depreciation	24,097.68
Development	72.40
Direct Giving Patrons	5,200.00
Dues & Fees	1,028.88
Equipment R&M	269.86
FDE Fundraising Direct Expense	11,959.79
Bake Sale	480.65
Breakfast	812.93
Chilly Cook-Off	361.73
Direct Mail	1,754.49
Garden Gala	5,368.28
Total FDE Fundraising Direct Expense	20,737.87
Food Purchases-Other	67,701.48
HHFB SMC	17,592.29
Insurance	
Auto-Insurance Vans	643.17
D&O Insurance	783.00
Insurance	3,820.50
Worker's Comp	2,516.00
Total Insurance	7,762.67
Payroll Expenses	
ADP Fees	2,033.75
Health STD LTD Den & Vis Ins.	37,117.99
Salary and Wages	250,959.70
Simple IRA MHC Contribution	4,699.70
SPEA Intern	3,053.23
Taxes	19,539.04
Term Life Insurance	946.00
Total Payroll Expenses	318,349.41
Postage and Delivery	1,215.63
Professional fees	10,125.65
Audit	8,100.00
Nutritionists, speakers	700.00
Total Professional fees	18,925.65
Supplies	
Advocacy & Outreach	511.93
Education	2,844.97

MOTHER HUBBARD'S CUPBOARD INC.

Profit and Loss

January - December 2024

	TOTAL
Garden	14,878.04
Program Equipment	447.40
Total Garden	15,325.44
Nutrition	542.30
Office	2,480.57
Operations	1,110.08
Pantry	5,223.64
Printing	162.45
Staff Appreciation	937.67
Technology/Software	9,034.96
Tool Share	1,342.30
Volunteer Appreciation	560.29
Youth Garden	360.18
Total Supplies	40,436.78
Utilities	
Electric	3,657.81
Gas	1,182.31
Telephone/Internet	4,685.26
Trash	2,642.35
Water	1,479.88
Total Utilities	13,647.61
Total Expenses	\$556,545.65
NET OPERATING INCOME	\$78,180.46
NET INCOME	\$78,180.46



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077550279
Apr. 17, 2015 LTR 4168C 0
35-2082414 000000 00

00031367
BODC: TE

MOTHER HUBBARDS CUPBOARD INC
1100 W ALLEN ST
BLOOMINGTON IN 47403-4830



053997

Employer Identification Number: 35-2082414
Person to Contact: S BROWN
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 31, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in April 2000.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

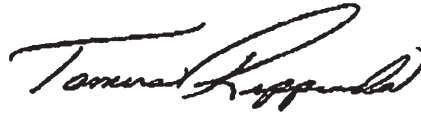
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

4077550279
Apr. 17, 2015 LTR 4168C 0
35-2082414 000000 00
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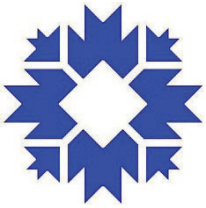
MOTHER HUBBARDS CUPBOARD INC
1100 W ALLEN ST
BLOOMINGTON IN 47403-4830

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Tamera Ripperda". The signature is fluid and cursive, with a large loop at the end.

Tamera Ripperda
Director, Exempt Organizations



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

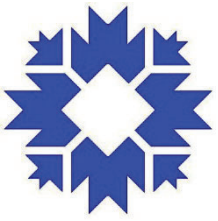
All applicants for 2025 Jack Hopkins funding must submit the following:

- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
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- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
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- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov
with subject line "[agency name] - 2025 JHSSF App"

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: New Hope for Families

Address:

1140 S Morton Street
Bloomington, IN 47408

Phone: (812) 334-9840

E-Mail: operations@newhope4families.org

Website: newhope4families.org

President of Board of Directors: Sherry Dunbar-Kruzan

Name of Executive Director: Emily Pike

Phone: (812) 334-9840

E-Mail: director@newhope4families.org

Name of Grant Writer: Chase Techentin

Phone: (812) 334-9840

E-Mail: operations@newhope4families.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
20	11	20

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

New Hope for Families provides shelter and early learning programs to keep families together and lift every child into a promising future.

PROJECT INFORMATION

Name of the project to be funded:

Early Learning Center Outdoor Classroom Shade Sails

Total cost of project: 70,532

Requested amount of Jack Hopkins funding: 29930

Number of City residents to be served by this project in 2025: 150

Number of clients to be served by this project in 2025: 200

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

New Hope for Families requests \$29,930 for shade sails in our Early Learning Center's outdoor classrooms. New Hope is our community's homeless shelter for families with children. When a family and child face sleeping outside or in a vehicle, we intervene with emergency shelter and help people find a lease in their name that they can afford. More than 80% do, and they do so on average in 90 days. Our success is only possible because we help families get affordable childcare at our Early Learning Center (ELC), so they can attain and maintain income to afford their next lease.

Our ELC's outdoor classrooms are on the North side of our building with no natural shade, and need these structures to extend outdoor learning time on hot days. Outdoor learning is a requirement and best practice for highly accredited centers like ours. Shade sails have a useful life of more than 25 years and are warrantied for 10.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

1140 S. Morton Street
Bloomington, IN 47403

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐

Yes

☒

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

Local philanthropic individual donations, Other grants already expended, two shade sails are already installed. No funding is pending for the second two shade sails.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We will pay a 50% deposit when we make the order, then pay the other 50% after installation. The timeline from fabrication to installation is roughly 3 months.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

Additional funds are not predicated on an institutional timeline like a grant, but come from local charitable donations in our general fund. Any dollars spent on this project from our general fund could be used for our shelter services or early learning services for homeless families.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources *(e.g., other funds, in-kind contributions, or volunteers.)*

These items have to be installed by professionals, but are maintained annually by our team of volunteers, the Hope Builders, who can take the sails down for winter, clean them, and ensure decades of useful life. We use volunteer labor to prepare the site to decrease installation fees.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☐ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Fabrication	17930
Priority #2	Installation	10,000
Priority #3	Freight	2000
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		29930

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

The ELC reserves a minimum of half of its enrollment for children affected by homelessness. Both childcare and affordable housing are scarce and expensive in our community according to both the SCAN and the Consolidated Plan-- especially for families who have experienced homelessness. When we provide high quality, supportive early learning, families can get and maintain housing stability. New Hope's ELC is a licensed, Level 3 Paths To Quality center, which means we are rated "excellent" by the state and adhere to rigorous standards for early learning like daily time outdoors.

The ELC focuses on sensory play and experiences to help children build language and social/emotional skills. Our outdoor classrooms are designed to help extend learning by providing a venue for sensory experiences. Children who have experienced homelessness rarely live in homes with yards, and low-income children spend less time outside than their higher income peers. Therefore the shade sails will empower our teachers to provide outdoor learning experiences to children in our community who need it the most.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

The shade sails are a durable piece of equipment that allow us to give children high quality educational experiences outdoors longer into the summer. They come with a 10-year warranty, and an even longer useful life because we can take the sails down in the winter to protect them from damage. The sails will be a beautiful, functional addition to our grounds that extends our ability to offer the best to children affected by homelessness for many years to come.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

We can enroll more than 50 children at a time, our average family size is 4, and the sails are guaranteed to last for a minimum of 10 years. That means more than 500 students from families comprised of more than 2000 residents at minimum will sit under the shade of the sails. Each of those 500 minimum students will receive top quality childcare and early learning experiences. More than half of them will be from homeless families-- the people who need stability most, and whose children are least likely to have access to high quality childcare or outdoor spaces. Moreover, the sails will join our ELC's mission to keep families housed and lift them into a promising future.

New Hope looks forward to providing many years of nurturing childcare under the shade sails and is pleased to partner with Jack Hopkins on long-lasting projects like this.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

During the funding period more than 50 children will have access to summertime outdoor learning experiences even during the heat of the day. Long-term, that number is a minimum of 500 in the first 10 years. We expect the sails to last 20-25 years because we can remove the sails for cleaning and in winter.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

- Children who enroll in our ELC from shelter pay just \$10 per week until a childcare subsidy like CCDF or On My Way Prek can support their long-term enrollment. Our shelter and ELC staff make sure parents attain these vouchers and understand how to keep them.
- More than half of our enrolled students are in low-income, formerly homeless households.
- Children move up a grade with the same teachers which helps parents, children, and teachers build strong supportive relationships
- The shade sails are visible from the b-line, and we want to make sure our shelter and school are a beautiful addition to the McDoel Gardens neighborhood and to our city. The alternative would be cheap pop up tents or simply going outside far less, which is suboptimal for everyone.
- Thank you for your service on this committee!

Jack Hopkins 2025 JHSSG Proposed Project Budget
New Hope for Families
Outdoor Classroom Shade Sails

Shade Sail Total Project Expenses			
		Other Funds	JHSSG Funds
2 shade sails	Fabrication	24512	
	Installation	10300	
	Freight	1870	
JHSSG Funds			
2 shade sails	Fabrication		17930
	Installation		10,000
	Freight		2000
	Total		29930

PlayPros

4815 South 100 West
Kokomo, IN 46902 US
(866) 959-7866
playpros@playpros.com
www.playpros.com



Proposal

ADDRESS	SHIP TO	PROPOSAL	t3628
Jim Olson	Jim Olson	DATE	10/04/2024
New Hope For Families	New Hope For Families	EXPIRATION	11/04/2024
P.O. Box 154	P.O. Box 154	DATE	
Bloomington, IN 47402	Bloomington, IN 47402		

SALES REP
Brian Dishon

ACTIVITY	QTY	RATE	AMOUNT
Manufacturer certified installation of Skyways (2) 16'x16' Cantilever Shades, (2) 12'x12' Cantilever Shades, and Excavation and concrete for foundations, assembly, and final inspection. **Spoils to be spread on site**	1	23,390.86	23,390.86
Dumpster Rental	1	800.00	800.00

PlayPros Installation. Please be advised PlayPros will locate utilities that are members of Indiana and Kentucky 811. All non-member or private utilities are the responsibility of the owner. PlayPros will provide private locate service for \$1200
Private locates to be provided by:
Owner _____ PlayPros _____

TOTAL

\$24,190.86

Responsible Party _____

Accepted By

Accepted Date

ADDITIONAL CHARGES MAY BE ASSESSED IF UNFORESEEN UNDERGROUND SITE CONDITIONS OCCUR, INCLUDING BUT NOT LIMITED TO: ROCK, CONCRETE, AND DEBRIS. THESE RATES WILL BE CHARGED AT \$60 PER MAN HOUR PLUS MATERIALS AND EQUIPMENT. All returned parts will be assessed a 22% restocking fee. Damaged parts may be subject to additional charges. All returns must be made within 30 days of purchase.



PLEASE SUBMIT CONTRACTS AND PURCHASE

ORDERS TO:

LANDSCAPE STRUCTURES INC
601 7th Street South
Delano, MN 55328

PLEASE SUBMIT PAYMENTS TO:

LANDSCAPE STRUCTURES INC
SDS12-0395
P.O. BOX 86
Minneapolis, MN 55486-0395

PROPOSAL

November 11, 2024

DATE

CONFIDENTIAL

CONTACT: Brian Dishon
PHONE: 1-866-959-7866
Cell: 502-395-3234

Destination

F.O.B.

FREIGHT

☐ Prepaid

☐ Collect

SHIP TO: **PlayPros**
4815 S 100 W
Kokomo, IN 46902

NET 30

TERMS (Subject To Credit Approval By LSI)

BILL TO: **New Hope For Families**
1140 S Morton St
Bloomington, IN 47403
ATTN: Chase Techentin

SHIPPING TIME

Equipment pricing good for 60 Days.

All other pricing good for 30 days.

Pricing does not include installation unless otherwise noted.

We are pleased to submit this proposal to supply the following items:

QTY	ITEM NO.	DESCRIPTION	UNIT WT	UNIT PRICE	WEIGHT	EXTENDED AMT
	Project Name:					
2	237673F	12'x12' Cantilever 10' Entrance Height	420	8,965.00	-	\$ -
					840	\$ 17,930.00
					-	\$ -
					-	\$ -
					-	\$ -
					-	\$ -
					-	\$ -
					-	\$ -
					-	\$ -
					-	\$ -
Job size, scope & credit approval may require a deposit!				Total Weight	840	
ADDITIONAL CHARGES MAY BE ASSESSED IF UNFORESEEN UNDERGROUND SITE CONDITIONS OCCUR, INCLUDING BUT NOT LIMITED TO: ROCK, CONCRETE, AND DEBRIS. THESE RATES WILL BE CHARGED AT \$45 PER MAN HOUR PLUS MATERIALS AND EQUIPMENT.				SUBTOTAL MATERIAL		\$ 17,930.00
				INSTALLATION		Upon Request
Chase Techenitn				158-24-274	FREIGHT	\$ 1,870.00
ACCEPTED BY CUSTOMER						
Chase Techentin, Operations Director				SALES TAX		
PRINT NAME				TOTAL		\$ 19,800.00

Chase Techentin
ACCEPTED BY CUSTOMER
Chase Techentin, Operations Director
PRINT NAME

11/14/24

DATE

PROPOSED BY LSI REPRESENTATIVE
Brian Dishon
PRINT NAME

DATE

Installation

Taxable: Freight

FOR LSI USE ONLY		
24 Hour Call		Comments:
Prior To:		
Influencer:		
Rep #		

PlayPros

4815 South 100 West
Kokomo, IN 46902 US
+18669597866
playpros@playpros.com
www.playpros.com



Proposal

ADDRESS	SHIP TO	PROPOSAL	t3628
Jim Olson	Jim Olson	DATE	10/04/2024
New Hope For Families	New Hope For Families	EXPIRATION	11/04/2024
P.O. Box 154	P.O. Box 154	DATE	
Bloomington, IN 47402	Bloomington, IN 47402		

SALES REP
Brian Dishon

ACTIVITY	QTY	RATE	AMOUNT
Manufacturer certified installation of Skyways, (2) 12'x12' w/10' entry Cantilever Shades, and Excavation and concrete for foundations, assembly, and final inspection. **Spoils to be spread on site**	1	9,500.00	9,500.00
Dumpster Rental	1	800.00	800.00
50% of total equipment and install due prior to order	1	0.00	0.00

PlayPros Installation. Please be advised PlayPros will locate utilities that are members of Indiana and Kentucky 811. All non-member or private utilities are the responsibility of the owner. PlayPros will provide private locate service for \$1200
Private locates to be provided by:
Owner _____ PlayPros _____

Responsible Party _____

TOTAL \$10,300.00

Accepted By Chase Techentin, Operations Director

Accepted Date 11/14/2024



PLEASE SUBMIT CONTRACTS AND PURCHASE

ORDERS TO:

LANDSCAPE STRUCTURES INC
601 7th Street South
Delano, MN 55328

PLEASE SUBMIT PAYMENTS TO:

LANDSCAPE STRUCTURES INC
SDS12-0395
P.O. BOX 86
Minneapolis, MN 55486-0395

PROPOSAL

March 21, 2025

DATE

CONFIDENTIAL

CONTACT: Brian Dishon
PHONE: 1-866-959-7866
Cell: 502-395-3234

Destination

F.O.B.

FREIGHT ☐ Prepaid ☐ Collect

SHIP TO: New Hope for Families

NET 30

TERMS (Subject To Credit Approval By LSI)

BILL TO: New Hope For Families

SHIPPING TIME

Equipment pricing good for 60 Days.
All other pricing good for 30 days.
Pricing does not include installation unless otherwise noted.

We are pleased to submit this proposal to supply the following items:

QTY	ITEM NO.	DESCRIPTION	UNIT WT	UNIT PRICE	WEIGHT	EXTENDED AMT
Project Name:						
2	237675B-001	Cantilever Single Post Pyramid (16'x16') Sl	875	11,875.00	1,750	\$ 23,750.00
					-	\$ -
					-	\$ -
					-	\$ -
					-	\$ -
					-	\$ -
					-	\$ -
					-	\$ -
					-	\$ -
					-	\$ -

Job size, scope & credit approval may require a deposit!

Total Weight 1,750

ADDITIONAL CHARGES MAY BE ASSESSED IF UNFORESEEN UNDERGROUND SITE CONDITIONS OCCUR, INCLUDING BUT NOT LIMITED TO: ROCK, CONCRETE, AND DEBRIS. THESE RATES WILL BE CHARGED AT \$45 PER MAN HOUR PLUS MATERIALS AND EQUIPMENT.

SUBTOTAL MATERIAL \$ 23,750.00

INSTALLATION Upon Request

FREIGHT \$ 3,135.00

SALES TAX

TOTAL \$ 26,885.00

ACCEPTED BY CUSTOMER DATE

PRINT NAME

PROPOSED BY LSI REPRESENTATIVE DATE

Brian Dishon

PRINT NAME

Installation

Taxable: Freight

FOR LSI USE ONLY

24 Hour Call		Comments:
Prior To:		
Influencer:		
Rep #		



PLEASE SUBMIT CONTRACTS AND PURCHASE

ORDERS TO:

LANDSCAPE STRUCTURES INC
601 7th Street South
Delano, MN 55328

PLEASE SUBMIT PAYMENTS TO:

LANDSCAPE STRUCTURES INC
SDS12-0395
P.O. BOX 86
Minneapolis, MN 55486-0395

PROPOSAL

November 11, 2024

DATE

CONFIDENTIAL

CONTACT: Brian Dishon
PHONE: 1-866-959-7866
Cell: 502-395-3234

Destination

F.O.B.

FREIGHT ☐ Prepaid ☐ Collect

SHIP TO: **PlayPros**
4815 S 100 W
Kokomo, IN 46902

NET 30

TERMS (Subject To Credit Approval By LSI)

BILL TO: **New Hope For Families**
1140 S Morton St
Bloomington, IN 47403
ATTN: Chase Techentin

SHIPPING TIME

Equipment pricing good for 60 Days.

All other pricing good for 30 days.

Pricing does not include installation unless otherwise noted.

We are pleased to submit this proposal to supply the following items:

QTY	ITEM NO.	DESCRIPTION	UNIT WT	UNIT PRICE	WEIGHT	EXTENDED AMT
	Project Name:					
2	237673F	12'x12' Cantilever 10' Entrance Height	420	8,965.00	-	\$ -
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					-	\$ -
					-	\$ -
					-	\$ -
					-	\$ -
					-	\$ -
					-	\$ -
					-	\$ -
					-	\$ -
Job size, scope & credit approval may require a deposit!				Total Weight	840	
ADDITIONAL CHARGES MAY BE ASSESSED IF UNFORESEEN UNDERGROUND SITE CONDITIONS OCCUR, INCLUDING BUT NOT LIMITED TO: ROCK, CONCRETE, AND DEBRIS. THESE RATES WILL BE CHARGED AT \$45 PER MAN HOUR PLUS MATERIALS AND EQUIPMENT.				SUBTOTAL MATERIAL		\$ 17,930.00
				INSTALLATION		Upon Request
				158-24-274	FREIGHT	\$ 1,870.00
ACCEPTED BY CUSTOMER				SALES TAX		
PRINT NAME				TOTAL		\$ 19,800.00

Job size, scope & credit approval may require a deposit!

ADDITIONAL CHARGES MAY BE ASSESSED IF UNFORESEEN UNDERGROUND SITE CONDITIONS

OCCUR, INCLUDING BUT NOT LIMITED TO: ROCK, CONCRETE, AND DEBRIS. THESE
RATES WILL BE CHARGED AT \$45 PER MAN HOUR PLUS MATERIALS AND EQUIPMENT.

ACCEPTED BY CUSTOMER DATE

PRINT NAME

PROPOSED BY LSI REPRESENTATIVE DATE

Brian Dishon

PRINT NAME

Installation

Taxable: Freight

FOR LSI USE ONLY		
24 Hour Call		Comments:
Prior To:		
Influencer:		
Rep #		

New Hope for Families
Statement of Financial Position
As of June 30, 2024

	Total
ASSETS	
Cash	788,219
Accounts Receivable	16,593
Other Current Assets	27,316
Fixed Assets	4,310,469
Long-Term Investment	600,000
TOTAL ASSETS	5,742,597
 LIABILITIES AND EQUITY	
Liabilities	
Accounts Payable	20,303
Credit Card Liability	6,301
Other Current Liabilities	43,059
Deferred Revenue	649,687
Mortgage	4,447
Copier Loan	2,003
CFBMC Bridge Loan	300,000
FHLB Loan	500,000
Total Liabilities	1,525,800
 Net Assets	4,216,797
TOTAL LIABILITIES AND NET ASSETS	5,742,597

New Hope for Families
Statement of Activity
July 2023 - June 2024

	Total
Revenue	
Earned Revenue	610,025
Donations	900,387
Government Grants	409,664
Nongovernment Grants	249,826
Total Revenue	2,169,902
Expenditures	
Personnel Expenses	1,548,240
Administrative Expenses	68,449
Facility Expenses	32,588
Program Expenses	169,490
Fundraising Expenses	106,986
Interest Paid	15,107
Depreciation Expense	149,649
Total Expenditures	2,090,509
Net Operating Revenue	79,393
Total Other Revenue	31,399
Total Other Expenditures	99,471
Net Revenue	11,321

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: 11/10/2011

NEW HOPE FAMILY SHELTER INC
PO BOX 154
BLOOMINGTON, IN 47402

Employer Identification Number:
27-5077191
DLN:
17053073304041
Contact Person:
WILLIAM SCHRODER ID# 31694
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
February 21, 2011
Contribution Deductibility:
Yes
Addendum Applies:
No

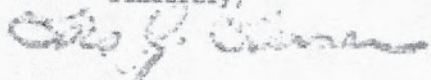
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,




Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

1

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 02-22-2011

Employer Identification Number:
27-5077191

Form: 55-4

Number of this notice: CP 575 A

NEW HOPE FAMILY SHELTER INC
PO BOX 154
BLOOMINGTON, IN 47402

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 27-5077191. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	10/31/2011
Form 940	01/31/2012

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 3-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

999999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 02-22-2011
EMPLOYER IDENTIFICATION NUMBER: 27-5077191
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

NEW HOPE FAMILY SHELTER INC
PO BOX 154
BLOOMINGTON, IN 47402



Form NP-1
State Form 51065
(4-13)

Indiana Department of Revenue
Indiana Government Center North Indianapolis, Indiana 46204
Indiana Nonprofit Sales Tax Exemption Certificate
(This certificate may not be used to collect sales tax)

TID: 0141484381
LOC: 000
Corresp ID: 1100085959666
Issued: 07/30/2011

1100085959666



NEW HOPE FAMILY SHELTER INCORPORATED
409 W 2ND ST
BLOOMINGTON, IN 47403-2413

Organization is **only exempt** from payment of sales tax on purchases for which the organization is granted exemption.

(Detach Here)

Qualifying for sales tax exemption requires the completion and filing of an application form prescribed by the Indiana Department of Revenue. The taxpayer Identification Number (TID) above must be provided to the retailer if purchases are to be exempt from sales tax. In addition, to qualify for sales tax exemption, such purchases must be used for purposes described in Information Bulletin #10. The TID must be used on Sales Tax Exemption Certificates (ST-105) when making qualified purchases.

The fact that an organization is granted exemption from income tax by the federal government, or that it at one time was granted such an exemption by the State of Indiana, does not necessarily mean that a purchase made by a nonprofit organization is exempt from sales tax.

Requirements for Sales Tax Exempt Purchases by Nonprofit Organizations:

A. Purchases by a Nonprofit Organization for its Own Use:

1. In order to qualify for sales tax exemption on purchases, a nonprofit organization, must satisfy the following conditions:

- (a) The organization must be named or described in IC. 6-2.5-5-21(b). Organizations named or described in this Code section are organized and operated exclusively for one or more of the following purposes:

Civic	Charitable	Educational	Fraternal
Literary	Religious	Scientific	

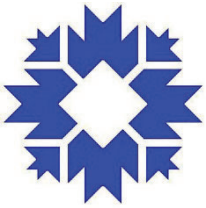
- (b) Included in the above general organizational categories are the following specifically named types of nonprofit organizations:

Business Leagues	Churches	Convents
Fraternities	Labor Unions	Licensed Hospitals
Monasteries	Parochial Schools	Pension Trusts
Shared Hospital Services	Sororities	Student Cooperative Housing

2. In order to qualify for sales tax exemption, purchases must be used for the same purposes for which the nonprofit organization is granted exemption.
3. *Purchases for the private benefit of any member, director, or officer of the nonprofit organization, or for any other individual are not eligible for exemption. Purchases used for social purposes are never exempt.*

B. Purchases by Nonprofit Organization for Resale:

Purchases of tangible personal property purchased for resale by nonprofit organizations are eligible for sales tax exemption.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

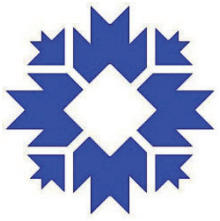
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: New Leaf, New Life

Address:

1010 S. Walnut St., Ste H
Bloomington, IN 47401

Phone: 812-355-6842

E-Mail: grants-manager@newleafnewlif

Website: newleafnewlife.org

President of Board of Directors: Bobby Overman

Name of Executive Director: Stacy Flynn

Phone: 812-360-9382

E-Mail: grants-manager@newleafnewli

Name of Grant Writer: Stacy Flynn

Phone: 812-360-9382

E-Mail: grants-manager@newleafnewli

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
3	0	~10

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

New Leaf, New Life is an organization that provides services to people who are currently and formerly incarcerated. We offer resources to all persons impacted by the legal system and provide support to people before, during and after transitioning back into the community. Our vision is transformative justice, collaboration, advocacy and accountability.

PROJECT INFORMATION

Name of the project to be funded:

Reentry Mentorship Program

Total cost of project: \$68,828.90

Requested amount of Jack Hopkins funding: \$6,328.90

Number of City residents to be served by this project in 2025: 1,500

Number of clients to be served by this project in 2025: 1,550

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$6,328.90 for men's jeans, shoes, underwear, jackets and shirts to supplement our Reentry Mentorship Program. Our Reentry Mentorship case managers provide free services to our participants who are some of our community's most vulnerable due to histories of incarceration and substance use disorder. We offer these individuals access to treatment applications for substance use treatment programs, housing lists, employments lists and direct referrals, birth certificates, bus tickets, hygiene and clothing. In addition, when funding is available we also provide financial support for recovery residence bed deposit and rent fees. Our Reentry Mentorship Program offers many tools to participants who request assistance in navigating the many barriers in place during both incarceration and reentry post-release. Through our program, we aim to continue reducing local recidivism rates and work to complete goals that can ultimately result in decreased arrest rates.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

N/A

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒

Yes

☐

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☒

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

Opioid Settlement - \$126,614; \$12,095; \$52,000 - All Confirmed
Violence Reduction Grant - \$25,000 - Confirmed
Sophia Travis - \$5,250 - Confirmed
Community Foundation of St. Joseph County - \$5,000 - Confirmed
Bloomington Digital Equity Grant - \$1,600 - Confirmed
CDBG 2024 Grant - \$17,262 - Confirmed
CDGB 2025 Grant - \$25,000 - Pending
Bloomington Board of Realtors Grant - \$1,000

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We plan on submitting claims for reimbursement based on the 2025 Jack Hopkins claim dates. If we are awarded funding would place bulk orders and submit 1-2 reimbursement requests based on the availability of materials. Preceding steps would include documenting the number of participants and the types of services and materials provided to participants.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

Completion of our project will not depend on other anticipated funding.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Our project will leverage community donations, in-kind contributions and volunteer support to maximize resources. While we strive to provide essential clothing, shoes, and additional program materials our growing participant base has made it challenging to maintain sufficient inventory. Limited donations have hindered our ability to outfit individuals with basic necessities. Volunteers play a critical role in managing and distributing items but the gap in resources requires external support. This grant will help us meet the increasing supply demand and ensure we continue to serve our community

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Size 30x32 Jeans (100 pair)	\$1,398.00
Priority #2	Size 10 Shoes (50 pair)	\$749.00
Priority #3	Size 32x32 Jeans (100 pair)	\$1,398.00
Priority #4	Size 10.5 Shoes (50 pair)	\$749.00
Priority #5	Underwear/Boxer Briefs (300 pair)	\$689.40
Priority #6	Jackets/Outerwear (50)	\$496.50
Priority #7	Tee Shirts (300)	\$849.00
Total Requested		\$6,328.90

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

Jails, originally designed to uphold public safety, are increasingly used to address medical and socioeconomic issues unrelated to criminal activity. This trend leads to overcrowded facilities where individuals with significant health and social needs receive inadequate care. In Monroe County, Indiana, the situation is particularly pronounced; a 2020 study noted that the jail population consistently exceeded functional capacity, with significant increases in both male (17%) and female (60%) inmate numbers from 2012 to 2019 (<https://indianapublicmedia.org>). These challenges underscore the urgent need for comprehensive reforms to address the underlying causes of incarceration and improve the well-being of affected individuals.

The 2010 Household Survey revealed that 20% of respondents had at least a minor problem with having enough money to buy needed clothing and shoes. SCAN (2012) stated nearly one-third (30%) of respondents with income less than \$15,000 said that buying clothing and shoes was a major problem. Our reentry program provides free clothing and hygiene items to those struggling with health related problems, including substance use disorders. Meeting basic needs is a stepping

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

Our project aligns with the Jack Hopkins Funds' one-time investment purpose by addressing immediate community needs while ensuring long-term impact. We will leverage the funds to launch a targeted initiative, then engage in continuous community outreach to secure future donations through campaigns and partnerships. By collecting data on recidivism rates and program effectiveness, we will demonstrate the ongoing need for funding and strengthen future funding opportunities. Through these efforts, we will ensure program sustainability, diversify funding sources, and build a foundation for continued success beyond the Jack Hopkins Funds investment.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Multiple studies have documented the negative effects of high incarceration rates on communities. For instance, research indicates that counties with higher incarceration rates experience mortality rates that are 3% higher than those with lower rates, highlighting significant public health implications. Moreover, studies have found that high levels of imprisonment can undermine familial, employment, and community relationships, increasing the likelihood of criminal involvement Haskins, R., & Weber, E. (2021). These findings collectively underscore the multifaceted harm that high incarceration rates can inflict on community health, safety, and social structures.

Our Reentry Mentorship program is designed to create broad and long-lasting benefits for the community by addressing the root causes of recidivism and empowering individuals to successfully reintegrate into society. By providing critical services such as individualized case management, employment referrals and resources, sober living support, and housing assistance, we are giving both current and formerly incarcerated individuals the tools to rebuild their lives and contribute positively to the

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Within the Jack Hopkins funding period (mid-June through December 1, 2025), we will:

- Provide case management to at least 1,550 program participants
- Provide at least 100 individuals with a reentry kit (backpack, clothing, hygiene items, bus tickets)
- Assist at least 35 participants with obtaining birth certificates
- Assist at least 40 participants with obtaining employment
- Assist at least 15 participants with obtaining housing (we will support with recovery residence bed deposit and/or rent support)

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Most of our program participants, 92%, fall within HUD's guidelines of at or below 30% area median income. Additionally, at least 95-96% of our participants identify as living within city limits.

For the year 2024, New Leaf, New Life:

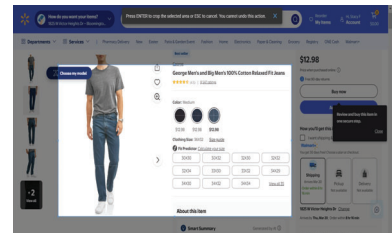
- Served over 3,200 individuals
- Received and responded to over 1,880 letters from incarcerated individuals
- Assisted 57 individuals with SNAP and/or HIP applications submissions
- Provided 88 individuals with birth certificates
- Supported 122 individuals with gaining employment
- Distributed over 230 reentry kits (backpack, clothing, hygiene items, bus tickets)
- Distributed over 2,460 bus tickets
- Assisted 28 individuals with financial assistance for obtaining housing

2025 Jack Hopkins Social Services Funding Application New Leaf, New Life Project Budget

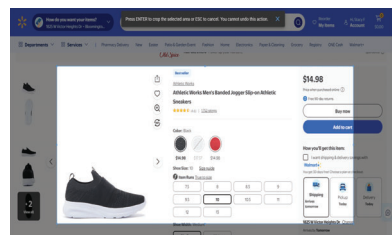
ITEM	Quantity	Unit Price	Total Price
1. George Men's Relaxed Fit Jeans: Size 30x32	100	\$13.98	\$1,398.00
2. George Men's Relaxed Fit Jeans: Size 32x32	100	\$13.98	\$1,398.00
3. Size 10 Shoes	50	\$14.98	\$749.00
4. Size 10.5 Shoes	50	\$14.98	\$749.00
5. Boxer Briefs (10 pack)	30	\$22.98	\$689.40
6. Jackets	50	\$9.93	\$496.50
7. Tee Shirts (6 pack)	50	\$16.98	\$849.00
Total			\$6,328.90
Total Requested			\$6,328.90

Examples for budgeted items

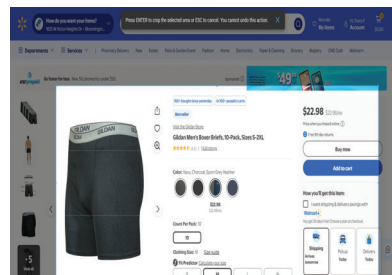
1. George Men's Relaxed Fit Jeans: Size 30x32
2. George Men's Relaxed Fit Jeans: Size 32x32



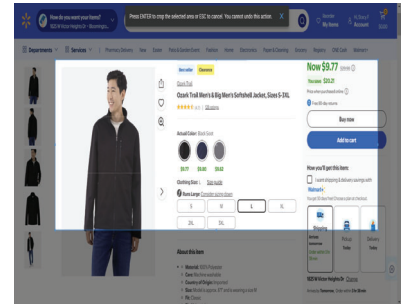
3. Athletic Works Shoes: Size 10
4. Athletic Works Shoes: Size 10.5



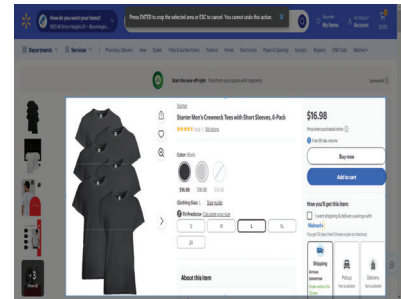
5. Gildan Men's Boxer Briefs, 10 pack



6. Ozark Trail Men's Softshell Jacket



7. Starter Men's Crew Neck Tees, 6 pack



New Leaf New Life

Profit and Loss YTD Comparison

March 19, 2024 - March 19, 2025

	TOTAL	
	MAR 19, 2024 - MAR 19, 2025	JAN 1 - MAR 19, 2025 (YTD)
Income		
4000 Revenue from Direct Contributions		
4010 Individual Contributions	1,311.60	
4020 Corporate Contributions	264.65	
Total 4000 Revenue from Direct Contributions	1,576.25	
4300 Non-government Grants	3,225.00	
4330 Foundation/Trust Grants		
4330.50 United Way	124.98	
Total 4330 Foundation/Trust Grants	124.98	
4340 Nonprofit Organization Grants	445.00	
4340.1 St. Mark's Methodist Church Grant	354.50	
Total 4340 Nonprofit Organization Grants	799.50	
Total 4300 Non-government Grants	4,149.48	
4500 Government Grants		
4530 Local Government Grants	19,405.66	
Total 4500 Government Grants	19,405.66	
Total Income	\$25,131.39	\$0.00
GROSS PROFIT	\$25,131.39	\$0.00
Expenses		
5000 Salaries and Wages		
5010 Payroll	109,343.90	26,709.24
5020 Payroll Taxes	8,364.81	2,043.27
Total 5000 Salaries and Wages	117,708.71	28,752.51
6000 Professional Fees		
6010 Accounting Fees	2,794.00	
6010.1 QuickBooks Subscription	1,149.00	
Total 6010 Accounting Fees	3,943.00	
Total 6000 Professional Fees	3,943.00	
6050 Insurance - GL	1,452.38	
7000 Transition Center Program		
7100 Office Supplies	1,780.48	
7110 Postage	354.85	
7120 Personal Care Items	34.75	
7125 Re Entry Kits	582.78	
7130 Glasses	673.35	
7140 Hygiene	310.56	
7150 Clothing and Glasses	609.63	
7160 IDs and Personal Documents	2,528.74	

New Leaf New Life

Profit and Loss YTD Comparison

March 19, 2024 - March 19, 2025

	TOTAL	
	MAR 19, 2024 - MAR 19, 2025	JAN 1 - MAR 19, 2025 (YTD)
7170 Transportation		
7170.1 Bus passes	1,105.13	
Total 7170 Transportation	1,105.13	
7190 Programming	8,419.52	
7200 Facility Expenses	63.22	
7210 Utilities		
7210.1 Phone-AT&T	971.25	
7210.2 Energy-Duke Energy	1,203.32	
7210.3 Natural Gas	386.15	
Total 7210 Utilities	2,560.72	
9000 Fundraising Expenses	106.95	
9010 Advertising	371.57	
Total 9000 Fundraising Expenses	478.52	
Total 7000 Transition Center Program	19,502.25	
8000 Jail Program		
8100 Office Supplies	18.99	
Supplies & Materials		
8120 Education	150.97	
Total Supplies & Materials	150.97	
Total 8000 Jail Program	169.96	
PayPal Fees	36.78	
Total Expenses	\$142,813.08	\$28,752.51
NET OPERATING INCOME	\$ -117,681.69	\$ -28,752.51
NET INCOME	\$ -117,681.69	\$ -28,752.51

New Leaf New Life

Statement of Cash Flows

January 19, 2024 - March 19, 2025

	TOTAL
OPERATING ACTIVITIES	
Net Income	-120,332.24
Adjustments to reconcile Net Income to Net Cash provided by operations:	
2025 Direct Deposit Payable	0.00
Payroll Liabilities:Federal Taxes (941/944)	-478.59
Payroll Liabilities:IN Income / Local Taxes	216.89
Payroll Liabilities:IN Unemployment Tax	0.00
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	-261.70
Net cash provided by operating activities	\$ -120,593.94
NET CASH INCREASE FOR PERIOD	\$ -120,593.94
Cash at beginning of period	241,428.78
CASH AT END OF PERIOD	\$120,834.84

Date: **MAR 29 2006**

NEW LEAF-NEW-LIFE INC
PO BOX 7071
BLOOMINGTON, IN 47407-7071

Employer Identification Number:
20-3168603
DIN:
17053038080036
Contact Person:
SAMY K TANIOUS ID# 31266
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 04, 2005
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
December 31, 2009

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

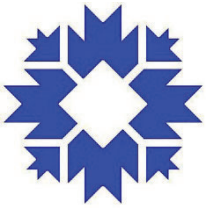
NEW LEAF-NEW LIFE INC

Sincerely,

A handwritten signature in dark ink, appearing to read "Lois G. Lerner". The signature is fluid and cursive, with the first name "Lois" being more prominent.

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)
Statute Extension



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

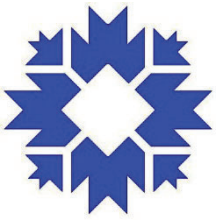
All applicants for 2025 Jack Hopkins funding must submit the following:

- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov
with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Pantry 279, Inc.

Address:

3609 State Road 46 Bloomington, IN 47404

Phone: 812-606-1524

E-Mail: pantry279@yahoo.com

Website: www.pantry279.org

President of Board of Directors: James Dudley

Name of Executive Director: Cindy Chavez

Phone: 812-606-1524

E-Mail: pantry279@yahoo.com

Name of Grant Writer: Ruth Ann Hankins

Phone: 317-293-8155

E-Mail: ruthannhankins@yahoo.com

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
2	9	16

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Pantry 279 operates a holistic, low-barrier food pantry distributing food items, household items, health & beauty items and other basic incidentals for low income individuals living in south central Indiana.

PROJECT INFORMATION

Name of the project to be funded:

Food Delivery and Children's Food

Total cost of project: \$34,000

Requested amount of Jack Hopkins funding: \$12,000

Number of City residents to be served by this project in 2025: 8,833

Number of clients to be served by this project in 2025: 8,833

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$12,000 to be used to support the Children's Summer Food Program and the cost of food deliveries. For the Children's Summer Food Program, Funds will be used to help purchase kid-friendly foods that children like and can easily fix without adult supervision. Examples are ready-to-eat foods and microwavable foods. Other than food, additional program costs include gas and staff to run the program.

Funds will also be used to help cover the costs of delivering food to low income marginalized individuals and families in Bloomington. We deliver food to veterans, older adults, disabled individuals, homebound, homeless, grandparents raising grandchildren, youth, and children. Delivery costs include vehicle maintenance, gas and delivery staff.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Same as agency address

Do you own or have site control of the property at which the project is to take place?

☐

Yes

☒

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒

Yes

☐

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☒

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

REMC, \$5,000, pending
Alpha Gamma Delta Foundation, \$8,000, pending
SIA Foundation, 15,000, pending
Kiwanis Club of Bloomington, \$250, confirmed

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Our staff use Quickbooks for all bill payments. The Board Treasurer provides oversight, cross-checks all entries and submits the information to Stampfli Associates CPA, P.C. who prepares and submits our annual 990 tax return. Pantry 279 will implement the project and, using expenses recorded in Quickbooks, seek reimbursement from the City. All funds will be expended by December 31.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

We expect to receive notice of other funding awards by June 30, 2025. Additionally, Pantry 279 has identified several more funding sources that will be approached to provide funding for our current pantry operations, including this project. We are focused on those funders who prioritize nutrition/food related outcomes, food insecurity, and food deserts affecting the populations we serve.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Pantry 279 will acknowledge the John Hopkins grant on our website (7,200 viewers), through social media (22,400 followers), in our Annual Report (circulation 2,000), and at Board meetings. All of these outlets generate additional funding, volunteers and in-kind donations for our programs.

Each year hundreds of volunteers help us provide services. They assist with nutritional food distribution, pantry stocking, fundraising events, Board Committees, serve as Board members, posting Pantry 279 information through personal social media networks, and implementing special programs such as Children's Summer Food and ELF.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Food	8,000
Priority #2	Program & Delivery staff	1,200
Priority #3	Delivery Vehicle Gas	800
Priority #4	Delivery Vehicle Maintenance Costs	2,000
Priority #5		
Priority #6		
Priority #7		
Total Requested		12,000

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

IU Health Bloomington's Community Health Needs Assessment 2021:

- a) Some Monroe County census tracts are food deserts.
- b) Access to healthy, affordable food is a significant community need and contributes to adverse health conditions such as obesity and diabetes.

"...Food access was a major concern... 16.8% of Monroe County residents (24,260 people) are food insecure, above the national food insecurity rate of 12.5%. The population in Bloomington receiving assistance for food access are almost entirely very low income, or households with incomes 50% or less than the area median family income." (Consolidated Plan 2020-2024, NA-50 Non-Housing Community Needs, City of Bloomington)

Other Monroe County pantries make it difficult for people to access.

1. open 1-2 days/month
2. open 2 hours/day
3. not open during after-work or weekends
4. no deliveries to homebound individuals, homeless, or near homeless
5. no foods for special dietary needs.

Pantry 279 addresses the need and reduces barriers for food access:

1. Open 3 hours every Mon., Wed., Sat.
2. Open 4.5 hours every Tues.
3. Guests may come 1x/week.
4. Food pick-up and delivery to populations who cannot get to our location.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

John Hopkins funds will partially cover the costs of the Summer Children's Food Program and our food delivery services. Additional funds and resources for the program for this year and for future years will be secured by:

1. seeking in-kind donations,
2. soliciting individual donations
3. soliciting corporate donations
4. attending community events for recruiting volunteers, accepting donations, and raising awareness among community members and potential guests,
5. applying to funding sources that prioritize nutrition-related outcomes, food insecurity, and food deserts affecting the populations we serve. We will continue using the services of a Grant Writer Consultant who is recommending funding sources and, in cooperation with our Executive Director, will be submitting applications.
6. Our Executive Director will be meeting personally with several of funding sources to establish an ongoing and mutually beneficial supportive relationship.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Access to sufficient and nutritional food is key to avoiding poor health outcomes and is essential for addressing the needs of several populations served by Pantry 279. Yet, many of these individuals are not capable of accessing healthy food for daily consumption. By providing food on a weekly basis, Pantry 279 is helping these populations avoid or lesser the long-term effects of poor health outcomes.

- homeless,
- elderly,
- frail elderly,
- persons with disabilities (mental, physical, developmental),
- persons with HIV/AIDS and their families,
- persons with alcohol or drug addiction,
- victims of domestic violence, and
- persons with a criminal record or who were formerly incarcerated.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

1. By December 31, 2025, Pantry 279 will serve 1,800 children.
2. By December 31, 2025, Pantry 279 will make food deliveries to 7,033 Bloomington residents.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Pantry 279 was established in 2015 by Girl Scout Troop 69-279 of Ellettsville, Indiana. We have over 8 years of experience in providing access to nutritional food for low-income, food insecure individuals and families in Bloomington. Our highly successful track record of treating guests with respect and caring has resulted in tremendous growth in the number of guests.

Our service model includes food delivery to community partners and is very successful in helping low income marginalized populations living in Bloomington access healthy foods. The community partners provide housing, counseling, and other supportive services to those guests. Pantry 279 delivers food to their clients/residents. Current community partners include Indiana Recovery Alliance, Salvation Army, Governor Park Apartments, Kinser Flats Apartments, Middle Way House Shelter, and Malibu House.

We offer a wide variety of nutritional foods including: fresh produce, meats, non-perishable food, specialty foods (gluten free, sugar free, sodium free), infant food, infant formula, and kid-friendly food (food children like and can fix on their own without parental assistance). In addition to food, we stock household items, health & beauty items and other basic incidentals.

We reduce the stigma of getting free food by eliminating the humiliation and embarrassment to our guests of being asked to reveal personal financial and demographic details. We are unique in the fight against hunger, in that we offer delivery to the homebound, special dietary items, and extra programs such as Children's Summer Food Program. In addition, we offer a "one stop shop" where other agencies can staff a table at our pantry sharing their program information, saving our guests time and gas spent on accessing these services.

Pantry 279 serves over 117,000 duplicated people per year in 36 Indiana counties. However, 73% reside in Monroe County, and of that number 85% are Bloomington residents. Pertinent demographic information on the population we serve is:

- a) 80% working families
- b) 99.5% low Income
- c) 66% female, 33% male, 1% Transgender or Non Binary
- d) 63% ages 18-64, 19% under age 18, 18% ages 65+
- e) 73% White, 20% Other, 4% Black/African American, 3% Asian or Native American/Pacific Islander
- f) 82% Non-Hispanic, 18% Hispanic

The need for healthy food has increased significantly in the past 4 years. To help address this need, Pantry 279 has identified the following goals to be accomplished in the next one- to three-years.

- 1) To increase the number of guests served (1,500+ added each year) who are experiencing food insecurity issues,
- 2) To increase the number of community partner organizations (5 added each year) who distribute nutritional food to their clients/residents from our pantry,
- 3) To increase the number of counties where we deliver food (1 added each year).

We would be very appreciative of being awarded a grant from the John Hopkins Social Services Fund.

2025 Proposed Project Budget			
Organization: Pantry 279	Project Name: Food Delivery and Children's Food		
Total Project Cost: \$34,000			
	Totals	Other Income Sources	JHSS Grant
FUNDS			
JHSS Grant			12,000
Other Grants		22,000	
Other Income Sources			
TOTAL PROJECT FUNDS	34,000	22,000	12,000
EXPENSES			
Food		13,000	8,000
Program & Delivery Staff		7,000	1,200
Delivery Vehicle Gas		1,500	800
Ddelivery Vehicle Marintenance Costs		500	2,000
TOTAL PROJECT EXPNSES	34,000	22,000	12,000

2024 Annual Budget vs Year End Actuals		
Pantry 279, Inc.		
Revenue	Budget	Year End Actuals
Foundation Grants	50,000	119,783
Fundraising Events Gross Income	0	0
Individual Donations	200,000	175,525
Corporate Donations	70,345	0
Program Fees	0	0
Government Grants (See Note)	46,055	46,055
Returns & Reimbursements	0	4,780
Other Income	0	0
Totals	366,400	346,143
Expenses	Budget	Year End Actuals
Advertising	0	1,396
Contract & Professional Fees	12,000	16,630
Equipment Purchase, Repair, & Maintenance	0	2,681
Insurance	0	4,714
Office Expenses	2,000	3,781
Operating Expenses	17,400	9,584
Payroll, Benefits and Taxes	191,000	196,865
Perishable & Non-Perishable Food	96,200	64,458
Internet & Phone	1,300	2,266
Rent	17,600	23,925
Utilities	7,400	6,318
Vehicle Expenses	7,900	7,529
Volunteer Expenses	3,600	3,728
Special Programs	10,000	7,579
Totals	366,400	351,454
NOTE: The \$46,055 received from the City of Bloomington in 2024 were		
CDBG COVID funds drawn down from services performed in prior program years.		
The funds were a reimbursement for those previous years and will not be available		
again.		

[illegible]

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: DEC 20 2016

PANTRY 279 INC
5290 W NOVA DR
BLOOMINGTON, IN 47404-0000

Employer Identification Number:
81-3024014
DLN:
26053714001166
Contact Person:
JOAN C KISER ID# 31217
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
February 8, 2016
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.


If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

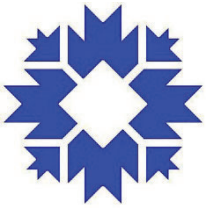
For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

PANTRY 279 INC

Sincerely,

A handwritten signature in dark ink, appearing to read "Jeffrey I. Cooper". The signature is stylized with a large, sweeping initial "J" and a long, horizontal flourish extending to the right.

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

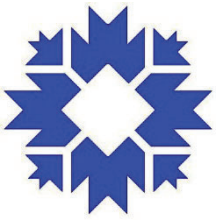
All applicants for 2025 Jack Hopkins funding must submit the following:

- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov
with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Pathways, Inc.

Address:

827 W 14th Ct, Bloomington, IN 47404

Phone: (812) 339-3429

E-Mail: ccotter@btownpathways.org

Website: <https://btownpathways.org/>

President of Board of Directors: Julie Beasley

Name of Executive Director: Katie Broadfoot

Phone: (812) 339-3429 ext. 11

E-Mail: kbroadfoot@btownpathways.org

Name of Grant Writer: Caitlyn Cotter

Phone: (812) 339-3429

E-Mail: ccotter@btownpathways.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
31	0	95

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Pathways, formerly known as Monroe County United Ministries (MCUM), is a non-profit organization whose mission is to provide high-quality, affordable education and economic mobility for families. The cornerstones of our organization are the Compass Early Learning Center (Compass) and the Family Resource Center (FRC), which work together to address the root causes of generational poverty in Bloomington.

PROJECT INFORMATION

Name of the project to be funded:

Compass ELC Classroom Upgrades

Total cost of project: \$105,000

Requested amount of Jack Hopkins funding: \$42,000

Number of City residents to be served by this project in 2025: 74

Number of clients to be served by this project in 2025: 94

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

Pathways is requesting \$42,000 to replace furniture and educational and development resources in two of our Compass Early Learning Center classrooms. This project involves replacing and upgrading these materials in five of our six classrooms. The current furniture and resources within these classrooms are outdated, and no longer able to meet the full needs of the children in our program. Overall, these upgrades will enhance the learning environment for 94 children, ages 1 through 5, providing them with a more supportive learning space. This new furniture and educational resources will aid healthy development, encourage active learning, and create optimal conditions for cultivating essential kindergarten readiness skills, helping prepare these children for success in their next educational stages.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

The project will take place at our main address,
827 W 14th Ct, Bloomington, IN 47404.

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

Pathways, Inc. owns the property and building where the project will take place.

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

Given that the property and it is currently zoned for its intended use, this project does not require additional permits, variances, or other forms of approval.

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐

Yes

☒

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

Pending: Charles LaFitte Foundation - \$21,000

Pending: Ackerman Foundation - \$21,000

Pending: Samarian Foundation - \$21,000

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Once all necessary funding has been confirmed, we will move forward with formally purchasing materials from Lakeshore Learning, from whom we have purchased similar materials from in the past for our sixth classroom. Once all ordered goods are recieved, we will submit our claim for reimbursement.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

In addition to our request to Jack Hopkins, we plan to seek support from the Samarian Foundation in April, the Charles LaFitte Foundation in June, the Ackerman Foundation in August. We will request \$21,000 from each of these funding sources, enabling us to replace the furniture and educational resoures one classroom at a time. While full funding may not be secured until near the end of this year, we are not reliant on recceiving all funding before utliziing the Jack Hopkins funding. This will allow us to replace furniture and educational resources in two classroom without full funding.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources *(e.g., other funds, in-kind contributions, or volunteers.)*

Each funding source will be allocated to cover the costs of a single classroom. However, the Jack Hopkins funding will be utilized to replace furniture and educational resources in two classrooms instead of one.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Classroom Furniture (tables, chairs, and toddler beds)	\$14,624.00
Priority #2	Storage/Shelving	\$11,376.00
Priority #3	Developmental and Educational Resources (books, sensory toys, art supplies, etc.)	\$16,000.00
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$42,000.00

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

Bloomington has a critical need for childcare and affordable early education programs, as highlighted in the United Way's Service Community Assessment of Needs (SCAN) report and the City of Bloomington Housing and Neighborhood Development 2020-2024 Consolidated Plan. By replacing furniture and upgrading educational and developmental resources at the Compass Early Learning Center, our project directly addresses this need. These essential improvements will enhance the educational environment and overall quality of our affordable early education program, ensuring better outcomes for the children and families we serve.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

The purchase of new furniture for our Compass Early Learning Center is a one-time investment that will enhance the learning environment for our children. This funding will cover the full cost of the furniture as well as necessary educational and developmental resources, ensuring that the facility meets the needs of the children for many years to come. There will be no ongoing operational costs related to this purchase, as it is a one-time expenditure aimed at improving overall educational experience and supporting healthy development. Any future maintenance or replacement will be covered through our regular budget, fundraising efforts, or future grant requests.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Pathways' programs work together to create a sustainable and prosperous future for low-and middle-income families in the Bloomington community. Funding the purchase of new furniture and educational resources in the Compass Early Learning Center will enhance the learning environment, directly improving educational outcomes for the children we serve. These benefits extend beyond the classroom, strengthening entire families by supporting their long-term stability and success.

Through our Family Resource Center, we help parents achieve financial independence by the time their children graduate from Compass, ensuring they enter kindergarten prepared for success. This cycle of stability and opportunity empowers families to support their children throughout their education, leading to improved academic outcomes, economic mobility, and long-term community growth. By investing in early education and family stability, the City of Bloomington will contribute to a stronger, more educated next generation, fostering last benefits for our entire community.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

- Number of students enrolled at Compass Early Learning Center
- Percentage of students who make age-appropriate developmental access during the year
- Number of students with access to new equipment

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

As you may know, we' ve recently undergone an exciting transformation and rebranding, becoming Pathways, a reflection of our more integrated focus on empowering families and fostering long-term success. This shift strengthens our commitment to providing high-quality, comprehensive services that break the cycle of poverty and create a brighter future for our community's children and families.

At the heart of this vision is early childhood education, a cornerstone for lifting low-income families out of poverty. The research is clear—high-quality early learning programs are among the most effective investments we can make in our future. Children in these programs not only develop foundational academic skills but also critical social-emotional abilities that set them up for lifelong success. For low-income families, the benefits are even more pronounced. Access to early learning opportunities significantly improves graduation rates, reduces the likelihood of future criminal involvement, and leads to better employment outcomes as adults.

However, achieving these outcomes requires more than just dedicated staff and a proven curriculum. It also requires safe, welcoming, and well-equipped environments where children can thrive. This is where your continued support becomes invaluable. The opportunity to purchase new furniture for our classrooms will directly enhance the learning experience for the children we serve. Comfortable, age-appropriate furniture will support better classroom organization, increase engagement, and provide a more positive learning environment for our toddlers and preschoolers.

This is not just about furniture—it' s about creating spaces where children feel valued, safe, and ready to explore and learn. These small, but significant improvements will pay dividends in academic progress, social development, and ultimately, in life outcomes for children who are at a critical stage of their development.

We are excited about the future of Pathways and the work we are doing to integrate and expand our services for families in need. Your continued partnership is crucial to our success, and we are deeply appreciative of the opportunity to serve our community with your help.

2025 Proposed Project Budget Compass ELC Classroom Upgrades

Pathways, Inc.		PROJECT: Complass ELC Classroom Upgrades			
FUNDS		TOTALS	OTHER INCOME	JHSS GRANT	
JHSS GRANT		\$ 42,000.00		\$	42,000.00
Charles LaFitte Foundation (Pending)			\$ 21,000.00	\$	21,000.00
Ackerman Foundation (Pending)			\$ 21,000.00	\$	21,000.00
Bank of America (Pending)			\$ 21,000.00	\$	21,000.00
TOTAL PROJECT FUNDS		\$ 42,000.00	\$ 63,000.00	\$	105,000.00
EXPENSES					
Classroom Furniture (tables, chairs, and toddler beds)		\$ 14,624.00	\$ 21,936.00	\$	36,560.00
Storage/Shelving		\$ 11,376.00	\$ 17,064.00	\$	28,440.00
Developmental and Educational Resources (books, sensory toys, art supplies, etc.)		\$ 16,000.00	\$ 24,000.00	\$	40,000.00
TOTAL PROJECT EXPENSES		\$ 42,000.00	\$ 63,000.00	\$	105,000.00

PATHWAYS, INC.

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

CPAs / ADVISORS



PATHWAYS, INC.

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Blue & Co., LLC / 813 West Second Street / Seymour, IN 47274
main 812.522.8416 website blueandco.com

REPORT OF INDEPENDENT AUDITORS

Board of Directors
Pathways, Inc.
Bloomington, Indiana

Opinion

We have audited the accompanying financial statements of Pathways, Inc. (the "Organization"), a nonprofit organization, which comprise the statements of financial position as of December 31, 2024 and 2023, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2024 and 2023, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Blue & Co., LLC

Seymour, Indiana

March 6, 2025

PATHWAYS, INC.STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2024 AND 2023**ASSETS**

	2024	2023
Cash and cash equivalents	\$ 399,282	\$ 212,218
Restricted cash	14,743	19,305
Certificate of deposit	108,389	103,233
Vouchers and fees receivable	98,446	63,261
Grants receivable	34,225	234,909
Investments	953,512	844,594
Prepaid expenses	14,300	11,632
Beneficial interest in assets held by others	383,631	369,794
Property and equipment, net	918,576	1,046,565
	<u>\$ 2,925,104</u>	<u>\$ 2,905,511</u>

LIABILITIES AND NET ASSETS

Liabilities		
Accounts payable	\$ 13,882	\$ 17,263
Accrued expenses	123,742	83,997
Assets held for others	14,737	19,299
Total liabilities	152,361	120,559
Net assets		
Without donor restrictions		
Undesignated	1,150,310	1,295,285
Board designated endowment	1,059,972	946,303
	2,210,282	2,241,588
With donor restrictions		
Restricted for specified purpose	285,290	275,279
Restricted for endowment	277,171	268,085
	562,461	543,364
Total net assets	2,772,743	2,784,952
	<u>\$ 2,925,104</u>	<u>\$ 2,905,511</u>

See accompanying notes to financial statements.

PATHWAYS, INC.

STATEMENTS OF ACTIVITIES YEAR ENDED DECEMBER 31, 2024 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2023)

	2024			2023
	Without Donor Restrictions	With Donor Restrictions	Total	Total
Support and revenues				
Contributions	\$ 399,177	\$ 87,721	\$ 486,898	\$ 629,469
Childcare and preschool vouchers and scholarships	881,789	-0-	881,789	736,310
Grants	242,978	-0-	242,978	221,765
Childcare fees	239,631	-0-	239,631	180,529
Investment return, net	117,666	-0-	117,666	106,241
Change in value of beneficial interest in assets held by others, net	9,314	17,810	27,124	44,056
Miscellaneous income	12,170	-0-	12,170	4,780
Net assets released from restrictions	86,434	(86,434)	-0-	-0-
Total support, gains, and other revenue	1,989,159	19,097	2,008,256	1,923,150
Expenses				
Program services				
Preschool and childcare	1,411,740	-0-	1,411,740	1,219,380
Emergency services	280,381	-0-	280,381	244,567
Total program services	1,692,121	-0-	1,692,121	1,463,947
Management and general	214,415	-0-	214,415	190,956
Fundraising	113,929	-0-	113,929	131,164
Total expenses	2,020,465	-0-	2,020,465	1,786,067
Change in net assets	(31,306)	19,097	(12,209)	137,083
Net assets, beginning of year	2,241,588	543,364	2,784,952	2,647,869
Net assets, end of year	<u>\$ 2,210,282</u>	<u>\$ 562,461</u>	<u>\$ 2,772,743</u>	<u>\$ 2,784,952</u>

See accompanying notes to financial statements.

PATHWAYS, INC.

STATEMENT OF ACTIVITIES YEAR ENDED DECEMBER 31, 2023

	Without Donor Restrictions	With Donor Restrictions	Total
Support and revenues			
Contributions	\$ 354,190	\$ 275,279	\$ 629,469
Childcare and preschool vouchers and scholarships	736,310	-0-	736,310
Grants	221,765	-0-	221,765
Childcare fees	180,529	-0-	180,529
Investment return, net	106,241	-0-	106,241
Change in value of beneficial interest in assets held by others, net	15,128	28,928	44,056
Miscellaneous income	4,780	-0-	4,780
Net assets released from restrictions	<u>103,767</u>	<u>(103,767)</u>	<u>-0-</u>
Total support, gains, and other revenue	1,722,710	200,440	1,923,150
Expenses			
Program services			
Preschool and childcare	1,219,380	-0-	1,219,380
Emergency services	<u>244,567</u>	<u>-0-</u>	<u>244,567</u>
Total program services	1,463,947	-0-	1,463,947
Management and general	190,956	-0-	190,956
Fundraising	<u>131,164</u>	<u>-0-</u>	<u>131,164</u>
Total expenses	<u>1,786,067</u>	<u>-0-</u>	<u>1,786,067</u>
Change in net assets	(63,357)	200,440	137,083
Net assets, beginning of year	<u>2,304,945</u>	<u>342,924</u>	<u>2,647,869</u>
Net assets, end of year	<u>\$ 2,241,588</u>	<u>\$ 543,364</u>	<u>\$ 2,784,952</u>

See accompanying notes to financial statements.

PATHWAYS, INC.

STATEMENTS OF FUNCTIONAL EXPENSES YEAR ENDED DECEMBER 31, 2024 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2023)

	2024				2023			
	Program Services							
	Preschool and Childcare	Emergency Services	Total	Management and General	Fundraising	Total	Total	Total
Salaries and wages	\$ 888,795	\$ 180,282	\$ 1,069,077	\$ 121,393	\$ 75,910	\$ 1,266,380	\$ 1,137,061	\$ 1,137,061
Employee benefits	76,154	18,760	94,914	18,306	5,508	118,728	151,391	151,391
Total salaries, wages, and employee benefits	964,949	199,042	1,163,991	139,699	81,418	1,385,108	1,288,452	1,288,452
Advertising	10,333	120	10,453	1,708	1,199	13,360	6,442	6,442
Supplies and expendables	10,436	352	10,788	2,291	222	13,301	5,177	5,177
Transportation and vehicles	898	1,014	1,912	115	113	2,140	3,430	3,430
Food, paper and crafts	96,859	10,646	107,505	-0-	-0-	107,505	83,349	83,349
Classroom technology and curriculum	25,000	-0-	25,000	-0-	-0-	25,000	-0-	-0-
Utilities and telephone	27,531	2,067	29,598	1,378	2,078	33,054	33,995	33,995
Printing	208	1,311	1,519	3,877	1,351	6,747	1,577	1,577
Insurance	20,198	4,385	24,583	3,763	1,513	29,859	24,068	24,068
Professional services	-0-	-0-	-0-	21,301	-0-	21,301	26,742	26,742
Repairs and maintenance	60,471	8,885	69,356	9,239	10,057	88,652	101,812	101,812
Postage and shipping	-0-	-0-	-0-	2,253	-0-	2,253	2,032	2,032
Events	6,010	1,456	7,466	1,209	4,871	13,546	7,239	7,239
CARES stipends, scholarships and other grants	24,580	298	24,878	853	297	26,028	14,721	14,721
Depreciation	98,201	19,945	118,146	10,611	10,611	139,368	130,392	130,392
Training and staff development	43,594	5,802	49,396	14,023	199	63,618	12,996	12,996
Rent and utility assistance	5,181	20,015	25,196	-0-	-0-	25,196	27,541	27,541
Miscellaneous	17,291	5,043	22,334	2,095	-0-	24,429	16,102	16,102
	<u>\$ 1,411,740</u>	<u>\$ 280,381</u>	<u>\$ 1,692,121</u>	<u>\$ 214,415</u>	<u>\$ 113,929</u>	<u>\$ 2,020,465</u>	<u>\$ 1,786,067</u>	<u>\$ 1,786,067</u>

See accompanying notes to financial statements.

PATHWAYS, INC.

STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED DECEMBER 31, 2023

	Program Services				Management and General	Fundraising	Total
	Preschool and Childcare	Emergency Services	Total				
Salaries and wages	\$ 804,818	\$ 145,330	\$	950,148	\$ 101,270	\$ 85,643	\$ 1,137,061
Employee benefits	102,956	21,191		124,147	16,939	10,305	151,391
Total salaries, wages, and employee benefits	907,774	166,521		1,074,295	118,209	95,948	1,288,452
Advertising	1,771	3,561		5,332	-0-	1,110	6,442
Supplies and expendables	2,107	219		2,326	2,552	299	5,177
Transportation and vehicles	72	1,734		1,806	463	1,161	3,430
Food, paper and crafts	75,723	7,626		83,349	-0-	-0-	83,349
Utilities and telephone	28,315	2,138		30,453	1,372	2,170	33,995
Printing	-0-	508		508	58	1,011	1,577
Insurance	14,426	2,460		16,886	6,201	981	24,068
Professional services	-0-	-0-		-0-	22,283	4,459	26,742
Repairs and maintenance	76,521	12,685		89,206	7,985	4,621	101,812
Postage and shipping	-0-	-0-		-0-	2,032	-0-	2,032
Events	410	45		455	-0-	6,784	7,239
Emergency grants	-0-	27,541		27,541	-0-	-0-	27,541
CARES stipends, scholarships and other grants	14,721	-0-		14,721	-0-	-0-	14,721
Depreciation	85,486	12,403		97,889	25,895	6,608	130,392
Training and staff development	550	4,539		5,089	1,997	5,910	12,996
Miscellaneous	11,504	2,587		14,091	1,909	102	16,102
	\$ 1,219,380	\$ 244,567	\$	1,463,947	\$ 190,956	\$ 131,164	\$ 1,786,067

See accompanying notes to financial statements.

PATHWAYS, INC.**STATEMENTS OF CASH FLOWS**
YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Operating activities		
Change in net assets	\$ (12,209)	\$ 137,083
Adjustments to reconcile change in net assets to cash provided by operating activities		
Depreciation	139,368	130,392
Interest earned on certificate of deposit	(5,156)	(3,233)
Reinvested interest and dividends	(21,249)	(22,430)
Realized and unrealized gain on investments, net	(95,786)	(90,257)
Change in value of the beneficial interest in assets held by others	(27,124)	(44,056)
Changes in operating assets and liabilities:		
Vouchers and fees receivable	(35,185)	1,726
Grants receivable	200,684	(213,310)
Prepaid expenses	(2,668)	(1,228)
Accounts payable	(3,381)	(13,396)
Accrued expenses	39,745	1,367
Assets held for others	(4,562)	10,969
Net cash flows from operating activities	172,477	(106,373)
Investing activities		
Purchases of property and equipment	(11,379)	(156,150)
Purchases of certificate of deposit	(104,889)	(100,000)
Maturities of certificates of deposit	104,889	-0-
Purchases of investments	(193,453)	(230,464)
Proceeds on sale of investments	201,570	241,073
Distributions from assets held by others	13,287	11,777
Net cash flows from investing activities	10,025	(233,764)
Net change in cash	182,502	(340,137)
Cash and cash equivalents and restricted cash, beginning of year	<u>231,523</u>	<u>571,660</u>
Cash and cash equivalents and restricted cash, end of year	<u>\$ 414,025</u>	<u>\$ 231,523</u>

See accompanying notes to financial statements.

PATHWAYS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. NATURE OF OPERATIONS AND SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations

Effective December 31, 2024, Monroe County United Ministries, Inc. changed their name to Pathways, Inc. Pathways, Inc. (the "Organization") was incorporated as a not-for-profit organization under the laws of the State of Indiana. The Organization provides childcare and nutritional assistance to low-income families and emergency services to crisis victims. These services are provided to residents of Bloomington, Indiana and Monroe County. The Organization relies on contributions, fees for services, government funding, and other sources of support and revenue to carry out its programs.

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis and have been prepared with a focus on the entity as a whole. Net assets, support, revenues, gains, and losses are classified based on the existence or absence of donor restrictions. Accordingly, the net assets of the Organization are classified and reported as follows:

Net assets without donor restrictions: Net assets that are currently available for operating purposes under the direction of the board or designated by the board for specific use.

Undesignated – used to fund current operations of the Organization

Board designated endowment – established with the expectation that the principal be maintained in perpetuity to generate grants, subject to the spending policy, used to support the general operations of the Organization as designated by the board of directors (Board)

Net assets with donor restrictions: Net assets subject to donor stipulations for specific purposes or time restrictions. These include donor restrictions requiring the net assets be held in perpetuity or for a specified term to support operations or specific purposes. The Organization maintains net assets with donor restrictions as follows:

Restricted for specified purposes – all contributions to the Organization with the intention of the donor to be used for a specific program or purpose

Restricted for endowment – represents a transfer of donor-restricted funds to the Community Foundation of Bloomington and Monroe County, Inc. (CFBMC) with the intention of the donors that the assets be held in perpetuity and are being managed in accordance with CFBMC's spending policy

PATHWAYS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

Management's Estimates

Management uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities and the reported support, revenues and expenses. Actual results could vary from the estimates that were used.

Cash, Cash Equivalents, and Restricted Cash

For the purposes of the statement of cash flows, the Organization considers all liquid investments with original maturities of three months or less when purchased to be cash equivalents, but excludes cash equivalents held by fund managers and included in the investment portfolio. Cash equivalents are carried at cost, which approximates market value, and consists of bank money market funds.

Restricted cash includes money held for the benefit of others and is also included as a liability on the Statements of Financial Position.

The following table provides a reconciliation of cash, cash equivalents, and restricted cash reported within the statements of financial position that sum to the total of the same such amounts shown in the statements of cash flows:

	2024	2023
Cash and cash equivalents	\$ 399,282	\$ 212,218
Restricted cash	<u>14,743</u>	<u>19,305</u>
Total cash, cash equivalents, and restricted cash	<u>\$ 414,025</u>	<u>\$ 231,523</u>

Vouchers, Fees, and Grants Receivables

Vouchers receivable are stated at the allowable amount billed for childcare services as awarded by the State of Indiana. Vouchers receivable represents amounts due from performance-based service contracts once the services have been performed.

Fees receivable are stated at the amount billed for childcare and are due at the time the service is rendered. When an account becomes past due, efforts are made by management to collect and to establish repayment plans when necessary. When all attempts to establish a payment plan fail, or if repayment under the plan is not followed, the account is placed with an outside collection agency. No interest is charged on accounts past due.

Grants receivable are stated at the amount expected to be collected or reimbursed. Grants receivable represent unconditional grants awarded but not yet received and amounts due from cost-reimbursement grants once allowable costs have been incurred.

PATHWAYS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

Management estimates an allowance for credit losses based on an evaluation of historical losses, current economic conditions, and financial stability of its grantors and families served. Management has determined that no allowance for vouchers, fees, or grants receivable is necessary at December 31, 2024 and 2023.

Investments and Investment Return

Investments are carried at fair value for financial reporting purposes. Realized gains or losses upon the sale of investments are based on the cost of specifically identified securities. Changes in unrealized appreciation or depreciation of investments are reflected in the statements of activities in the period in which such changes occur. Interest and dividend income is recorded when earned.

Beneficial Interest in Assets Held by Others

The Organization transferred assets to CFBMC to hold donor restricted gifts intended to be held in perpetuity and is the beneficiary of the fund holding those assets. The Organization receives an annual return on these assets in accordance with CFBMC's policy and undistributed earnings are retained by CFBMC. In 2022, the Organization transferred \$110,000 to CFBMC, which is not donor restricted; however, is intended by the Board to be held in perpetuity.

The fair value of this asset (beneficial interest in assets held by others) is included in the statements of financial position at \$383,631 and \$369,794 as of December 31, 2024 and 2023, respectively. The change in the value of the beneficial interest in assets held by others in the statement of activities includes realized and unrealized gains and losses and interest and dividends.

Property and Equipment

Property and equipment are recorded at cost, if purchased, and at fair value at the date of donation, if donated. All land, buildings and improvements are capitalized. Equipment is capitalized if it has a useful life when acquired of more than one year. Repairs and maintenance that do not significantly increase the useful life of the asset are expensed as incurred. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, which range from three to forty years.

Assets Held for Others

The Organization administers the Individual Development Account (IDA) Program as developed by the Indiana Housing and Community Development Authority (IHCDA). IDAs are matched savings accounts that enable low to moderate-income individuals to save money and build financial assets for specified purposes. These accounts total \$14,737 and \$19,299 at December 31, 2024 and 2023 and are reported as restricted cash and assets held for others in the Statements of Financial Position.

PATHWAYS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

Support and Revenue Recognition

Contributions, including unconditional promises to give, are recognized when received. All contributions are reported as increases in net assets without donor restrictions unless use of the contributed assets is specifically restricted by the donor. Amounts received that are restricted by the donor to use in future periods or for specific purposes are reported as increases in net assets with donor restrictions.

Unconditional promises with payments due in future years have an implied restriction to be used in the year the payment is due, and therefore are reported as net assets with donor restrictions until the payment is due unless the contribution is clearly intended to support activities of the current fiscal year or is to be used for a specific purpose. Conditional promises, including certain grants, are those with measurable performance or other barrier and right of return or release and are not recognized until all conditions on which they depend are substantially met.

Revenue funded by cost-reimbursement grants is recognized as the Organization incurs eligible expenses under the programs or agreements. Activities and expenses allocated to specific grants are subject to audit and acceptance by the granting agency and, as a result of such audit, adjustments could be required.

Childcare and preschool vouchers and scholarships and childcare fees are revenue from contracts with customers and are recognized over time as the childcare services are provided to customers. Vouchers and fees receivable (contract receivables) for the years ended December 31, 2024 and 2023 were as follows:

	2024	2023
Beginning of year	\$ 63,261	\$ 64,987
End of year	\$ 98,446	\$ 63,261

In-Kind Contributions

The Organization periodically receives contributions in a form other than cash or investments. If the Organization receives a contribution of land, buildings, or equipment, the contributed asset is recognized as an asset at its estimated fair value at the date of the gift, provided that the value of the asset and its estimated useful life meets the Organization's capitalization policy.

The Organization benefits from personal services provided by a substantial number of volunteers. Those volunteers have donated significant amounts of time and services in the Organization's program operations, fundraising campaigns and various committee assignments. However, the contributed services do not meet the criteria for recognition in the financial statements and therefore no amount is recorded in the accompanying financial statements for those services. Accounting principles generally accepted in the United States of America allow

PATHWAYS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

for recognition of contributed services when the services received create or enhance nonfinancial assets or require specialized skills possessed by the individuals providing the service and the service would typically need to be purchased if not donated.

The Organization pays for most services requiring specific expertise.

Donations of food, clothing, or other items, which are passed on directly to the Organization's consumers, are not valued or recorded.

Functional Allocation of Expenses

The costs of providing the programs and services of the Organization have been summarized on a functional basis in the Statements of Activities. Accordingly, certain costs have been allocated among the various programs and supporting activities benefited.

The financial statements report certain categories of expenses that are attributable to one or more program or supporting functions of the Organization. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. All expenses not directly benefiting a certain program are allocated based on estimates of time and usage by personnel and programs and the benefits derived. While the methods of allocation are considered appropriate, other methods could produce different results.

Income Taxes

The Organization is organized as a not-for-profit corporation under Section 501(c)(3) of the United States Internal Revenue Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Organization and recognize a tax liability if the Organization has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. Management has analyzed the tax positions taken by the Organization, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

As such, the Organization is generally exempt from income taxes. However, the Organization is required to file Federal Form 990 – Return of Organization Exempt from Income Tax which is an informational return only.

PATHWAYS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

Subsequent Events

The Organization evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through March 6, 2025 which was the date the financial statements were available to be issued.

2. CERTIFICATE OF DEPOSIT

The certificate of deposit is recorded at cost plus accrued interest and totals \$108,389 and 103,233 at December 31, 2024 and 2023, respectively. The certificate of deposit matures in June 2025 and earns interest at a rate of 5.25%.

3. INVESTMENTS

Investments at December 31, 2024 and 2023, consist of the following:

	2024	2023
Cash	\$ 31,863	\$ 26,171
Common stock		
Technology	4,010	-0-
Equity mutual funds		
Large cap	378,844	301,721
Mid cap	48,403	48,628
Small cap	40,115	38,326
International	93,454	58,465
Fixed income mutual funds		
Short term	169,508	123,776
Intermediate term	187,315	186,714
Equity exchange traded funds		
Large cap	-0-	60,793
	<u>\$ 953,512</u>	<u>\$ 844,594</u>

PATHWAYS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

4. PROPERTY AND EQUIPMENT

Property and equipment include the following at December 31, 2024 and 2023:

	2024	2023
Land	\$ 10,000	\$ 10,000
Land improvements	16,511	16,511
Buildings and building improvements	2,539,835	2,534,013
Furniture and equipment	448,573	443,016
Vehicles	27,696	27,696
	<u>3,042,615</u>	<u>3,031,236</u>
Less accumulated depreciation	<u>(2,124,039)</u>	<u>(1,984,671)</u>
	<u>\$ 918,576</u>	<u>\$ 1,046,565</u>

5. NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are available for the following at December 31, 2024 and 2023:

	2024	2023
Restricted for specified purpose		
Emergency services	\$ 77,841	\$ 51,880
Preschool	207,449	223,399
Restricted for endowment		
Beneficial interest in assets held by others	<u>277,171</u>	<u>268,085</u>
	<u>\$ 562,461</u>	<u>\$ 543,364</u>

The remaining beneficial interest in assets held by others of \$106,460 and \$101,709 as of December 31, 2024 and 2023, respectively, is included in net assets without donor restrictions – board designated endowment.

PATHWAYS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

6. NET ASSETS RELEASED FROM RESTRICTIONS

Net assets were released from donor restrictions as follows during the years ended December 31, 2024 and 2023:

	2024	2023
Purpose restrictions accomplished:		
Emergency services	\$ 40,580	\$ 86,871
Preschool	37,130	9,163
Endowment funds appropriated for expenditure	8,724	7,733
	<u>\$ 86,434</u>	<u>\$ 103,767</u>

7. ENDOWMENT

The Organization's endowment consists of one board designated fund and one fund that consists of donor restricted and board designated funds. Both funds have been established to support general operations. As required by accounting principles generally accepted in the United States of America (GAAP), net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Directors has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of the interpretation, The Organization retains in perpetuity (a) the original value of gifts donated to the endowment, (b) the original value of subsequent gifts to the endowment, and (c) accumulation to the endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulations are added to the fund.

Donor-restricted endowment funds are subject to appropriation for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (1) The duration and preservation of the fund
 - (2) The purposes of the Organization and the donor-restricted endowment fund
 - (3) General economic conditions
 - (4) The possible effect of inflation and deflation
 - (5) The expected total return from income and the appreciation of investments
 - (6) Other resources of the Organization
 - (7) The investment policies of the Organization
-

PATHWAYS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

From time to time, due to unfavorable market fluctuations, the fair value of assets associated with the donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires to be retained as a fund of perpetual duration. Both CFBMC and the Organization internally have policies that do not preclude spending from underwater endowment funds, unless otherwise not permitted by donor intent or relevant laws and regulations. There were no deficiencies of this nature at December 31, 2024 and 2023.

The Organization has adopted investment and spending policies for assets held for endowment that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the original fair value of the endowment assets. Assets held for endowment include those assets of donor-restricted funds that the Organization must hold in perpetuity, as well as board-designated funds.

Under this policy, the Organization has funds held at CFBMC. The assets held at CFBMC are invested in a manner that is intended to produce a total return which protects the purchasing power of the investment and which allows a spending rate of up to 4.25% of average fund value over the prior 16 quarters. The Organization expects its assets at CFBMC, over time, to provide an average rate of return of approximately 7% annually. Actual returns in any given year may vary from this amount.

The Organization internally manages a portion of its board designated endowment funds. The internally managed funds are invested in a manner that is intended to produce a total return which protects the purchasing power of the endowed investments, but which allows an annual spending rate of 2% of the fund value. An annual increase of 3% will be added to the principal balance to allow for future inflation so as to maintain an inflation adjusted principal balance of the fund. No withdrawals will be permitted which would decrease the adjusted principal of the fund without the approval of the Board. The Organization expects the internally managed endowment investments, over time, to provide an average rate of return of approximately 6-8% annually. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a greater emphasis on fixed income investments and cash to achieve its long-term return objectives within prudent risk constraints.

PATHWAYS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

The composition of endowment net assets is as follows at December 31, 2024 and 2023:

	2024		
	Without Donor Restrictions	With Donor Restrictions	Total
Board designated	\$ 1,059,972	\$ -0-	\$ 1,059,972
Donor restricted	<u>-0-</u>	<u>277,171</u>	<u>277,171</u>
	<u>\$ 1,059,972</u>	<u>\$ 277,171</u>	<u>\$ 1,337,143</u>

	2023		
	Without Donor Restrictions	With Donor Restrictions	Total
Board designated	\$ 946,303	\$ -0-	\$ 946,303
Donor restricted	<u>-0-</u>	<u>268,085</u>	<u>268,085</u>
	<u>\$ 946,303</u>	<u>\$ 268,085</u>	<u>\$ 1,214,388</u>

The change in endowment net assets is as follows for the years ended December 31, 2024 and 2023:

	2024		
	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning of year	\$ 946,303	\$ 268,085	\$ 1,214,388
Investment return, net	118,232	17,810	136,042
Appropriation of endowment assets for expenditure	<u>(4,563)</u>	<u>(8,724)</u>	<u>(13,287)</u>
Endowment net assets, end of year	<u>\$ 1,059,972</u>	<u>\$ 277,171</u>	<u>\$ 1,337,143</u>

	2023		
	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning of year	\$ 833,141	\$ 246,890	\$ 1,080,031
Investment return, net	117,206	28,928	146,134
Appropriation of endowment assets for expenditure	<u>(4,044)</u>	<u>(7,733)</u>	<u>(11,777)</u>
Endowment net assets, end of year	<u>\$ 946,303</u>	<u>\$ 268,085</u>	<u>\$ 1,214,388</u>

PATHWAYS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

8. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 or 2023.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Exchange traded funds and mutual funds: Valued at the daily closing price as reported by the fund. Exchange traded funds and mutual funds are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Organization are deemed to be actively traded.

Beneficial interest in assets held by others: Valued at fair value as reported by CFBMC, which represents the Organization's pro rata interest in the CFBMC's investment pool, substantially all of which are valued on a mark-to-market basis.

PATHWAYS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

The following table sets forth by level, within the hierarchy, the Organization's assets measured at fair value on a recurring basis as of December 31, 2024 and 2023:

	2024		
	Total	Level 1	Level 3
Common stocks	\$ 4,010	\$ 4,010	\$ -0-
Mutual funds	917,639	917,639	-0-
Beneficial interest in assets held by others	383,631	-0-	383,631

	2023		
	Total	Level 1	Level 3
Mutual funds	\$ 757,630	\$ 757,630	\$ -0-
Exchange traded funds	60,793	60,793	-0-
Beneficial interest in assets held by others	369,794	-0-	369,794

The following table sets forth the change in assets measured at fair value on a recurring basis using significant unobservable inputs (level 3):

	2024	2023
Balance, beginning of year	\$ 369,794	\$ 337,515
Investment return, net	27,124	44,056
Distributions	(13,287)	(11,777)
Balance, end of year	<u>\$ 383,631</u>	<u>\$ 369,794</u>

9. PROFIT SHARING PLAN

The Organization maintains a 401(k) plan for the benefit of employees meeting certain eligibility requirements. The plan calls for the Organization to match employee contributions based on a formula. Discretionary contributions are determined annually by the Organization. Eligible participants are immediately vested in their own contributions to the plan. Eligible participants vest in employer contributions according to the provisions of the plan. Retirement expense under the 401(k) plan was \$19,133 and \$7,008 for the years ended December 31, 2024 and 2023.

PATHWAYS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

10. CONCENTRATIONS

The Organization's investments and the beneficial interest in assets held by others are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with these assets and the level of uncertainty related to changes in their value, it is at least reasonably possible that changes in the various risk factors will occur in the near term that could materially affect the amounts reported in the accompanying financial statements, however, management believes that the investment policy that it has established for investments is prudent for the long-term welfare of the Organization and its beneficiaries.

The Organization maintains its cash in bank and credit union deposit accounts which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts. The Organization believes it is not exposed to any significant credit risk on cash.

Investments are maintained with one investment firm. Such balances, at times, may exceed the Securities Investor Protection Corporation insured limits of up to \$500,000.

11. LIQUIDITY AND AVAILABILITY

The following reflects the Organization's financial assets as of the Statement of Financial Position date, reduced by amounts not available for general use within one year of the Statement of Financial Position date because of contractual or donor-imposed restrictions:

	2024	2023
Cash and cash equivalents	\$ 399,282	\$ 212,218
Certificate of deposit	108,389	103,233
Vouchers and fees receivable	98,446	63,261
Grants receivable	34,225	234,909
Investments	<u>953,512</u>	<u>844,594</u>
Total financial assets	1,593,854	1,458,215
Less: board designated endowment (excludes \$106,460 and \$101,709, respectively, held at CFBMC)	953,512	844,594
Less: donor restrictions for specific purposes	<u>285,290</u>	<u>275,279</u>
Financial assets available for general expenditures within one year	<u>\$ 355,052</u>	<u>\$ 338,342</u>

PATHWAYS, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

The Organization's endowment funds consist of donor restricted and board designated endowments. Both endowments are to support certain future expenditures as more fully described in Note 7. Based on CFBMC's spending policy, balance of the fund and historical distributions, the Organization expects to receive a distribution from this donor-restricted endowment fund of approximately \$10,000 in the next year. The board designated endowment has a spending rate of 2 to 4 percent. Although the Organization does not intend to spend from this board designated endowment (other than amounts appropriated for general expenditures as part of the Board's annual budget approval and appropriation), these amounts could be made available, if necessary.

**State of Indiana
Office of the Secretary of State**

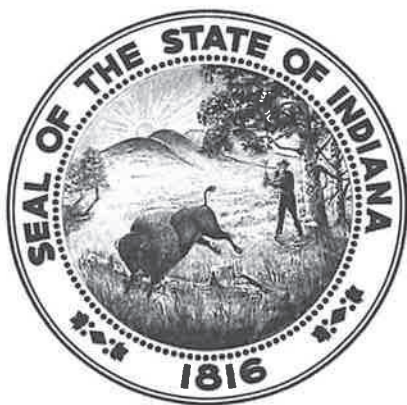
**Certificate of Amendment
of
MONROE COUNTY UNITED MINISTRIES INC**

I, DIEGO MORALES, Secretary of State, hereby certify that Articles of Amendment of the above Domestic Nonprofit Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

The name following said transaction will be:

PATHWAYS, INC

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, December 31, 2024.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 07, 2024

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

197311-569 / 10567805

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

APPROVED AND FILED
DIEGO MORALES
INDIANA SECRETARY OF STATE
11/07/2024 05:45 PM

ARTICLES OF AMENDMENT

ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID	197311-569
BUSINESS TYPE	Domestic Nonprofit Corporation
BUSINESS NAME	MONROE COUNTY UNITED MINISTRIES INC
PRINCIPAL OFFICE ADDRESS	827 W 14th CT, BLOOMINGTON, IN, 47401, USA
DATE AMENDMENT WAS ADOPTED	11/07/2024

EFFECTIVE DATE

EFFECTIVE DATE	12/31/2024
EFFECTIVE TIME	11:59PM

ARTICLE I - BUSINESS NAME CHANGE

DATE OF ADOPTION	09/17/2024
NEW BUSINESS NAME	Pathways, Inc

APPROVED AND FILED
DIEGO MORALES
INDIANA SECRETARY OF STATE
11/07/2024 05:45 PM

SIGNATURE

THE MANNER OF THE ADOPTION OF THE ARTICLES OF BUSINESS AMENDMENT AND THE VOTE BY WHICH THEY WERE ADOPTED CONSTITUTE FULL LEGAL COMPLIANCE WITH THE PROVISIONS OF THE ACT, THE ARTICLES OF INCORPORATION, AND THE BYLAWS OF THE CORPORATION.

THE UNDERSIGNED OFFICER OF THIS NONPROFIT CORPORATION EXISTING PURSUANT TO THE PROVISIONS OF THE INDIANA NONPROFIT CORPORATION ACT DESIRES TO GIVE NOTICE OF ACTION EFFECTUATING BUSINESS AMENDMENT OF CERTAIN PROVISIONS OF ITS ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY **November 7, 2024**.

THE UNDERSIGNED ACKNOWLEDGES THAT A PERSON COMMITS A CLASS A MISDEMEANOR BY SIGNING A DOCUMENT THAT THE PERSON KNOWS IS FALSE IN A MATERIAL RESPECT WITH THE INTENT THAT THE DOCUMENT BE DELIVERED TO THE SECRETARY OF STATE FOR FILING.

SIGNATURE

Julie Beasley

TITLE

Chairman

Business ID : 197311-569

Filing No. : 10567805

BYLAWS
Of
Pathways, Inc

ARTICLE I
Incorporation

Section I Name

The organization is incorporated under the laws of the State of Indiana and is known as Pathways, Inc.

Section II Mission Statement

Pathways provides high-quality, affordable early learning and promotes economic mobility for families.

Section III Powers and Prohibited Acts

A. Pathways, Inc. is empowered to engage in any lawful act or activities for which this nonprofit corporation is organized under the Indiana Nonprofit Corporation Act of 1991, IC 23-17-1-1 et seq. (hereinafter referred to as “the Act”) and which is within the permitted purposes of an organization which is described in Sections 170(c)(2) and 501(c)(3) of the Internal Revenue Code.

B. Except as provided otherwise by the Articles of Incorporation or by these By-Laws, the Corporation shall have all powers which a public benefit nonprofit corporation may have if organized under the Indiana Nonprofit Corporation Act of 1991, as amended, and shall have such additional powers as are permitted by any applicable law and which are within the permitted purposes of an organization which is described in Sections 170(c)(2) and 501(c)(3) of the Internal Revenue Code.

C. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, any of its officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth above.

D. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office.

E. Notwithstanding any provision of the Articles of Incorporation of the Corporation or any other provision of these By-Laws, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code or (b) by a

corporation, contributions to which are deductible under Sections 170(c)(2), 2055(a) or 2522(a) of the Internal Revenue Code.

F. References in this section to a provision of the Internal Revenue Code shall be deemed to refer to the provision of the Internal Revenue Code of 1986, as amended, and also to the corresponding provision of any future federal tax law.

ARTICLE II Governance

Section I. Board of Directors

A. The governing responsibilities of Pathways, Inc. shall be vested in the Board of Directors. It shall be responsible and accountable for the implementation and accomplishment of the Mission as stated in Article I of this document.

Board member responsibilities shall include but not be limited to:

1. Helping determine and promoting MCUM's mission and purpose.
2. Attending monthly board meetings, except in unusual circumstances. Please inform the MCUM office if you will be unable to attend.
3. Attending the orientation meeting near the beginning of one's service on the board.
4. Attending any special board retreat or planning meetings, possible held on a Saturday.
5. Serving on at least one committee in addition to the board.
6. Supporting the programs and activities of MCUM and attend a reasonable number of its functions.
7. Helping promote favorable public relations for MCUM in the community.
8. Identifying and contacting prospects to explain MCUM's services each year.
9. Hiring and supervising of the Executive Director.
10. Approving the annual budget and annual report.
11. Participating in fundraising.

B. Board composition

The Board shall consist of fourteen members, with the *suggested* configuration as follows:

1. One client representative.
2. One community partner representative.
3. Nine to Ten (9-10) members from supporting church member congregations.
4. Two to three (2-3) members from the business and professional community.

C. Term

1. All Board member terms will be for three years with the following exceptions: the appointed positions from Church Women United and Opportunity House, when filling a vacancy, or until a successor has accepted election.
2. Twelve of the members shall be elected and two appointed, i.e. one by Church Women United and one by Opportunity House. Four of the twelve elected members shall be elected annually.
3. Terms of newly elected Board members begin in January.
4. Retiring members shall complete their terms on December 31.
5. Members elected to fill a vacancy shall serve for the duration of the unexpired term.
6. Members who fill a vacancy shall be eligible for two full terms after the completion of the partial term that they filled.

D. Board Selection, Election and Development

1. The Board Development Committee is responsible for creating a slate of candidates for board positions and officers.
2. No Board member who has served two consecutive three-year terms is eligible for re-election.
3. A period of one year must elapse before eligibility is restored.
4. New Board members shall be elected at the November Board meeting.

E. Board Attendance, Vacancy and Removal

1. It is necessary that Board members attend Board meetings in order for Board business to be conducted efficiently and effectively. Therefore, Board members are expected to make every reasonable effort to attend all Board meetings.
2. Board members are expected to notify the Pathways, Inc. office if they will not be able to attend a Board meeting
3. Any vacancy caused by death, resignation, removal or other cause shall be filled by the Board upon the timely recommendation of the Board Development Committee.
4. A Board member may be removed with or without cause by a vote of nine (9) of the fourteen (14) Board members then in office.

F. Meetings, in person or telephonic

1. The Board of Directors shall meet monthly. The time and place of monthly meetings shall be approved by the Board at the first meeting (January) of each fiscal year. The first meeting will be held in accordance with the schedule determined for the preceding year.
2. Special meetings may be called by the Chair, Vice-Chair or by any four members of the Board after providing 48-hour notice to all Board members. Any meeting may be conducted through telephonic or other means of communication.
3. The Board shall have an annual meeting on the first meeting of each year or at such time and place as the board may designate.

G. Quorum

At any meeting of the Board of Directors, the presence of 51% of Board members shall constitute a quorum for the transaction of business.

H. Action by Written Consent

1. Any action required or permitted to be taken at any meeting of the Board of Directors or of any committee thereof may be taken without a meeting, if all members of the Board of Directors approve the action in writing.
2. The action shall be evidenced by at least one written consent that describes the action taken, is signed by each Board member, and is included in the minutes or filed with the corporate records.
3. An action taken by written consent shall be effective when the last Board member signs the consent, unless the consent specifies a prior or subsequent effective date.
4. A signed written consent shall have the effect of a vote taken at a meeting and may be described as such in any document.

I. Conflict of Interest

11. Any Board member and any committee with Board delegated powers having an existing or potential interest in a contract or other transaction presented to the Board of Directors or a committee thereof for deliberation, authorization, approval, or ratification, or any such person who reasonably believes such an interest exists in another person, shall make a prompt, full, and frank disclosure of the interest to the Board or committee at the earliest possible meeting of such Board or committee after the interest becomes known.

The body to which disclosure is made shall determine, by majority vote, whether the interest disclosed may result in a conflict of interest such that the non-voting and non-participation provisions listed below shall be observed. If a conflict of interest exists, such person shall not vote on, nor use his/her personal influence on nor participate (other than to present factual information or to respond to questions) in the discussions or deliberations with respect to such contract or transaction. The interested person shall be required to leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in the conflict of interest. Such person shall not be counted in determining the existence of a quorum at any meeting where the contract or transaction is under discussion or is being voted upon. The minutes of the meeting shall reflect the disclosure made, the vote thereon and the abstention from voting and participation, and whether a quorum was present.

12. For purposes of this Section, a person shall be deemed to have an "interest" in a transaction, contract or arrangement or other transaction if the person has, directly or indirectly through business, investment or family:

- a. An ownership or investment interest in any entity with which the Corporation has a transaction or arrangement or with which the Corporation is negotiating to have a transaction or arrangement;
- b. A compensation arrangement with the Corporation or with any entity or individual with which the organization has a transaction or arrangement or any entity or individual with which the Corporation is negotiating to have a transaction or arrangement;
- c. May gain a significant financial or other personal benefit, directly or indirectly, if the contract or transaction is approved; or
- d. A potential ownership or investment interest in, or compensation arrangement with any entity or individual with which the tax-exempt organization is negotiating a transaction or arrangement. For these purposes, the term "compensation" includes direct and indirect remuneration and gifts or favors that are substantial in nature.

J. Board Officers

1. Chair

The Chair is the chief elected officer of Pathways, Inc. and shall preside over all Board meetings and other functions as deemed appropriate by the Board. The Chair's authority and duties shall include, but not be limited to:

- a. Appointment of all standing committees and their chairs
- b. Appointment of such ad hoc committees and their chairs as deemed necessary.
- c. The signing of all legal documents
- d. Serves as a signatory on all checking accounts

2. Vice Chair

The Vice Chair shall exercise the powers, authority and duties of the Chair in the absence or disability of the Chair.

3. Secretary

a. The Secretary's duties shall include but not be limited to, recording the minutes and providing to Pathways, Inc. staff in a timely way for duplication, distribution and permanent storage.

b. May sign contracts in the absence of Chair or Vice Chair and may be required to attest to signatures.

4. Treasurer

Treasurer is the chief financial officer of the organization. Duties may include but not be limited to:

- a. The Treasurer shall monitor the fiscal operations of Pathways, Inc. and if necessary make recommendations to the Finance Committee for changes in fiscal policy.
- b. An annual budget shall be prepared by the Executive Director, and Treasurer, reviewed by the Finance Committee with final approval by the Board.
- c. Bank account reconciliation shall be the responsibility of the Treasurer.
- d. The Treasurer is a trustee of the pension plan

f. The Treasurer reviews the annual audit and reports to the Board.

5. Officers Financial and Legal Authority

a. At least two members of the Executive Committee shall be signers on Pathways' accounts, as appointed by the Board Chair. These members shall be Signing Officers. If appropriate, the Treasurer shall be named a Signing Officer.

b. Unless otherwise provided by the Board of Directors, all contracts and other legal documents shall be signed by the Chair and attested by the Secretary.

c. The Executive Director or the Signing Officers are authorized to make disbursements.

d. The Treasurer shall have access to all MCUM bank accounts for review purposes. Each month the Treasurer shall review all disbursements authorized by the Executive Director or Signing Officers by matching disbursements against the invoices paid during the month.

Section II Executive Director

A. The Executive Director is appointed by the Board and is responsible and accountable to the Board for successfully managing and directing all professional programs and activities of Pathways, Inc.

B. The Executive Director is free to execute his/her duties and responsibilities within the policy and guideline directives of the Board.

C. The Executive Director shall be a non-voting member of the Board of Directors.

D. The Executive Director's duties and responsibilities shall include but not be limited to:

1. Personnel – Oversees implementation of all volunteer and paid personnel procedures and policies, including but not limited to hiring, termination, training, job performance evaluation and development as required.

2. Fiscal – Oversees allocation of budgeted funds; approves all purchase orders and requisitions; countersigns all checks; prepares and supervises all applications for funding.

3. Facility – Supervises and oversees maintenance, custodial and grounds keeping activities; determines usage of facilities by outside agencies; responds or delegates response to alarm systems.

4. Programs – Evaluates and monitors programs for the purpose of quality assurance, maintaining licensing requirements, providing appropriate staff development training; determining needs of each program; and establishing annual calendar of activities.

5. Support Services – Oversees all support services; bookkeeping; internal and external agency communications; office management and transportation; ensures accountability and efficiency in each area; ensures protection of

permanent records and confidential files; determines vehicle usage and oversees maintenance of vehicles.

ARTICLE III Committees

Section I

A. The Chair, with the approval of the Board of Directors, shall appoint all committees and their chairperson. The Chair may also appoint such ad hoc committees as deemed necessary to carry out the program of Pathways, Inc.

B. Ad hoc committees shall be discharged by the Chair when their work has been completed and their reports accepted, or when, in the opinion of the Board of Directors, it is deemed wise to discontinue the committee.

C. In order to provide needed expertise and where the bylaws permit, committee membership may include one or two non-board members who would be non-voting, but would sign non-conflict-of-interest statements. Appropriate MCUM staff may also be invited to join committees as ex-officio members (non-voting). Committees wishing to add non-board members shall make such requests to the board chair who will make the appointments.

D. Standing Committees

1. Board Development

a. The Board Development Committee shall be comprised of at least three (3) current Board members.

b. The Committee is responsible for presenting a slate of four Board candidates at the October Board meeting.

c. The Committee is responsible for presenting a slate of four Board officers at the October Board meeting.

d. The Committee is responsible for filling Board vacancies as they occur.

e. The Committee shall assist with the orientation of new board members.

f. The Committee shall assist with the ongoing training and development of all Board members.

2. Executive Committee

a. The Executive Committee shall be comprised of the elected officers of the Board and the Executive Director of Pathways, Inc.

b. The Committee shall act for and on behalf of the Board of Directors when the Board is not in session, but shall be accountable to the Board in its actions.

c. The Chair may call monthly meetings as needed and shall preside as chair.

3. Finance Committee

- a. The Finance Committee shall present for approval policies and strategies to the Board of Directors in all financial matters of Pathways, Inc.
- b. The Committee shall review and oversee budget preparation, financial reports, and, with the Executive Director, develop short and long-term financial planning.
- c. The Committee shall present a summary to the Board at each monthly meeting of the financial reports from the previous month.
- c. The Committee shall review the performance of the pension funds and make recommendations regarding these funds.
- d. The Committee shall review the Gift Acceptance Policy each year and be familiar with its contents in the event a decision must be rendered quickly.

4. Fundraising Committee

- a. The Fundraising Committee shall promote, implement, and support the fundraising strategy designed by the Development Director in order to attract resources needed to carry out the mission of the organization.
- b. The Committee shall work with the Development Director and Executive Director to ensure a specific annual fundraising target.
- c. The Committee shall identify specific potential sources of funds to be raised from a diverse mix of sources: individuals, businesses, grants, fees, etc.
- d. The Committee shall participate in prospect research to determine giving potential of individual donors and facilitate development of cultivation and stewardship plans.
- e. The Committee shall review the funding plan to ensure progress toward annual and long-range funding goals.
- f. The Committee shall identify and recruit community leaders to serve with Board members on fundraising committee.
- g. The Committee shall educate the full Board on the techniques of planned giving, marketing, seeking grants, and soliciting corporations and individuals.
- h. The Committee shall encourage the participation of the full Board in fundraising.

5. Personnel Committee

- a. The Personnel Committee shall be responsible for issues involving personnel matters of Pathways, Inc., including but not limited to the following:
- b. The Personnel Committee shall review and maintain an employee handbook for Pathways, Inc. employees
- c. The Committee shall ensure that performance evaluations are completed for each employee annually.
- d. The Committee shall conduct a performance evaluation of the Executive Director annually.
- f. The Committee shall be responsible for proposing salary recommendations to the Finance Committee as necessary.

6. Program Committee

- a. The Program Committee shall be responsible for issues concerning all Pathways, Inc. programs.
- b. The Committee shall plan and review current programs, using but not limited to, follow-up surveys and measured program outcomes.
- c. The Committee shall develop new programs as needs arise and recommend discontinuing ineffective or obsolete programs.

ARTICLE IV Financial

Section I Funds

All monies received by Pathways, Inc. shall be deposited in a general operating fund or other designated accounts. Excess funds may be placed in interest bearing accounts upon approval of the Finance Committee. There may be additional financial policies and/or procedures that are maintained in the Administrative Policy Manual

Section II Disbursements

A. Upon approval of the budget, the Executive Director plus the Board Chair or Treasurer are authorized to make disbursements on accounts and expenses provided for in the budget.

B. The Self Sufficiency Center Program Director, Coaches, Office Manager, and Treasurer may make disbursements from the Emergency Services account for funds that meet specific program criteria.

C. Disbursements from the general account require two signatures. The Office Manager may sign as the second party when the Executive Director, Treasurer, or another one of the Board Members is not available.

D. Disbursements with amounts of \$500 or less may be signed by the Executive Director, Treasurer, and Office Manager.

Section III Fiscal Year

The fiscal year of Pathways, Inc. shall close on December 31.

Section IV Budget

The Executive Director and the Treasurer and Finance Committee shall prepare the annual budget. The budget will be submitted to the Board of Directors for approval at the November Board meeting.

Section V Annual Audit

A. The accounts of Pathways, Inc. shall be reviewed and audited annually by a certified public accountant after the close of business on December 31.

B. The audit report shall be submitted to the Executive Director and Treasurer for presentation to the Board.

C. The audit report shall be available for inspection at all times in the Pathways, Inc. offices.

Section VI Bonding

A. The Executive Director and such Board of Directors and staff as the Board may designate shall be bonded by a sufficient fidelity bond in the amount set by the Board and paid for by Pathways, Inc.

B. It is the policy of Pathways, Inc. to maintain a Directors and Officers Liability policy.

ARTICLE V Dissolution

Pathways, Inc. shall use its funds only to accomplish the objectives and purposes specified in the BYLAWS. On dissolution of Pathways, Inc., any real estate, including building, grounds and furnishing, shall be sold or distributed to one or more regularly organized and qualified charitable, educational, scientific or philanthropic organizations to be selected by the Board of Directors as defined in the IRS code section 501 (c) (3).

ARTICLE VI Parliamentary Authority

The current edition of Roberts Rules of Order shall be the final source of authority in all questions of parliamentary procedure when such rules are not inconsistent with the Charter or BYLAWS of Monroe Co Pathways.

ARTICLE VII Amendments

Revisions

These BYLAWS may be amended or altered by a two-thirds (2/3) vote of the Board of Directors at any regular monthly Board meeting providing the notice for the meeting includes the proposals for amendments. Any proposed amendments or alterations shall be submitted to the Board in writing, at least fifteen (15) days in advance of the meeting at which they are to be acted upon.

ARTICLE VIII Adoption

Upon adoption of these BYLAWS, any previous BYLAWS or amendments which have governed Pathways shall hereby be declared null and void. Any previously adopted

policies of Pathways which are in conflict with these BYLAWS are also declared null and void.

Adopted July, 1984

Amended April 12, 1988

Amended October 8, 1991

Amended March 10, 1992

Amended July 11, 2000

Amended November 13, 2007

Amended July 9, 2019

Appendix

Calendar of Board Activities

*Bank
Box* Fed. I.D. No.
- Mcdm
- Chy. etc. &
Day phone.

(351313090)

(350998713)

Address any reply to:

P. O. Box 476, Cincinnati, Ohio 45201
Department of the Treasury

District Director
Internal Revenue Service

Date:

In reply refer to:

JUN 21 1974

442:22: 39:PLZ

CIN:EO: '74 1 0 0 9

> Monroe County United Ministries, Inc.
847 West 14th Street
Bloomington, IN 47401



Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 170(b)(1)(A)(i).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

If your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your exempt status. Also, you must inform us of all changes in your name or address.

You are not required to file Form 990, Return of Organization Exempt From Income Tax.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

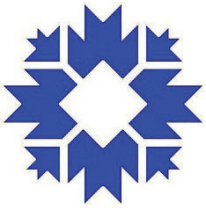
Please keep this determination letter in your permanent records.

Sincerely yours,

Paul A. Schuster

Paul A. Schuster
District Director

Inquiries may be directed to:
Patricia Zyp
513-684-2826



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

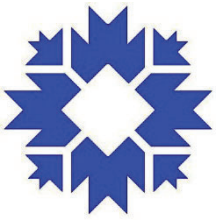
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky

Address:

200 S. Meridian St., Ste 400
Indianapolis, IN 46225

Phone: (317) 210-9333

E-Mail: Steven.Conrad@ppgnhaik.org

Website: www.ppgnhaik.org

President of Board of Directors: Kyan Olanna, JD

Name of Executive Director: Rebecca L. Gibron

Phone: (206) 861-7511

E-Mail: Rebecca.Gibron@ppgnhaik.org

Name of Grant Writer: Steven Conrad

Phone: (317) 210-9333

E-Mail: Steven.Conrad@ppgnhaik.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
365	140	7,000

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Together we advocate, educate, and provide exceptional health care supporting sexual health, wellness, and reproductive freedom — without judgment, without fear, without fail.

PROJECT INFORMATION

Name of the project to be funded:

Safety-Net Sexual and Reproductive Health Services

Total cost of project: \$82,500

Requested amount of Jack Hopkins funding: \$7,500

Number of City residents to be served by this project in 2025: 100

Number of clients to be served by this project in 2025: 140

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

PPGNHAIK respectfully requests a grant of \$7,500 to provide low-to-no cost access to sexual and reproductive health services for patients who are uninsured, under-insured, and/or living at or below 150 percent of the federal poverty level. The safety-net services grant funding will help provide include: (1) pregnancy testing, evaluation, counseling, and referrals; (2) contraception; (3) HIV/STI testing, treatment, and/or inoculation; (4) cervical cancer screening, advanced diagnostics, and care; (5) gender affirming hormone care; and (6) wellness exams. Please note, PPGNHAIK no longer provides abortion care or miscarriage management.

PPGNHAIK is a leading provider of safety-net sexual and reproductive health services, and many of our patients need financial assistance to access care. Over the past 12 months, PPGNHAIK served 2,346 unduplicated patients at our Bloomington health center, of whom: 65 percent reported an annual income at or below 150 percent of the federal poverty level; and 45 percent were uninsured or on Medicaid. PPGNHAIK provided \$83,132 worth of discounted services to Bloomington patients this past year. There is a high demand for safety-net health services in Bloomington, and PPGNHAIK's ability to meet the need is dependent on grants and philanthropic support. Thank you for your consideration of a grant.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

No other organizations will be directly collaborating on the provision of clinical care at PPGNHAIK's Bloomington health center. However, PPGNHAIK continuously works with a wide network of health providers and social service agencies. Most frequently, PPGNHAIK's role is to accept referrals when patients are turned away from other providers due to their insurance-status. As a safety-net provider, PPGNHAIK will accept all patients no matter their ability to pay for care. In certain cases, PPGNHAIK will have to refer patients outside of our service network for specialized and/or follow-up care.

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

421 S. College Ave.
Bloomington, IN 47403

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

N/A

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒

Yes

☐

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☒

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

Individual Donors - \$35,628.02 - Pending (ongoing, annual fundraising)

Sophia Travis Community Service Grant - \$3,750 - Confirmed

Wahl Family Charitable Trust - \$5,000 - Confirmed

United Way of South Central Indiana - \$30,621.98 - Confirmed

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

If awarded a grant, PPGNHAIK will create a special JHSSF billing code within our electronic medical records system. Our Bloomington health center manager will track usage of the discount code. Patients are provided financial assistance on a sliding-scale basis, and PPGNHAIK will apply the grant discount code as needed for qualifying patients. PPGNHAIK will then redact HIPAA-protected information and submit electronic medical records with claims for reimbursement pursuant to the claims schedule. Once the discount code has been used to subsidize care up to \$7,500, PPGNHAIK will submit our final claim, final report, and we will remove the discount code from our system.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

PPGNHAIK continuously fundraises for patient financial assistance in Bloomington and at all our health center locations. The majority of philanthropic support for patient financial assistance comes from individual donors throughout the year. PPGNHAIK provides patient financial assistance on an ongoing basis as we secure philanthropic support. Our total project cost of \$82,500 is an estimate based on how much we were able to fundraise and subsidize care last year.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources *(e.g., other funds, in-kind contributions, or volunteers.)*

PPGNHAIK utilizes grants from the City of Bloomington Common Council to leverage other grants and gifts from supporters in Monroe County. Many supporters want to see that we receive Council support when making their contributions. Furthermore, PPGNHAIK retains many patients with private insurance who once relied on us for grant-funded assistance. Our “Patient Supporter Campaign” teaches folks that private insurance reimbursements greatly support our ability to subsidize care for patients who are uninsured. These formerly uninsured patients choose to continue their care at Planned Parenthood after obtaining insurance as a way to financially support us.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Contraception	\$5,000
Priority #2	HIV/STI Services	\$1,000
Priority #3	Cancer Screenings	\$750
Priority #4	Gender Affirming Hormones	\$500
Priority #5	Pregnancy Tests	\$250
Priority #6		
Priority #7		
Total Requested		\$7,500

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

Within the Service Community Assessment of Needs, there are several health, social, and economic outcomes indicating a lack of equitable access to health services in Monroe County. Monroe County's current chlamydia infection rate is 520.9 cases per 100,000 people, which is higher than both the state and national average. Monroe County performs better than most Indiana counties regarding teen birth and unintended pregnancy (thanks to safety-net providers like PPGNHAIK); however, negative sexual and reproductive health outcomes are impacting Black, Indigenous, and/or People of Color (BIPOC) residents at disproportionately high rates. The teen birth and HIV/STI incidence rates for BIPOC youth and young adults in Monroe County are double those of their white peers. Furthermore, the childhood poverty rate remains high at 14 percent; 7 percent of adults in Monroe County are uninsured; 4 percent of youth are uninsured; and 18 percent of households are severely cost burdened.

Income and insurance-status remain significant barriers to care for folks trying to access health services. For Monroe County to achieve its health and economic equity goals, it is imperative that all people - regardless of their race, income, or insurance-status - have access to sexual and reproductive care.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

This request is the same as PPGNHAIK submitted last year. We recognize our request for ongoing operating support may not align with the intent for Jack Hopkins funds to be a one-time investment. However, we are facing ongoing funding challenges related to inflating costs, low Medicaid reimbursement rates, and abortion bans. The new Federal Administration has also released plans to defund Planned Parenthood every way possible. We need ongoing operating support during this challenging time. PPGNHAIK is implementing a 25 percent budget reduction, launching a new fundraising campaign, and increasing telehealth services to help stabilize operations.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

The long-term impact of PPGNHAIK's work is improved health and economic equity in Monroe County. Published by the National Poverty Center (NPC), the research study "Do Family Planning Programs Decrease Poverty? Evidence from U.S. Census Data" reveals that, yes, family planning and sexual health programs are successful both for short-term and long-term reductions in poverty. Research has proven that communities with equitable access to sexual and reproductive health services experience greater family stability; greater household incomes; more family resources for children; and more community resources for children and families.

Decades of research prove that people with access to sexual and reproductive health services are significantly more likely to graduate high school, pursue and complete higher education, participate in the workforce, establish stable relationships, and achieve or maintain economic stability. PPGNHAIK's work reduces HIV/STI transmission, reduces cancer mortality, reduces teen pregnancy, reduces unintended pregnancy, reduces single-parent households, reduces infant and maternal mortality, and significantly reduces the childhood poverty rate. Sexual and reproductive health outcomes are intricately linked to social and emotional health outcomes as well. By providing access to sexual and reproductive care, PPGNHAIK is helping people achieve a happier, healthier, and wealthier future.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Complemented by PPGNHAIK's other sources of funding for patient financial assistance, this grant will help us accomplish the following:

- 1) ~40 patients will receive financial assistance to the contraception of their choice.
- 2) ~35 patients will receive financial assistance to access HIV/STI services.
- 3) ~20 patients will receive financial assistance to access pregnancy testing and evaluation.
- 4) ~15 patients will receive financial assistance to access cancer screenings
- 5) ~15 patients will receive financial assistance to access gender affirming hormone care.
- 6) ~15 patients will receive financial assistance to access wellness exams.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

PPGNHAIK can ensure no grant dollars will be used to subsidize the cost of abortion care or miscarriage management. When PPGNHAIK obtains a positive pregnancy test is obtained, the patient is offered information on prenatal care and delivery, infant care, foster care, adoption, and pregnancy termination. This information is given in a neutral, factual, and non-directive manner. If a patient chooses pregnancy termination, PPGNHAIK's Patient Navigator helps them access care in other states. Patient Navigation involves many community partners, and it is managed by discrete funding sources not included in this grant budget. PPGNHAIK's electronic medical records/billing system segregates patient navigation from all other health services, and no JHSSF grant dollars will be used to support patient navigation.

2025 Jack Hopkins Project Budget			
Planned Parenthood		Safety-Net Health Services	
Total Project Cost		\$82,500	
	Totals	Other Sources	JHSS Grant
FUNDS			
JHSS Grant			\$7,500
Other Grants		\$39,372	
Individual Donors		\$35,628	
PPGNHAIK		In-Kind (clinician wages, equipment, health center utilities, etc.)	
TOTAL PROJECT FUNDS	\$82,500	\$75,000	\$7,500
EXPENSES			
Office Equipment		In-Kind (PPGNHAIK already owns an ultrasound, exam tables, etc.)	
Staff Time		In-Kind (PPGNHAIK already employs a clinical team in Bloomington)	
Contraception procedures		\$40,000	\$5,000
HIV/STI services		\$15,000	\$1,000
Cancer screenings		\$8,000	\$750
Gender affirming hormone procedures		\$7,000	\$500
Pregnancy testing and evaluation		\$5,000	\$250
TOTAL PROJECT EXPENSES	\$82,500	\$75,000	\$7,500

PPGNHAIK Operating Statement
EOY 2024 (Jan.1 - Dec. 31, 2024)

	Current Year Actual	YTD Budget - CurrentBudget	YTD Budget Variance - CurrentBudget	Total Budget - CurrentBudget
SUPPORT AND REVENUE:				
Support				
Contributions	26,356,554.00	19,591,205.00	6,765,349.00	19,591,205.00
Merger Net Asset Contribution	0.00	42,479.00	(42,479.00)	42,479.00
Use of Restricted	462,942.00	2,348,886.00	(1,885,943.00)	2,348,886.00
Total Support	26,819,496.00	21,982,570.00	4,836,926.00	21,982,570.00
Revenue				
Family Planning - Medicaid and Take Cl	7,631,267.00	7,874,020.00	(242,753.00)	7,874,020.00
Contraceptives - Medicaid and Take Ch	4,827,612.00	7,951,404.00	(3,123,792.00)	7,951,404.00
AB & Procedures - Medicaid and Take C	7,424,227.00	2,770,009.00	4,654,218.00	2,770,009.00
Family Planning - Insurance	11,272,634.00	10,917,992.00	354,642.00	10,917,992.00
Contraceptives - Insurance	10,166,236.00	7,760,490.00	2,405,747.00	7,760,490.00
AB & Procedures - Insurance	6,029,530.00	5,201,795.00	827,735.00	5,201,795.00
Family Planning - Selfpay	5,523,291.00	5,392,324.00	130,967.00	5,392,324.00
Contraceptives - Selfpay	3,465,035.00	2,939,720.00	525,315.00	2,939,720.00
AB & Procedures - Selfpay	3,641,943.00	5,542,683.00	(1,900,740.00)	5,542,683.00
Contractual Allowance - Medicaid and T	(6,529,430.00)	(4,722,433.00)	(1,806,997.00)	(4,722,433.00)
Contractual Allowance - Insurance	(10,301,242.00)	(4,826,141.00)	(5,475,100.00)	(4,826,141.00)
Selfpay Revenue Adjustments	(4,832,141.00)	(2,587,190.00)	(2,244,950.00)	(2,587,190.00)
Federal Title X	2,812,633.00	2,832,634.00	(20,002.00)	2,832,634.00
State Title X	8,818,157.00	7,544,273.00	1,273,884.00	7,544,273.00
Federal Education Grants	46,210.00	487,013.00	(440,803.00)	487,013.00
Investment/Interest	1,678,591.00	1,725,266.00	(46,675.00)	1,725,266.00
Other Income	5,048,551.00	5,889,679.00	(841,129.00)	5,889,679.00
Total Revenue	56,723,106.00	62,693,538.00	(5,970,432.00)	62,693,538.00
Total SUPPORT AND REVENUE:	83,542,602.00	84,676,108.00	(1,133,506.00)	84,676,108.00
EXPENSE:				
Salaries & Professional Fees				
Salary & Fringe	47,116,045.00	47,704,273.00	588,228.00	47,704,273.00
Professional Fees	3,254,230.00	2,687,131.00	(567,099.00)	2,687,131.00
Professional Liability Insurance	820,974.00	545,184.00	(275,790.00)	545,184.00
Total Salaries & Professional Fees	51,191,249.00	50,936,588.00	(254,661.00)	50,936,588.00
Supplies & Equipment				
Cost of Supply Sales	7,814,825.00	7,962,461.00	147,636.00	7,962,461.00
Medical Supplies	900,588.00	1,118,956.00	218,368.00	1,118,956.00
Other Supplies	3,293,856.00	3,326,554.00	32,699.00	3,326,554.00
Equipment	1,103,524.00	1,070,492.00	(33,032.00)	1,070,492.00
Phone	2,357,303.00	2,053,872.00	(303,431.00)	2,053,872.00
Total Supplies & Equipment	15,470,094.00	15,532,335.00	62,241.00	15,532,335.00
Other Expenses				
Postage & Shipping	411,723.00	465,882.00	54,159.00	465,882.00
Advertising & Direct Mail	2,587,180.00	3,089,952.00	502,772.00	3,089,952.00
Printing & Copying	86,219.00	58,372.00	(27,847.00)	58,372.00
Travel & Training	755,320.00	1,460,830.00	705,510.00	1,460,830.00
Dues	3,365,397.00	3,128,725.00	(236,672.00)	3,128,725.00
Occupancy	4,386,284.00	4,539,062.00	152,778.00	4,539,062.00
Other Operating Expenses	1,860,963.00	1,884,165.00	23,202.00	1,884,165.00
Depreciation	3,196,717.00	2,065,013.00	(1,131,704.00)	2,065,013.00
Bad Debt	47,619.00	516,716.00	469,097.00	516,716.00
Total Other Expenses	16,697,423.00	17,208,717.00	511,294.00	17,208,717.00
Total EXPENSE:	83,358,766.00	83,677,641.00	318,874.00	83,677,641.00
EXCESS/(DEFICIT)	183,836.00	998,467.00	(814,631.00)	998,467.00



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
PO Box 2508
Cincinnati, OH 45201

PLANNED PARENTHOOD GREAT NORTHWEST
HAWAII ALASKA INDIANA KY INC
% JOE ALBERS
2001 E MADISON ST
SEATTLE, WA 98122-2959

Date:
December 14, 2021
Employer ID number:
91-0686012
Form 990 required:
990, YES
Person to contact:
Name: Mrs. Brown
ID number: 0202975

Dear Sir or Madam:

We're responding to your request dated September 09, 2021, about your tax-exempt status.

We issued you a determination letter in July 1948, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

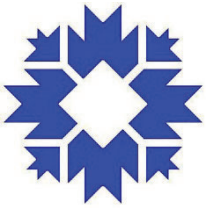
Sincerely,

Stephen A. Martin

Stephen A. Martin

Director, Exempt Organizations Rulings and Agreements

Letter 4168 (Rev. 09-2020)
Catalog Number 66666G



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

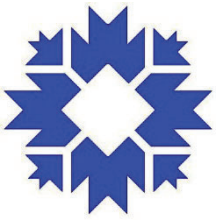
All applicants for 2025 Jack Hopkins funding must submit the following:

- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov
with subject line "[agency name] - 2025 JHSSF App"

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: South Central Community Action Program

Address:

1500 W 15th Street
Bloomington, IN 47404

Phone: 812-339-3447

E-Mail: info@insccap.org

Website: <https://www.insccap.org/>

President of Board of Directors: Bob Goodrum

Name of Executive Director: Eddy Riou, Jr.

Phone: 812-339-3447

E-Mail: eddy@insccap.org

Name of Grant Writer: Laura Buck

Phone: 812-339-3447

E-Mail: lbuck@insccap.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
95	8	157

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Mission: We provide opportunities for all people to achieve personal and economic independence to strengthen our community.

PROJECT INFORMATION

Name of the project to be funded:

SCCAP Building Siding Replacement

Total cost of project: \$123,602

Requested amount of Jack Hopkins funding: \$123,602

Number of City residents to be served by this project in 2025: 4,239

Number of clients to be served by this project in 2025: 8,973

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$123,602 to remove the wood lap siding currently installed at the agency's main building and replace it with insulated vinyl siding.

The agency's current location at 1500 West 15th Street was constructed in 1992, and SCCAP moved to the building in 2004. Over time, the siding of the building has deteriorated. The wood siding installed at this time has begun to split across the building and is in immediate need of repair.

We will use funds from the JHSS grant to remove the current wood siding and replace it with insulated vinyl siding. Insulated vinyl siding protects from moisture and insects, better withstands extreme temperatures than traditional siding, requires less maintenance and upkeep costs, and improves energy efficiency. The insulation layer provides an added degree of general durability for the building as a whole that will further extend the life of the building. While insulated vinyl siding is more costly than traditional forms, we believe the added expense made now will best protect the building from vulnerabilities associated with traditional and wood siding and lessen the financial impact of future repairs.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Same as agency address

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

N/A

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐

Yes

☒

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

SIA Foundation - \$15,000 - requested

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We intend to begin siding work on the building once weather allows and to continue through the summer and fall months until all work with contractors is complete. Claims for reimbursement will be submitted in succession with invoices from our contractor during this time.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

Funds from the SIA Foundation are disbursed this coming June.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

SCCAP will leverage other available funding sources, such as grant funds from the SIA Foundation, to address the total cost of this large scale project. If necessary, we will utilize agency funds for the most pressing repair needs of the building. In light of the uncertainty of SCCAP's traditional federal funding sources at this time, however, allocating funds to this specific project is a last resort.

Additionally, not only will this repair prolong the life of the building much longer than lower cost options, but the improved energy efficiency will create a return on investment through reduced utility bills in the future.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Siding Materials, Labor, and Installation	\$123,602
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$123,602

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

South Central Community Action Program has been providing services affecting social determinates of health and quality of life in Bloomington since the founding of Community Action in 1965. Our commitment is to reduce the extent and impact of poverty in our service areas. SCCAP carries out this commitment through providing support and opportunity for self-development efforts by the low-income community and its members. We administer Growing Opportunities family development program, utility assistance through the Low Income Energy Assistance Program, Housing Choice Opportunities, Covering Kids and Families insurance navigation, Weatherization, Head Start, and Early Head Start. We promote advocacy for the interests of low-income households and engage in public and private organizational partnerships throughout the community.

The agency's Bloomington location is the primary hub for client services, houses the majority of agency staff, and contains Head Start and Early Head Start classrooms. This building is central to service delivery by the agency, and funds for siding replacement are crucial to ensuring the integrity of the location. The current wood siding is splitting or showing indication of impending splits, and paint has begun to significantly peel and oxidize. Deteriorated siding increases risks for moisture build up, mold and mildew, sensitivity to damage from extreme temperatures, loss of indoor temperature regulation, and mounting utility bills -- all of which would negatively impact service delivery from the building. A durable and secure building is necessary for the agency to accommodate client meetings, offer classroom services, continue management of current programming, and expand programming to benefit the Bloomington community in coming years.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

Insulated vinyl siding can be expected to last decades longer than lower cost wood siding. Making the investment to change siding types instead of simply replacing the current wood lap siding will prolong the lifespan of the building and reduce the need for additional investment in the future.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Building improvements represent a reinvestment by the agency to provide quality service delivery to clients at our Bloomington location. By reducing the need to apply agency funds to building maintenance, more agency resources can be applied directly to client services.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

The outcome indicator of this project is relatively simple: a well-maintained and durable building that will allow the agency to continue serving clients from this location for many more years to come.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

JHSS Grant Proposed Budget

South Central Community Action Program		SCCAP Building Siding Replacement	
Total Project Cost		\$123,602	
	Totals	Other Income Sources	JHSS Grant
FUNDS			
JHSS Grant	\$123,602	--	\$123,602
Other Grants	--	--	--
Other Income Sources	--	--	--
TOTAL PROJECT FUNDS	\$123,602	--	\$123,602
EXPENSES			
Siding Replacement Materials, Labor, and Installation	\$123,602	--	\$123,602
TOTAL PROJECT EXPENSES	\$123,602	--	\$123,602



PART OF THE BONE DRY FAMILY



PROPOSAL

NOV 08, 2024 | Project #a04VT0000037KzaYAE

- Honest and transparent pricing
- A Dog-gone good roof

EDDY RIOU

eddy@insccap.org
(812) 219-6612

1500 W 15th St.
Bloomington, IN
47404

INTRODUCTION

Dear Eddy,

We appreciate the opportunity to provide an estimate for your property. Attached please find your estimate and the photos from my inspection at 1500 W 15th St. Bloomington, IN 47404. We are proud to be part of the Bone Dry Roofing family, which was named 2023 Residential Roofing Contractor of the Year by Roofing Contractor, December 2023.

As a top tier roofing contractor in the nation, we are proud to provide you with the best warranty and materials from the industries' leading roofing vendor partners. Our team is trained in the latest roof installation best practices through our manufacturer partners and our in-house training program, Bone Dry University. We place top priority on safety standards at each job site to ensure our team and every homeowner is safe.

If your property was damaged and an insurance claim is in process, rest assured our Insurance team has the knowledge and experience to expertly navigate the insurance claims process with you as a complimentary service. Our goal is to return your property back to a dry, safe and comfortable home again.

RCV has had the privilege of serving the community for over 10 years. Our mission has always been to be the best in customer service and professionalism; this matches the philosophy of Gene Judd, owner of Bone Dry Roofing, who believes "that's not just your roof up there, that's our reputation," and every team member lives by delivering that experience to our customers.

If you have any questions or concerns regarding your estimate, please don't hesitate to contact us. We look forward to earning your business.

Kind regards,
Don Dyar | Roofing Supervisor
don.dyar@rcvroofing.com
812-345-5617

RCV
5264 W. Vernal Pike Bloomington, IN 47404
Office: 812-650-4301
rcvroofing.com



Meet Don

Sales Manager

Don Dyar joined RCV Roofing, Siding and Gutters in 2021. Don holds a Bachelor of Business Administration and a Master's in Secondary Education, bringing a strong educational foundation to his role.

With extensive customer service experience and over a year as the Roofing Division Manager, Don excels in inspecting roofs, gutters, siding, and soffit/fascia to identify and resolve issues. He values the variety of his job and the opportunity to assist different people daily.

Outside of work, Don enjoys competitive slow-pitch softball, golf, and spending quality time with his wife and dog. Inspired by mentors who lead by example and are always willing to lend a hand, Don strives to embody the same qualities in his professional life.

His favorite book is The Map of Consciousness Explained by Dr. David R. Hawkins.

WHAT RCV ROOFING CUSTOMERS ARE SAYING

I am very happy with my new roof and the service was very fast and professional. The crew did a fantastic job of protecting my landscaping and deck from the debris and they did an excellent job cleaning up after the work was completed. Their pricing was competitive with other quotes I received and they had the best warranty as they are a platinum preferred installer for Owens Corning. I can say I highly recommend RCV!

Jennifer F.

A great company that truly cares about their clients and goes the extra mile!! RCV has amazing staff that are very professional and efficient! I will always recommend RCV roofing and seamless gutters to friends and family.

Zhain T.

Crews were friendly, hard working, and cleaned up after each day. The siding, soffits and gutters look amazing! Their pricing was in range with the other companies I had quote a price. So glad I chose RCV!

Heather G

RCV is the roofing company to hire. They are there for you from start to finish. The roof looks great and the customer service is even better. If you're looking to replace your roof look no farther.

Jake C.



RCV ROOFING SIDING & GUTTERS



PART OF THE BONE DRY FAMILY

Who We Are

Since 2013, RCV Roofing, Siding & Gutters (RCV) is a beacon of professionalism and customer service in the local roofing industry.

RCV identified a significant void in customer care and professionalism within the local roofing market. Addressing issues of client unresponsiveness from contractors, and lack of attention to workmanship, RCV instilled values of excellence into the industry.

At RCV, commitment to quality and service is paramount. The company swiftly achieved success and growth, becoming the largest residential roofing company in Bloomington.

Ensure Peace of Mind

It's our mission. It's our purpose. RCV solves problems and ensures peace of mind for every customer through exceptional service.

Don't Take Shortcuts

As you may have realized by now, RCV is not like other contractors. From getting into your attic during inspection, through installation of top quality materials, to cleanup and quality check, we don't take shortcuts because we want you to feel confident about your decision to work with us.

Partner with the Best

As an award-winning contractor, RCV partners with some of the most respected manufacturers in the industry and we are happy to pass on great partnership benefits, like Lifetime Warranties, to you. By choosing to work with RCV, you're partnering with the best.

Always Do What's Right


Delivering on our mission is very important to us. Sometimes, things don't go as planned and contractors don't hold themselves accountable. That's not RCV. While we strive to provide the best service, if something does happen, our teams will always do what we can to make things right.



EXTERIORS

Description
Exterior Project
Full Insulated CedarBoards Vinyl Siding Replacement: Remove all existing wood siding, J channel, utility trim, J blocks, split blocks, exhaust vents, and gable vents. Replace damaged decking as needed. Install new house wrap vapor barrier. Flash tape all window and door openings. Install all new J channel, utility trim, J blocks, split blocks, exhaust vents, and gable vents. Install new Certainteed Insulated CedarBoards vinyl siding. Double 6" profile size. Clean up and haul away all debris.
Wood Charges: Any rotten or damaged decking will be replaced subject to an additional charge. \$65 per sheet.

Quote subtotal	\$123,602.32
Total	\$123,602.32

 **SERVICEFINANCECOMPANY,LLC**
A subsidiary of Truist
9.9% APR/120 months, Min: \$3000

est.

\$1,626.58/mo

Job Notes:

SELECTIONS & SIGNATURE

Exteriors

\$123,602.32

Project:

a04VT0000037KzaYAE

Name:

Eddy Riou

Address:

1500 W 15th St., Bloomington, IN

Estimates are valid for 30 days from date of estimate

Customer Comments / Notes

Eddy Riou:

Eddy Riou, Jr.

Date:

By signing this form I agree to and confirm the following: I certify that I am the registered owner of the above project property, or have the legal permission to authorize the work as stated. I agree to pay the total project price, upon completion of each trade, and understand that this work will be completed in accordance with industry best practices.

SIDING - WHAT TO EXPECT

☐ The day before or the day of installation the siding may arrive on pallets. The materials will take up the space of a car.

Please let us know if there is a particular side of the driveway or any other place you want the materials delivered.

☐ Expect installation to start at daylight. If this does not work for you, please let us know a more suitable time.

☐ We will protect your property with tarps to cover shrubs, decks, and delicate flowers. If there are additional areas to which you would like us to pay special attention, please let us know ahead of time. We will do our best to minimize damage to landscaping but some damage may occur for which we are not responsible.

☐ Expect pictures of the installation process to be sent to your mobile phone throughout the installation or at the end of the installation.

☐ You will be notified immediately if any additional work has been discovered that will change your original quote amount.

☐ Please ensure all vehicles, grills, lawn furniture etc. are moved away from the work areas the morning of the project.

Remove vehicle from garage prior to our arrival.

☐ We will need access to electrical sockets for our equipment.

☐ Please be aware vibrations may affect the interior of your house, particularly walls and cathedral ceilings and shelves/pictures hung near or on walls and ceilings. Please remove all pictures and fragile items off shelves on exterior walls.

We will do everything we can do to prevent this from happening, but some nail pops or other drywall/plaster damage may occur for which we are not responsible. If you have a cathedral ceiling, please advise the job superintendent the morning of installation.

☐ Low voltage wiring, exterior lighting, cable/satellite lines, internet cables, telecommunications lines both hidden and exposed may be affected. An electrician or service provider may be needed to remove such services/outlets/boxes to allow for proper flashing installation. Any additional costs are the homeowner's responsibility. We are not responsible for providing such services. We do our best to carefully remove those for your siding installation and we are not responsible for any damage that may occur in the event that an electrician/service provider is not consulted.

☒ Please ensure that the siding you have selected is approved by your Homeowners Association if applicable.

☐ Please plan to inspect your siding with the job supervisor when the job is complete. This will allow you to ask questions and will allow us to address your concerns while the crew is on site.

☐ Payment is due in full upon completion of each trade performed.

All credit card payments will be assessed a technology fee.

Eddy Riou, Jr.

Eddy Riou

Date:

I acknowledge that I have read and understand this page. Initials:

ER

INDIANA TERMS & CONDITIONS

INDIANA - TERMS AND CONDITIONS

1. **Contract Documents.** The Contract Documents include: (a) the Proposal and any drawings, plans and specifications for the work set forth in the Proposal; (b) these Terms and Conditions; (c) any addenda or Change Orders; and (d) the Exclusive Limited Warranties attached hereto. The Contract Documents form the entire and integrated Contract between Customer and Bone Dry Roofing ("BDR") and supersede all prior negotiations, representations, or agreements, written or oral.
2. **The Work.** BDR shall perform the Work in accordance with the Contract Documents, manufacturer's specifications, and applicable law. BDR shall have sole control over means, methods, techniques, sequences and procedures to complete the Work. Unless otherwise provided in the Contract Documents, BDR shall provide and pay for all labor, materials, supplies, tools, equipment, and machinery reasonably necessary to complete the Work. Some variation may occur in color, texture and planes of materials. BDR may substitute similar materials if specified materials are unavailable. BDR does not evaluate venting and circulation systems. BDR may utilize subcontractors, vendors, suppliers, or others who are not a party to this Contract to provide labor, services, material, equipment, or machinery in connection with the Work. Neither the Work, nor the contract price, includes any governmental permit, service, or access charge.
3. **Changes.** BDR shall be entitled to a Change Order increasing the contract price upon the occurrence of any of the following: (a) Customer requested or ordered changes in the scope of the Work, including selection of materials not specified in the Proposal; (b) discovery by BDR of any deteriorated materials (i.e., decking, fascia boards, roof jackets, ventilators, flashing, etc.), hidden damage or the need for repair or replacement of any condition not specified for repair or replacement in the Contract Documents; (c) any additional work required by government inspectors to make the existing structure compliant with local and state codes; or (d) any of the contingencies set forth in Paragraph 4 occur and result in additional costs to complete the Work. If the parties cannot agree on the amount of the Change Order, the Customer shall pay BDR at the unit prices set forth in the Proposal, or where there are not unit prices, on a time and materials basis, plus overhead and profit, for the changed work, which amount shall be added to the contract price.
4. **Estimated Start and Completion Dates.** Customer acknowledges that the Estimated Start Date and Job Duration provided in the Proposal are estimates only and are based on the expected and usual performance of the Work during normal daytime working hours, Monday – Friday. BDR cannot guarantee that it will complete the Work within the estimated Job Duration. In no event shall BDR be responsible for any damages caused by a failure to complete the Work within the estimated Job Duration. Contingencies that could affect the completion time of the Work include: (a) adverse weather, (b) unforeseen site conditions, (c) unusual building construction, (d) natural disasters or other acts of God, (e) war or acts of terrorism, (f) disputes over boundaries or title, (g) strikes or labor disputes, (h) unavailability of materials or laborers or subcontractors, (i) delays in previously scheduled projects, (j) unavailability of permits, (k) changes in laws or codes not reasonably foreseeable, (l) fire or other casualty, (m) epidemic, pandemic, or quarantine, (n) special requirements from governing bodies, (o) changes in the Work, or (p) other causes not the fault of BDR that impact the progress of the Work.
5. **Contract Price and Payment Terms.** Customer shall pay BDR the contract price upon completion of each division of work (roofing, gutters, insulation, etc.) or as otherwise set forth in the Proposal. Determination of the balance due and the date of completion are solely the responsibility of BDR. Interest shall accrue at 1.5% per month on all amounts unpaid after thirty (30) days. A \$50.00 service fee will be charged for any returned check. The making of final payment by Customer constitutes a waiver of all claims against BDR, except for claims arising under the Exclusive Limited Warranties attached hereto.
6. **Parties and Insurance Coverage.** The parties to this Contract are Customer and BDR. This Contract does not create any relationship between Customer and any other entity. Customer understands that other companies related to BDR may provide Customer with proposals and Customer may enter into separate contracts with those entities. The terms of this Contract do not control those relationships and any other contracts Customer may enter into with those entities do not affect the terms of this Contract. Nothing in this Contract creates a third-party beneficiary relationship. Additionally, Customer may have insurance that provides coverage for the Work. BDR does not and cannot guarantee that Customer's insurer will provide coverage or pay the contract price in whole or in part. Customer understands and

I acknowledge that I have read and understand this page. Initials:

ER

acknowledges that its insurer is not a party to this Contract and that Customer is responsible for paying for the Work regardless of whether its insurer provides coverage. If there is insurance coverage for the Work, Customer agrees to promptly pay to BDR any proceeds received from such insurance on account of the Work up to the amount of the contract price as amended by Change Order. If the insurance proceeds are insufficient to cover the entire contract price for any reason, including, but not limited to, insufficient coverage, coverage decisions by the insurer, or deductibles, depreciation or penalties applied by the insurer, Customer agrees to pay BDR for the Work. Neither BDR, nor any subcontractor, vendor, supplier, or other person or entity who is not a party to this Contract, may initiate or pursue a claim with Customer's insurance company.

7. **Customer's Obligations and Commitments.** Customer shall: (a) grant free access to work areas for workers and vehicles; (b) allow storage of materials on Customer's property; (c) keep driveways clear and available for movement and parking of vehicles during normal working hours, including removal of ice and snow; (d) supply, electric, water, and utilities; (e) arrange for identification of underground utilities before BDR performs any digging; and (f) remove, protect, or secure all satellite dishes, solar panels, sky lights, and other exterior and interior personal property (e.g., shrubs, flowers, wall hangings, etc.) before the Work begins. Customer shall hold BDR harmless from any and all damage to Customer's personal property, including but not limited to interior fixtures, drywall, plaster wall construction, and decorations, unless caused by BDR's negligence. BDR shall not be responsible for realigning satellite dishes or solar panels. The Work may require the use of dumpsters, heavy equipment vehicles, and construction equipment on Customer's property. Customer holds BDR harmless from any damage to Customer's property caused by weight or movement of such dumpsters, vehicles, or equipment or any damage or injury caused by debris remaining on Customer's property after completion of the Work. BDR shall not be expected to keep gates and doors closed, and Customer shall hold BDR harmless from claims arising therefrom. Excess construction material shall remain BDR's property. Customer shall hold BDR harmless from pre-existing conditions on the property discovered during completion of the Work. Performance under this Contract is contingent upon strikes, accidents, or other delays beyond BDR's control. The contract price may be adjusted due to material or labor price increases caused by unforeseen problems arising after the Work has begun, market supply shortages, or unusual spikes in market demand. BDR is not responsible for removing hazardous material (e.g., lead paint or asbestos) from Customer's property and may stop Work until it is removed. Customer agrees to hold BDR harmless from damages caused by mold, fungus, or biological material. Customer agrees to indemnify and hold BDR and its employees harmless from and against all liabilities, legal fees, damages, losses, costs and other expenses in relation to any claims or actions brought against BDR arising out of any breach by Customer of these Terms and Conditions or other liabilities arising out of Customer's negligent acts or omissions.
8. **BDR's Rights.** Customer may not, under any circumstances, withhold amounts, claim an offset, or unilaterally attempt to charge other amounts to BDR. Customer's failure to tender the full balance due upon notification of completion is a default of Customer's obligations. If Customer fails to make a payment or commits any other breach of the obligations under this Contract, BDR may immediately stop the Work and, upon seven (7) days' written notice to Customer, terminate this Contract and recover payment for Work performed, all other costs, damages or expenses, including reasonable attorneys' fees and other costs and expenses of collection, and the anticipated profit on the balance of the Work not completed. BDR may terminate this Contract for any reason, including for BDR's convenience, upon seven (7) days' written notice to Customer, and may recover from Customer payment for Work performed. If BDR's termination for cause is later found to be wrongful or without cause, such termination shall be considered a termination for convenience.
9. **BDR Liability.** BDR warrants that the Work will comply with Bone Dry's Exclusive Warranty attached hereto. BDR expressly disclaims any and all other warranties, whether express, implied, or oral, including any implied warranties of merchantability, habitability, workmanship, or fitness for a particular purpose. Customer expressly waives any special, indirect, incidental or consequential damages, including, but not limited to, delay, disruption, loss of product, loss of anticipated profits, or revenue, loss of use of equipment or property, non-operation or increased expense of operation of other equipment or systems, cost of capital, or cost of purchase or replacement equipment systems or power. All warranties set forth in the Exclusive Limited Warranties are conditioned upon Customer paying BDR in full for the Work. The liability of BDR and BDR's employees, subcontractors, and consultants to Customer for damages shall be limited to any available and applicable insurance or \$10,000. BDR maintains a commercial general liability insurance policy with a single claim limit of \$1,000,000.
10. **Dispute Resolution.** If a dispute arises concerning the Work or money due BDR, the method of binding dispute resolution shall be arbitration or litigation, at BDR's sole election. If BDR elects arbitration, Customer consents to such arbitration as the exclusive form of binding dispute resolution, which arbitration shall be held in Indianapolis, Indiana, under the Construction Industry Arbitration Rules of the American Arbitration Association (AAA) or the Alternative Dispute Resolution (ADR) of the Better Business Bureau (BBB) at BDR's sole discretion. In either arbitration or litigation, BDR shall be entitled to recover its costs related to such a dispute, including reasonable attorney's fees, if BDR prevails.

11. **Right to Cancel.** Customer may cancel this Contract at any time before midnight on the third business day after the later of the following: (a) the date this Contract is signed by Customer and BDR; or (b) if applicable, the date Customer receives written notification from its insurance company of a final determination as to whether all or any part of Customer's claim or this Contract is a covered loss under Customer's insurance policy. See attached notice of cancellation form for an explanation of this right.
12. **Customer Inquiries.** Customer problems or inquiries may be directed to BDR's customer service department at the phone number, address, or email address set forth on the Proposal.
13. **Miscellaneous.** This Contract shall be construed and interpreted according to the laws of the State of Indiana. Customer agrees that he/she has read and understands the written terms of this Contract. Customer agrees that the written terms of this Contract define the relationship between Customer and BDR. Customer further agrees that Customer is not relying upon any statements, advertisements, or representations not explicitly included in this Contract. If any of these Terms and Conditions should be determined to be invalid, illegal, or unenforceable for any reason by any court of competent jurisdiction then such Term or Condition shall be severed and the remaining Terms and Conditions shall survive and remain in full force and effect and continue to be binding and enforceable. Customer acknowledges and accepts that the contract price may change based on the amount of materials used.

BONE DRY'S EXCLUSIVE WARRANTIES

1. **Manufacturers' and Suppliers' Warranties.** Upon receipt of payment in full of the contract price, BDR shall turn over, assign to or otherwise pass through to Customer all warranties and guarantees, if any, given or made by manufacturers or suppliers of appliances, equipment, systems, or materials installed as part of the Work. BDR shall have no responsibility on or with respect to such warranties or guarantees, and Customer shall look solely to the manufacturers and suppliers extending such warranties for their satisfaction thereunder.
2. **Warranty Date.** The term "Warranty Date" when used in these Exclusive Limited Warranties means the earlier of (a) the commencement date of any warranties provided by manufacturers or suppliers; or (b) the date by which the Work is substantially completed so that Customer can occupy and use the property as contemplated by the Contract.
3. **Roof Warranty.** Upon receipt of payment in full of the contract price and subject to the exclusions, conditions and limitations set forth in Paragraph 11 below, BDR warrants to the Customer that the workmanship provided in connection with a roof installation will be free from defects for ten (10) years from the Warranty Date. The warranties provided in this section survive the passing of legal or equitable title in the home to a subsequent owner. The Roof Warranty set forth in this Paragraph 3 is expressly subject to the following exclusions, conditions and limitations:
 - a. **Inspection.** A roof inspection is required five (5) years after installation. This inspection will be provided at no charge to the original purchaser/owner or their first subsequent property owner, so long as all transferability requirements have been met. It is the Customer's responsibility to contact BDR within 60 days before or after 5 years from the original installation date to schedule the inspection. The 10-year Roof Warranty is null and void if the 5-year inspection is not performed as required. Contact us at warranty@bonedryroofing.com to schedule your 5-year inspection.
 - b. **Manufacturer's Warranty.** To the extent there is an overlap in coverage between BDR's Roof Warranty and a manufacturer's warranty, Customer agrees to exhaust the manufacturer's warranty before seeking relief under BDR's Roof Warranty.
4. **Repair Warranty.** Bone Dry offers no warranties, express or implied, on any roofing repairs.
5. **Gutter Warranty.** Upon receipt of payment in full of the contract price and subject to the exclusions, conditions and limitations set forth in Paragraph 11 below, BDR warrants to the Customer that the workmanship provided in connection with any gutter work will be free from defects for ten (10) years from the Warranty Date. The Repair Warranty set forth in this Paragraph 5 is expressly subject to the following exclusions, conditions and limitations:
 - a. **Gutter tune-up.** A gutter tune-up is required five (5) years after installation. A gutter tune-up will involve resealing miters and end caps. The 10-year Gutter Warranty is null and void if the gutter tune-up is not performed as required. Contact us at warranty@bonedryroofing.com to schedule your 5-year gutter tune-up. Gutter tune-up will be quoted and charged at the time of scheduling.
 - b. **Limitation.** The Gutter Warranty is contingent upon Customer performing routine cleaning and maintenance and does not include issues related to clogged gutters or downspouts.
 - c. **Manufacturer's Warranty.** To the extent there is an overlap in coverage between BDR's Gutter Warranty and a manufacturer's warranty, Customer agrees to exhaust the manufacturer's warranty before seeking relief under BDR's Gutter Warranty.
6. **Siding/Trim Warranty.** Upon receipt of payment in full of the contract price and subject to the exclusions, conditions and limitations set forth in Paragraph 11 below, BDR warrants to the Customer that the workmanship provided in connection with any siding or trim work will be free from defects for ten (10) years from the Warranty Date. The

Siding/Trim Warranty set forth in this Paragraph 6 is expressly subject to the following exclusions, conditions and limitations:

- a. **Maintenance Exclusion.** The Siding/Trim Warranty does not include painting or routine maintenance.
 - b. **Manufacturer's Warranty.** To the extent there is an overlap in coverage between BDR's Siding/Trim Warranty and a manufacturer's warranty, Customer agrees to exhaust the manufacturer's warranty before seeking relief under BDR's Siding/Trim Warranty.
7. **Painting Warranty.** Upon receipt of payment in full of the contract price and subject to the exclusions, conditions and limitations set forth in Paragraph 11 below, BDR warrants to the Customer that the workmanship provided in connection with any painting will be free from defects for two (2) years from the Warranty Date.
- a. **Manufacturer's Warranty.** To the extent there is an overlap in coverage between BDR's Painting Warranty and a manufacturer's warranty, Customer agrees to exhaust the manufacturer's warranty before seeking relief under BDR's Painting Warranty.
8. **Masonry Warranty.** Upon receipt of payment in full of the contract price and subject to the exclusions, conditions and limitations set forth in Paragraph 11 below, BDR warrants to the Customer that the workmanship provided in connection with any masonry work will be subject to the following warranties:
- a. **Full Rebuilds.** BDR warrants to the Customer that the workmanship provided in connection with a full rebuild work will be free from defects for ten (10) years from the Warranty Date. A water repellant coating must be applied five (5) years after the rebuild is complete. It is the Customer's responsibility to contact BDR within 60 days before or after 5 years from the original rebuild date to schedule the water repellant application. The 10-year Masonry Warranty is null and void if the 5-year water repellant coating is not applied as required. Contact us at warranty@bonedryroofing.com to schedule your 5-year water repellant coating application. Cost of water repellant application will be quoted and charged at the time of scheduling.
 - b. **Partial Rebuilds/Flashing.** BDR warrants to the Customer that the workmanship provided in connection with any flashings or partial rebuild work will be free from defects for three (3) years from the Warranty Date.
 - c. **Tuckpointing/Brick Replacement.** BDR warrants to the Customer that the workmanship provided in connection with any tuckpointing or brick replacement work will be free from defects for one (1) year from the Warranty Date.
 - d. **Staining.** BDR warrants to the Customer that the workmanship provided in connection with any staining will be free from defects for ten (10) years from the Warranty Date. If during this ten (10) year period, the staining has deteriorated to the extent the underlying mismatch of brick becomes readily apparent, BDR warrants it will apply an additional coat of staining to any such area. This warranty does not include deterioration that is the result of extreme weather conditions or that is the result of a defect or deterioration of the underlying masonry structure.
 - e. **Manufacturer's Warranty.** To the extent there is an overlap in coverage between BDR's Masonry Warranty and a manufacturer's warranty, Customer agrees to exhaust the manufacturer's warranty before seeking relief under BDR's Masonry Warranty.
9. **Solar Warranty.** Upon receipt of payment in full of the contract price and subject to the exclusions, conditions and limitations set forth in Paragraph 11 below, BDR warrants to the Customer that the workmanship provided in connection with any solar panel installation will be free from defects for ten (10) years from the Warranty Date. The Solar Warranty set forth in this Paragraph 9 expressly excludes any guarantees or coverage for production values.
- a. **Manufacturer's Warranty.** To the extent there is an overlap in coverage between BDR's Solar Warranty and a manufacturer's warranty, Customer agrees to exhaust the manufacturer's warranty before seeking relief under BDR's Solar Warranty.
10. **Transfer of Warranty.** The foregoing limited warranties survive the passing of legal or equitable title in the home to subsequent persons. New owners must provide BDR with a copy of the deed, transfer fee, and copies of any transfer forms within six (6) months of acquiring title to transfer warranties.
11. **Exclusions, Conditions and Limitations on all Warranties.** All warranties are null and void if: (a) Customer fails to pay BDR in full for the Work; (b) Customer fails to provide BDR a signed and completed copy of the Notice of Acceptance of Exclusive Warranties & Waiver of Implied Warranties; (c) Customer, or its successors or assigns, engages any other contractor to perform any repairs on the roof system without BDR's written consent; or (d) Customer fails to notify BDR in writing within 30 days of becoming aware of the presence of any roof damage or possible defect in the Work. None of the warranties set forth herein provide protection against failure, defect or damage caused by situations and events beyond normal exposure conditions, including but not limited to:
- a. Winds, including gusts greater than those listed in the warranty agreement a provided by the shingle manufacturer, lightening, hurricane, tornado, hailstorm, earthquake, fire, explosion, flood or falling objects.
 - b. Distortion, cracking or other failure, or movement of the base material over which the shingles are applied, or of the roof deck, or of the walls or foundation of the building itself.

I acknowledge that I have read and understand this page. Initials:

ER

- c. Damage caused by structural changes, alterations or additions or by the installation of equipment to the structure after the original shingles have been applied.
- d. Damage to the roof deck or the structure caused by ice backup or damming.
- e. Damage due to faulty or aged siding, chimney deterioration, or step flashing not replaced prior to completion of the project.
- f. Damage to property caused by failure to replace old or damaged skylights.
- g. Damage to property caused by substandard ventilation.
- h. Damages caused by mold or mildew.

Manufacturers reserve the right to discontinue or modify their products, including the color of the shingles, and as a result, BDR is not liable in the event replacement material varies in color in comparison to the original product as a result of normal weathering. If BDR replaces material under this warranty, it may substitute products designated to be of comparable quality or pricing in the even the initially installed product has been discontinued or modified by the manufacturer.

NOTICE OF ACCEPTANCE OF EXCLUSIVE WARRANTIES & WAIVER OF IMPLIED WARRANTIES

I recognize that by accepting the express warranties and the insurance covering those warranties for the periods provided in this home improvement contract, I am giving up the right to any claims for implied warranties, which may be greater than the express warranties. Implied warranties are unwritten warranties relating to the reasonable expectations of a homeowner with regard to the remodeling and home improvement of the homeowner's home, as those reasonable expectations are defined by the courts on a case by case basis.

Eddy Riou, Jr.

Eddy Riou

Date:

I acknowledge that I have read and understand this page. Initials:

ER

NOTICE OF CANCELLATION

You may cancel this Contract by mailing, delivering, or submitting by electronic mail a signed and dated copy of this Cancellation Notice or any other written notice to Bone Dry Roofing at the local office address, or by emailing Customer Service at roofus@bonedry.com at any time before midnight on the third business day after the later of the following: (A) the date this contract is signed by you and Bone Dry Roofing; or (B) if applicable, the date you receive written notification from your insurance company of a final determination as to whether all or any part of your claim or this Contract is a covered loss under your insurance policy.

If you cancel this contract, any payments made by you under the Contract will be returned to you within ten (10) business days following receipt by Bone Dry Roofing of your cancellation notice, minus any amounts you may owe for work already done by Bone Dry Roofing.

I HEREBY CANCEL THIS TRANSACTION

Signature

Printed

Address/City/St/Zip

Date

I acknowledge that I have read and understand this page. Initials: _____

ER

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

6/12/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Svcs, LLC CL 500 Wabash Ave. Terre Haute, IN 47807 812 232-0441	CONTACT NAME: PHONE (A/C, No, Ext): 812 232-0441 FAX (A/C, No): E-MAIL ADDRESS: <table border="1"> <tr> <th data-bbox="816 426 1433 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1442 426 1568 451">NAIC #</th> </tr> <tr> <td data-bbox="816 457 1433 483">INSURER A : Cincinnati Insurance Company</td> <td data-bbox="1442 457 1568 483">10677</td> </tr> <tr> <td data-bbox="816 489 1433 514">INSURER B : Zurich American Insurance Company of IL</td> <td data-bbox="1442 489 1568 514">27855</td> </tr> <tr> <td data-bbox="816 520 1433 546">INSURER C :</td> <td data-bbox="1442 520 1568 546"></td> </tr> <tr> <td data-bbox="816 552 1433 577">INSURER D :</td> <td data-bbox="1442 552 1568 577"></td> </tr> <tr> <td data-bbox="816 583 1433 609">INSURER E :</td> <td data-bbox="1442 583 1568 609"></td> </tr> <tr> <td data-bbox="816 615 1433 640">INSURER F :</td> <td data-bbox="1442 615 1568 640"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B : Zurich American Insurance Company of IL	27855	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															
INSURED Bone Dry Roofing, Inc. 7735 Winton Drive Indianapolis, IN 46268															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:10000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	EPP0481702	04/11/2024	04/11/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Drive Oth Car <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	EPP0481702	04/11/2024	04/11/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$	<input checked="" type="checkbox"/>		EPP0481702	04/11/2024	04/11/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input checked="" type="checkbox"/>	622933600	06/11/2024	06/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Rented/Leased Equipment			EPP0481702	04/11/2024	04/11/2025	\$300,000 \$50,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The GL, Auto, WC policy(s) includes an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder only when there is a written contract that requires such status, and only with regard to work performed by or on behalf of the named insured. The GL, Auto, WC policy(s) provide a Blanket Waiver of Subrogation when required by written contract, except as prohibited by law. The GL, Auto policy(s) contains a special endorsement with "Primary (See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

Informational Purposes Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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DESCRIPTIONS (Continued from Page 1)

and Noncontributory" wording, when required by written contract. Excess Liability is following form

Bone Dry Roofing, Inc. Locations: 7735 Winton Drive, Indianapolis, IN 46268 9036 East Washington Street, Indianapolis, IN 46229 7220 US 31 South, Indianapolis, IN 46227 7304 US 31 South, Indianapolis, IN 46227 9149 Rockville Road, Indianapolis, IN 46234 9940 Cincinnati Dayton Road, West Chester, OH 45069 11376 Dorsett Road, Maryland Heights, MO 63043 1155 East New Circle Road, Lexington, KY 40505 5351 West 46th Street, Indianapolis, IN 46254 5420 W. 96th Street, Indianapolis, IN 46268 8130 New LaGrange Road, Louisville KY40222 4201 Sidco Drive, Nashville, TN 37204 3500 Parkway Lane, Hilliard, OH 43026 1250 S. Creasy Lane, Lafayette, IN 47905 1211 W. Coliseum Blvd, Ft Wayne, IN 46808 5895 Suemandy Drive, Saint Peters, MO 63376 3230 Dayton Xenia Road, Dayton, OH 45434 2211 N. Burkhardt Rd, Evansville, IN 47715 7071 Corporate Way Suite 200, Dayton, OH 45459, 5264 W. Vernal Pike, Bloomington, IN 47404; 4399 W Franklin Street Bellbrook, OH 45305. Including Named Insureds: Bone Dry Roofing, Inc. dba RCV Roofing & Bone Dry Roofing, Inc dba RCV Roofing, Siding & Gutters

South Central Community Action Program Inc
2024 Agency Wide Budget

	TOTAL	CAP	CSBG: Admin	CSBG: Client Intake & Assistance Program	CSBG: Growing Opportunities	Affordable Housing	CSBG: Affordable Housing	Revenue	CSBG: Thriving Connections	Circles Contingency Fund (CMF)	TSSA - The Martin Fund	YXG - Youth Extracurricular Grant
Revenue												
Grant Revenue	11,919,730.43	22,395.79	110,221.28	85,295.73	6,456.00	0.00	74,002.37	Grant Revenue	159,024.62	0.00	0.00	0.00
Rental Revenue	47,079.00	0.00	0.00	0.00	0.00	47,079.00	0.00	Rental Revenue	0.00	0.00	0.00	0.00
Donations	26,543.51	879.24	0.00	0.00	0.00	0.00	0.00	Donations	0.00	13,330.93	10,000.00	1,000.00
Program Income	12,345.00	0.00	0.00	0.00	0.00	5,505.00	0.00	Program Income	0.00	1,666.67	0.00	0.00
Investment Income	18.32	0.00	0.00	0.00	0.00	0.00	0.00	Investment Income	0.00	0.00	0.00	0.00
Misc Revenue - Non-Federal	105,289.69	5,008.16	0.00	0.00	0.00	0.00	0.00	Misc Revenue - Non-Federal	0.00	0.00	0.00	0.00
Revenue-Inkind-HS	850,436.04	0.00	0.00	0.00	0.00	0.00	0.00	Revenue-Inkind-HS	0.00	0.00	0.00	0.00
Total Revenue	12,961,441.99	28,283.19	110,221.28	85,295.73	6,456.00	52,584.00	74,002.37	Total Revenue	159,024.62	14,997.60	10,000.00	1,000.00
Expense								Expense				
Payroll Processing	35,030.97	0.00	114.95	966.79	0.00	0.00	225.56	Payroll Processing	451.31	0.00	0.00	0.00
Salary	3,272,775.77	0.00	12,069.99	39,893.34	4,000.00	0.00	54,972.94	Salary	100,986.66	0.00	0.00	0.00
Unemployment Compensation	6,592.59	0.00	16.82	62.37	200.00	0.00	77.23	Unemployment Compensation	157.00	0.00	0.00	0.00
FICA	240,180.00	0.00	859.41	2,618.28	306.00	0.00	3,992.63	FICA	7,098.50	0.00	0.00	0.00
Employee Fringe - 403b	38,269.68	0.00	131.17	1,025.00	0.00	0.00	257.50	Employee Fringe - 403b	2,015.00	0.00	0.00	0.00
Employee Ins	492,328.85	1,610.53	825.01	12,192.28	0.00	0.00	3,914.11	Employee Ins	19,011.30	0.00	0.00	0.00
Mileage	13,563.11	49.80	22.17	235.80	500.00	0.00	114.96	Mileage	575.54	0.00	0.00	0.00
Equipment< \$5000	3,161.43	0.00	0.00	18.70	0.00	0.00	6.80	Equipment< \$5000	0.00	0.00	0.00	0.00
Depreciation	117,555.87	52,531.56	472.31	0.00	0.00	14,045.80	1,000.00	Depreciation	441.52	0.00	0.00	0.00
Equipment over 5,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Equipment over 5,000	0.00	0.00	0.00	0.00
Liability Insurance	36,126.63	0.00	0.00	900.55	0.00	0.00	687.43	Liability Insurance	300.00	0.00	0.00	0.00
Workers Compensation	23,545.48	0.00	68.59	538.60	0.00	0.00	134.65	Workers Compensation	269.30	0.00	0.00	0.00
Policy Council	2,382.83	0.00	0.00	0.00	0.00	0.00	0.00	Policy Council	0.00	0.00	0.00	0.00
Inkind Support	850,436.04	0.00	0.00	0.00	0.00	0.00	0.00	Inkind Support	0.00	0.00	0.00	0.00
Advertising	6,481.87	0.00	1.16	24.08	0.00	0.00	7.72	Advertising	4.56	0.00	0.00	0.00
Rent	85,709.60	0.00	0.00	1,855.00	0.00	0.00	112.00	Rent	6,300.00	0.00	0.00	0.00
Utilities	94,435.04	0.00	0.00	3,877.79	0.00	1,106.21	3,099.54	Utilities	4,108.95	1,068.15	0.00	0.00
Supplies	173,947.20	4,383.41	51.27	2,338.11	250.00	0.00	1,125.94	Supplies	4,767.96	9,966.95	0.00	0.00
Maintenance and Repairs	33,545.71	0.00	0.00	150.23	200.00	30,000.00	500.00	Maintenance and Repairs	0.00	0.00	0.00	0.00
Vehicles Expense	17,384.12	22.00	6.62	206.10	0.00	0.00	74.93	Vehicles Expense	0.00	0.00	0.00	0.00
Postage	12,825.89	0.00	8.07	1,337.83	200.00	0.00	229.34	Postage	25.28	0.00	0.00	0.00
Telephone	20,343.78	0.00	204.22	1,788.26	200.00	0.00	212.59	Telephone	1,199.92	0.00	0.00	0.00
Subscriptions & Memberships	87,398.75	322.59	1,101.80	1,737.21	0.00	0.00	524.37	Subscriptions & Memberships	388.97	0.00	0.00	0.00

South Central Community Action Program Inc
2024 Agency Wide Budget

Copy Cost	55,723.98	0.00	249.94	3,960.93	200.00	0.00	491.09	Copy Cost	981.30	0.00	0.00	0.00
Professional Services	339,602.78	9,333.33	387.59	4,516.90	200.00	4,000.00	1,000.00	Professional Services	6,168.50	0.00	300.00	0.00
I.T. Support	50,768.00	0.00	26.00	2,769.73	200.00	0.00	903.35	I.T. Support	97.39	0.00	0.00	0.00
Training	84,313.27	0.00	118.69	1,294.50	0.00	0.00	202.98	Training	3,406.01	0.00	0.00	0.00
Travel - Out of Town	51,582.16	0.00	68.68	987.35	0.00	0.00	134.71	Travel - Out of Town	269.65	0.00	0.00	0.00
Food Service	340,446.09	0.00	0.00	0.00	0.00	0.00	0.00	Food Service	0.00	0.00	0.00	0.00
Employee Incentives	648.03	648.03	0.00	0.00	0.00	0.00	0.00	Employee Incentives	0.00	0.00	0.00	0.00
Program Assistance	6,319,933.13	77,020.11	93,416.83	0.00	0.00	0.00	0.00	Program Assistance	0.00	0.00	9,700.00	1,000.00
Miscellaneous Expense	8,064.23	6,819.35	0.00	0.00	0.00	0.00	0.00	Miscellaneous Expense	0.00	4.88	0.00	0.00
Total Expense	12,915,102.88	152,740.71	110,221.28	85,295.73	6,456.00	49,152.01	74,002.37	Total Expense	159,024.62	11,039.97	10,000.00	1,000.00
Excess of Revenues over Expense	46,339.11	(124,457.52)	0.00	0.00	0.00	3,431.99	0.00	Excess of Revenues over Expense	0.00	3,957.63	0.00	0.00

South Central Community Action Program Inc
2024 Agency Wide Budget

SFCR	Section 8 HCV & PBV	Emerg. Rental Assistance 2 - Housing Stability
------	------------------------	---

		CKF - Covering Kids & Families			CACFP		Head Start	Early Head Start	EAP	EAP Supplemental	Revenue		LIHEAP Weatherization	
		Extended Day												
125,000.00	3,447,167.33	11,874.00	96,512.22	0.00	265,375.17	2,807,990.17	742,375.79	1,878,637.48	233,217.79		Grant Revenue	321,868.65		
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		Rental Revenue	0.00		
0.00	0.00	0.00	0.00	0.00	0.00	1,333.33	0.00	0.00	0.00		Donations	0.00		
0.00	1,840.00	0.00	0.00	0.00	0.00	3,333.33	0.00	0.00	0.00		Program Income	0.00		
0.00	0.00	0.00	0.00	0.00	0.00	18.32	0.00	0.00	0.00		Investment Income	0.00		
0.00	0.00	0.00	0.00	98,948.20	0.00	1,333.33	0.00	0.00	0.00		Misc Revenue - Non-Federal	0.00		
0.00	0.00	0.00	0.00	0.00	0.00	649,219.17	201,216.87	0.00	0.00		Revenue-Inkind-HS	0.00		
125,000.00	3,449,007.33	11,874.00	96,512.22	98,948.20	265,375.17	3,463,227.67	943,592.65	1,878,637.48	233,217.79		Total Revenue	321,868.65		

		Expense			EAP		Revenue		LIHEAP Weatherization	
		Extended Day								
39,323.60	163,784.79	0.00	73,634.20	3,883.38	0.00	21,601.87	5,125.83	1,385.84	448.31	1,652.69
164.44	243.40	0.00	213.18	6.24	0.00	1,652,563.33	526,562.36	228,489.48	115,746.90	85,477.78
2,509.58	12,181.24	0.00	5,519.82	283.25	0.00	3,150.56	806.43	510.36	14.14	179.04
0.00	3,346.67	0.00	0.00	0.00	0.00	121,961.00	38,811.76	16,578.40	8,386.05	6,259.06
1,067.14	23,198.53	0.00	4,240.20	0.00	0.00	11,482.67	4,682.68	8,226.00	0.00	1,759.33
0.00	5,264.63	427.13	3,150.56	0.00	0.00	219,979.60	73,493.04	58,245.52	9,446.74	41,567.51
0.00	13.60	0.00	0.00	0.00	0.00	1,702.73	260.00	987.26	35.55	94.37
0.00	2,649.12	0.00	0.00	0.00	0.00	2,836.23	240.29	20.40	0.00	17.00
0.00	0.00	0.00	0.00	0.00	0.00	30,670.11	1,059.60	6,181.14	976.28	3,296.63
0.00	4,090.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	976.48	0.00	0.00	0.00	0.00	12,681.31	2,622.36	4,806.88	1,149.83	5,759.73
0.00	0.00	0.00	0.00	0.00	0.00	14,403.08	3,417.68	1,464.72	0.00	1,134.45
0.00	0.00	0.00	0.00	0.00	0.00	2,156.44	226.39	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	649,219.17	201,216.87	0.00	0.00	0.00
0.00	986.95	0.00	0.00	0.00	0.00	2,339.91	1,544.79	34.54	995.05	36.39
0.00	2,862.00	0.00	0.00	0.00	0.00	58,058.67	11,829.33	3,816.00	263.69	417.33
0.00	4,709.59	0.00	0.00	0.00	0.00	58,906.69	5,131.15	6,312.98	415.34	3,123.50
14,609.16	4,275.61	59.33	1,606.38	0.00	109.97	99,229.92	12,633.84	8,092.28	2,196.31	4,451.45
0.00	110.76	0.00	0.00	0.00	0.00	1,589.55	83.43	163.86	1.26	152.24
0.00	261.03	0.00	134.50	0.00	0.00	12,998.09	63.01	213.38	38.78	1,615.52
0.00	1,958.96	0.00	0.00	0.00	0.00	4,079.68	141.19	3,016.20	325.79	893.53
0.00	1,642.33	0.00	0.00	0.00	0.00	10,056.28	904.09	626.26	103.61	2,026.59
528.24	3,238.15	0.00	0.00	0.00	0.00	61,378.77	9,156.28	3,470.94	436.17	3,678.99

South Central Community Action Program Inc
2024 Agency Wide Budget

0.00	6,528.68	0.00	0.00	0.00	0.00	28,121.85	1,237.07	8,668.94	874.78	Copy Cost	2,781.30
50,527.00	10,751.07	0.00	0.00	0.00	0.00	209,501.01	17,326.71	7,585.20	3,881.02	Professional Services	6,381.40
2,470.84	2,008.44	0.00	0.00	0.00	0.00	20,425.56	4,743.49	3,510.02	1,221.12	I.T. Support	4,974.49
12,600.00	3,234.21	0.00	0.00	0.00	0.00	49,730.37	5,662.68	2,836.50	176.68	Training	2,828.33
0.00	2,838.27	0.00	0.00	0.00	0.00	36,788.04	3,804.60	3,394.38	160.25	Travel - Out of Town	1,726.91
0.00	0.00	0.00	0.00	265,265.20	0.00	64,375.17	10,805.72	0.00	0.00	Food Service	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Employee Incentives	0.00
1,200.00	3,173,079.33	0.00	0.00	0.00	0.00	0.00	0.00	1,500,000.00	85,924.14	Program Assistance	139,583.09
0.00	0.00	0.00	0.00	0.00	0.00	1,240.00	0.00	0.00	0.00	Miscellaneous Expense	0.00
125,000.00	3,435,698.69	11,092.96	4,172.87	265,375.17	3,463,227.67	943,592.65	233,217.79	0.00	0.00	Total Expense	321,868.65
0.00	13,308.64	781.04	94,775.33	0.00	0.00	0.00	0.00	0.00	0.00	Excess of Revenues over Expense	0.00

South Central Community Action Program Inc
2024 Agency Wide Budget

0.00	0.00	628.11	0.00	0.00	1,000.00
27.67	981.25	3,805.10	0.00	0.00	1,000.00
17.16	562.50	1,396.22	0.00	0.00	500.00
0.00	0.00	932.32	0.00	0.00	1,000.00
94.00	0.00	462.64	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00
64,229.33	213,637.85	73,035.96	7,500.00	20,000.00	850,000.00
0.00	0.00	0.00	0.00	0.00	0.00
74,681.97	282,279.43	137,854.64	7,500.00	20,500.00	954,958.00
0.00	0.00	0.00	0.00	9,500.00	45,042.00



U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

OFFICE OF THE DISTRICT DIRECTOR

500 Century Building
36 South Pennsylvania Street
Indianapolis, Indiana 46204

IND:EC:65-266
IN REPLY REFER TO
431- DC
Form L-178

DEC 6 1965

Monroe County Community
Action Program, Inc.
c/o Marvin B. Jones, President
Post Office Box 306
Bloomington, Indiana 47402

PURPOSE:
Charitable
ADDRESS INQUIRIES & FILE RETURNS WITH
DISTRICT DIRECTOR OF INTERNAL REVENUE:
Indianapolis, Indiana 46206
FORM 990-A REQUIRED
ACCOUNTING PERIOD ENDING:
June 30th. ✓

Gentlemen:

On the basis of your stated purposes and the understanding that your operations will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

CENTRAL FILE COPY

Monroe County Community
Action Program, Inc.

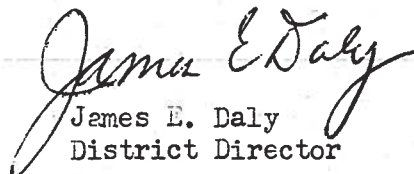
2

Your are not liable for the taxes imposed under the Federal Insurance Contributions Act(social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Attention is directed to the fact that changes in operation from those proposed may have an adverse effect on the organization's exempt status.

Very truly yours,


James E. Daly
District Director

CENTRAL FILE COPY

STATE OF INDIANA

OFFICE OF THE SECRETARY OF STATE

SECRETARY OF STATE

To Whom These Presents Come, Greeting:

WHEREAS, there has been presented to me at this office Articles of Acceptance in triplicate of

MONROE COUNTY COMMUNITY ACTION PROGRAM, INC.

under the reorganized corporate name of

SOUTH CENTRAL COMMUNITY ACTION PROGRAM, INC.

and said Articles of Acceptance having been prepared and signed in accordance with

"An Act concerning the provisions of the Indiana Not for Profit Corporation Act", of 1971.

Whereas, upon due examination, I find that they conform to law: NOW, THEREFORE, I hereby certify that I have this day endorsed my approval upon the triplicate copies of Articles so presented, and having received the fees required by law, in the sum of \$ 26.00, have filed one copy of the Articles in this office and returned two copies bearing the endorsement of my approval to the Corporation.

RECEIVED
Office of Executive Director

Date NOV 9 1982



In Witness Whereof, I have hereunto set my hand and affixed

the seal of the State of Indiana, at the City of Indianapolis,

this 5th day of

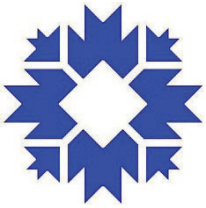
November, 1982.

Edmund J. Serney

Secretary of State,

By Sara M. Tracy

Deputy



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

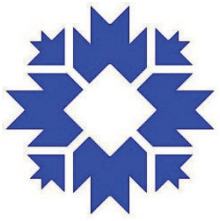
All applicants for 2025 Jack Hopkins funding must submit the following:

- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov
with subject line "[agency name] - 2025 JHSSF App"

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Special Olympics Indiana Monroe County

Address:

c/o Ashley Kell or Lisa Lazell 922 N. Woodburn Ave Bloomington, IN 47404
--

Phone: 812-360-5496 or 812-361-4990

E-Mail: soimcfundraising@gmail.com

Website: _____

President of Board of Directors: Bill Brenner

Name of Executive Director: Matt Dixon

Phone: 317-328-2000

E-Mail: _____

Name of Grant Writer: Lisa Lazell

Phone: 812-361-4990

E-Mail: lisaloo44@yahoo.com

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
		115

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

In cooperation with others in the community, Special Olympics Indiana Monroe County (SOIMC) offers year-round sports training and athletic competition for children (8 yrs and up) and adults with intellectual, cognitive, and learning disabilities. The SOIMC works to empower athletes to shatter stereotypes and exceed their personal goals both on and off the field. The SOIMC provides opportunities for athletes to develop physical fitness, demonstrate courage, experience joy and share gifts, skills, and friendship with others in our community.

PROJECT INFORMATION

Name of the project to be funded:

Uniforms for multiple sports

Total cost of project: \$2,360.00

Requested amount of Jack Hopkins funding: \$2,360.00

Number of City residents to be served by this project in 2025: 198

Number of clients to be served by this project in 2025: 220

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

SOIMC seeks a one time investment of \$2,360 to replace and update our sports uniforms.

Most of our uniforms are well used and outdated. We have increased of clients (athletes) by 30% in the last year and are in need of additional sports uniforms to address this increase.

We need this investment to continue and to grow our mission and to better serve our athletes.

Providing an accessible platform for individual with disabilities within the City is vital for their continous physical and mental stimulation.

The benefits are an increase in potential performance as available equipment is improved and expanded to support the growing teams. Increase in the sense of value and positivity within these individuals regarding their community.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

N/A

How do your missions, operations and services complement each other?

N/A

What is the existing relationship between agencies?

N/A

How will communication and coordination change as a result of the project?

N/A

Explain any challenges and steps you plan to take to address those challenges.

N/A

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Do you own or have site control of the property at which the project is to take place?

☐

Yes

☐

No

☒

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☐

Yes

☐

No

☒

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐

Yes

☒

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Claims for reimbursement will be submitted after we have secured and paid for the uniforms. They may be ordered and paid for in stages.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Volunteers:

All coaching, staffing, support, and County organization is volunteer based.

In kind:

Use of MCCSC facilities, parks and Classic Lanes.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	20 embroidered golf polo shirts @\$40 each	\$800.00
Priority #2	60 subliminated jerseys to wear across multiple sports @\$26 each	\$1,560.00
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$2,360.00

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

SCAN touches on the difficulty these residents face in developing strong social ties, advocating effectively for themselves, maintaining employment, and participating in their communities. Furthermore, as medical services are often increased for disabled residents, these individuals may face poverty at a greater rate than those without disabilities, creating barriers to participating in costly mental and physical health programs.

Both the SCAN and HAND's Consolidated Plan note that providing opportunities for individuals with disabilities to interact within their community and to improve their physical and mental health is a priority for social service funding in our community, SOIMC provides physical activity, community interaction, health support, and mental stimulation for individuals with disabilities, leveraging and coordinating with existing facilities such as Stone Belt to provide positive long term interactions and support.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

SOIMC seeks a one-time investment from the JHSSF to purchase uniforms and provide for team expansion in order to offer residents with disabilities physically and mentally active programming.

Residents with disabilities are particularly vulnerable to social isolation, sedentary lifestyles, and prolonged health risks associated lack of physical activity and interactions.

This investment will enable SOIMC to enhance the quality of physical and mental activities provided as well as increase the capacity of the athletes served within Bloomington. The need for social interactions and stimulation is particularly critical to help increase employment and community involvement rates for disabled residents

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

As the number of residents with disabilities seeking social interactions and independence increases, support services continue to struggle with funding for programming that provides these residents with the tools necessary to promote independent and interactive lifestyles. Physical activity for disabled residents remains one of the top mechanisms for limiting future physical health problems while supporting self-growth and emotional connections.

Providing an avenue for disabled residents to interact with the community while maintaining and improving overall health is the mission of SOIMC. This grant will enhance the SOIMC's capacity to provide residents the proper tools, parameters and setting to improve personal growth, improve physical health and create lasting connections to the Bloomington community,

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

This funding request is for equipment to last indefinitely as well as team expansion.

This will allow for the sporting teams to have the required equipment to allow athletes to participate at a high level of competition. This will allow for continued growth of our organization.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

The Monroe County Special Olympics is housed under the umbrella of Special Olympics of Indiana, however funding for local programs is based almost exclusively on the County volunteers and local fundraising efforts through private, civic and individual donors.

Athletes are never charged. Most athletes live on a fixed income which provides for their basic needs. .

As the number of athletes in the local area continues to increase, operational costs to support as many teams as possible remains a priority, with availability of crucial accessible equipment and standard sporting gear remaining secondary to avenues for participation.

2025 Proposed Project Budget

Special Olympics Indiana Monroe County		Uniforms	
Total Project Cost		\$2,360.00	
	Totals	Other Income Sources	JHSS Grant
Funds			
JHSS Grant			\$2,360.00
Total Project Funds	\$2,360.00		
Expenses			
Golf Shirts	20 x \$40	\$800.00	
Jerseys	60 x \$26	\$1,560.00	
Total Expenses	\$2,360.00		

Special Olympics Indiana Income Statement

	As of 12/31/2024	As of 12/31/2023
483 - Monroe County		
Revenues		
483-40125-999	\$3,668.00	\$3,294.20
483-40275-999	\$8,123.01	\$1,832.33
483-40400-999	\$10,809.65	\$10,560.60
483-40800-999	\$1,267.00	\$2,430.00
Total Revenues	\$33,867.66	\$18,115.13
Expenses		
483-50300-999	\$14.99	\$0.00
483-50315-999	\$1,017.14	\$564.38
483-50275-999	\$563.50	\$468.00
483-51100-999	\$50.00	\$0.00
483-51105-999	\$741.25	\$845.00
483-51125-999	\$85.60	\$29.00
483-56050-999	\$0.00	\$442.80
483-56055-999	\$588.90	\$5,376.19
483-56060-999	\$360.00	\$450.00
483-56095-999	\$1,998.00	\$1,158.00
483-56100-999	\$11,060.00	\$9,250.00
483-56500-999	\$515.00	\$1,560.00
483-56600-999	\$60.00	\$0.00
Total Expenses	\$17,054.38	\$20,343.37
Transfers		
483-70007-999	\$0.00	(\$9,208.48)
483-70008-999	(\$4,375.15)	\$4,375.15
Total Transfers (Out/In)	\$4,375.15	\$4,833.33
NET SURPLUS/(DEFICIT)	\$21,188.43	\$2,605.09

These financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return. Name is required on this line. Do not leave this line blank.)
Indiana Special Olympics, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (LLC corporation, S-S corporation, P-Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any):

Exemption from FATCA reporting code (if any):

(Circle 1 for nonresident alien individual U.S.)

5 Address (number, street, and apt. or suite no.) (See instructions.)
6200 Technology Center Drive, Suite 105

6 City, state, and ZIP code
Indianapolis, Indiana 46278

7 EFT account number(s) here (optional)

8 Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

OR

Employer identification number

3 5 - 1 2 6 2 5 7 4

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not **subject to backup withholding** because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must check out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally **payments** other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *[Signature]* Date ▶ **01/01/2024**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1096 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077556534
June 04, 2015 LTR 4168C 0
35-1262574 000000 00

00032690
BODC: TE

INDIANA SPECIAL OLYMPICS INC
6200 TECHNOLOGY CENTER DRIVE STE 10
INDIANAPOLIS IN 46278-6003



021678

Employer Identification Number: 35-1262574
Person to Contact: S LENARD
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 13, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in May 1972.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

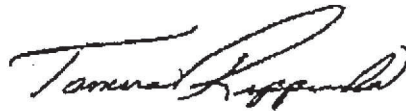
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

4077556534
June 04, 2015 LTR 4168C 0
35-1262574 000000 00
00032691

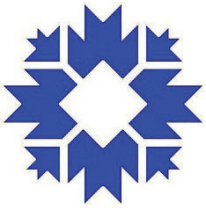
INDIANA SPECIAL OLYMPICS INC
6200 TECHNOLOGY CENTER DRIVE STE 10
INDIANAPOLIS IN 46278-6003

If you have any questions, please call us at the telephone number
shown in the heading of this letter.

Sincerely yours,



Tamera Ripperda
Director, Exempt Organizations



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

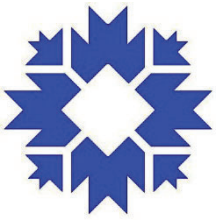
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Hendricks County Child Advocacy Center dba Susie's Place

Address:

365 S. Park Ridge Road Ste. 103
Bloomington, IN 47401

Phone: 812-822-1570

E-Mail: lynn@susiesplace.org

Website: www.susiesplace.org

President of Board of Directors: Cathy Stoll

Name of Executive Director: Emily Perry

Phone: 317-522-6202

E-Mail: emily@susiesplace.org

Name of Grant Writer: Lynn Clinton

Phone: 317-605-7637

E-Mail: lynn@susiesplace.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
12	7	20

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Susie's Place promotes the prevention, justice, and healing of child victims of abuse and violence while maintaining the comfort and safety of the child as the first priority.

PROJECT INFORMATION

Name of the project to be funded:

Bloomington Center Furniture and Tech Improvements

Total cost of project: \$3,994.89

Requested amount of Jack Hopkins funding: \$3,994.89

Number of City residents to be served by this project in 2025: 104

Number of clients to be served by this project in 2025: 423

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$3,994.89 to upgrade worn furniture and to improve technology for staff.

Bloomington Susie's Place served 423 child victims and their families in 2024, 104 of which came from the city of Bloomington. In addition to the initial services provided, 48 children and their caregivers returned for medical appointments. That traffic was just in one year and has caused considerable wear and tear on our furniture. Providing a safe, comfortable environment is critical to the investigation of child abuse. It is required for accreditation by National Children's Alliance, but more importantly, entering the center is the first step in the investigation of a child's abuse. That sets the tone for whether not a child will decide to disclose anything they are experiencing. It is extremely important that they be met with a pleasant environment to build the trust that is required for these difficult investigations.

Our most senior interviewer in Bloomington is working with our most senior laptop, and another interviewer needs a new monitor. These staff are required to participate in court hearings, review interviews, participate in webinars for training, and track statistics on databases. These two outdated items are making our staff work inefficiently and ineffectively.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Same as above

Do you own or have site control of the property at which the project is to take place?

☐

Yes

☒

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

Susie's Place does not own the building that houses our center, but we have been located there for seven years and just signed a lease on the neighboring suite to expand. The items requested in this grant can move with us should the center ever experience a need to relocate.

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐

Yes

☒

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

None

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Susie's Place will make the purchases upon approval from the Jack Hopkins Social Services Funding Committee. The items have already been sourced and orders will be made as soon as approval is received. All claims for reimbursement will be in before the deadline.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

N/A

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources *(e.g., other funds, in-kind contributions, or volunteers.)*

Bloomington Susie's Place has recently undergone a major expansion into the suite that neighbored our existing suite. The build out and furnishings for that area have been provided by a matching grant through the United Way, the Sophie Travis grant opportunity, and various corporate and individual donors. This project is essentially the second phase of that expansion, and that is to bring up the existing area to the quality and comfort of the newer space. The goal is for the space to function as one continuous center without a clear differences in age or condition of furnishings.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Waiting Room 1 (couch, love seat, rug, end table)	1276
Priority #2	Interview Room 1 (chairs, nightstand, rug, pillows)	1406.98
Priority #3	Interview Room 2 (nightstand, rug)	223.98
Priority #4	Waiting Room 2 (chairs, lamps)	499.96
Priority #5	Laptop	479.99
Priority #6	Monitor and Cable	107.98
Priority #7		
Total Requested		3994.89

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

Susie's Place requests this funding in accordance with the funding priority to serve those under 18 years old. Susie's Place Bloomington assists in the investigation of crimes against children from verbal (typically 2 years old) through 17. As stated above, this location served over 400 families in 2024 and has served 6,567 since we opened our doors in 2011.

Child victims of abuse come to our center in crisis. They are experiencing something unimaginable for most adults, let alone children. They walk through our doors after being in an emergency room receiving medical care, after police come to their homes, or after a body safety lesson taught them for the first time that what they are experiencing is wrong. The most important first impression that sets the tone for the investigation is walking into our waiting rooms. It should bring a feeling of comfort and safety, but due to the high volume of children served, it does not elicit the feeling we want these children to have. Stain, wear, and tear can make children question if they are truly comforted and welcome, and we request these funds to assist us in making these children feel like a priority.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

The sectional we currently have in our waiting room was moved from our original location that opened in 2011, as were the chairs in one of our interview rooms. We vetted replacement items to ensure that they are high quality, easily cleaned, stain resistant, and sturdy so that we will not need a replacement for a long time to come. Susie's Place prides ourselves in being good stewards of grant funds and will maintain these new pieces so that they stay in great condition for as long as our current furniture has.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Every child served by Susie's Place is reported to have experienced at least one adverse childhood experience or ACE. As defined by the CDC, ACEs are potentially traumatic events that occur in childhood, including violence, abuse, growing up in a household with mental health issues, and substance abuse issues. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. Being a victim of abuse is one of these ACEs for which victims need trauma-informed interventions and services to heal. If children are not met with these services, it can be devastating not just to the child, but to the where they reside. According to the CDC, "the economic and social costs to families, communities, and society totals hundreds of billions of dollars each year." Investing in the Susie's Place Bloomington location will allow children to have better results in their investigations, as well as a higher likelihood to return for medical appointments and mental health referrals. These services have the potential to instill resilience for these children that mitigates the personal and community costs of ACEs.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Susie's Place will track the number of children and families attending services after the center improvements. By counting families who return for scheduled medical exams or mental health referrals, we will assess the level of comfort and trust these families put in Susie's Place. Additional measures will be taken using a survey that is sent to supportive caregivers after their visit to our center. These surveys request feedback not just on staff and actual service, but on the center atmosphere and physical plant. These surveys will provide data as to the success of the improvements made.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Many years ago, when the Bloomington center first opened and was freshly furnished, a child came for a forensic interview. She immediately laid on the sectional and wrapped herself in a blanket. She waited in that position until it was time for her to go to the interview room to talk. In the interview room, she curled back up in the oversized chair, initially nervous to talk to the interviewer. After talking about things she enjoyed doing and learning about the room she was in and the way the conversation would go, she began to talk about the experiences that brought her in. After a long conversation, she went back to the waiting area and on a chalk board that said "Welcome to Susie's Place," she added on her own "you're going to love it here."

That is the experience and feeling that we want every child to have when coming to Susie's Place. We want furniture they can melt into and an atmosphere that helps them talk about the difficult things that brought them to Susie's Place.

2025 Proposed Project Budget

Susie's Place Child Advocacy Center

Bloomington Center Furniture and Tech Improvements

Total Cost	3994.89			
FUNDS	Total			
JHSS Grant	3994.89			
Other	0			
Total	3994.89			
Expense	Vendor	Quantity	Cost	Total
Navi Fossil Sofa	Furntiure Exchange	1	499	499
Navi Fossil Loveseat	Furntiure Exchange	1	449	948
R406702 Rug	Furntiure Exchange	1	129	1077
Serena End Table	Furntiure Exchange	1	199	1276
Soltren Ash Chair 1/2	Furntiure Exchange	2	579	2434
Tree Furniture Nightstand	Amazon	2	149.99	2733.98
Owl Throw Pillows (Pair)	Furntiure Exchange	1	25	2758.98
Unique Loom Area Rug Avalon	Amazon	2	73.99	2906.96
Abarca Faux Leather Armchair	Wayfair	2	209.99	3326.94
Arc Floor Lamp	Amazon	1	39.99	3366.93
Industrial Touch Table Lamp (set)	Amazon	1	39.99	3406.92
Inspiron 15 Laptop	Dell	1	479.99	3886.91
Acer 21.5 Inch Full HD Monitor	Amazon	1	97.99	3984.49
Anker HDMI 2.1 Cable	Amazon	1	9.99	3994.89

Susie's Place Child Advocacy

Unaudited Statement of Financial Position

As of December 31, 2024

	Total
ASSETS	
Current Assets	
Bank Accounts	
10000 Cash on Hand	536,765.68
10800 Brokerage Account	67,380.59
Total Bank Accounts	\$ 604,146.27
Accounts Receivable	
10703 Grant Receivable	247,724.84
Total Accounts Receivable	\$ 247,724.84
Other Current Assets	
11050 Allowance for Bad Debts	-4,359.26
16001 Prepaid Expenses	32,648.38
Payroll Refunds	50.00
Right of Use Asset	924,980.00
Total Other Current Assets	\$ 953,319.12
Total Current Assets	\$ 1,805,190.23
Other Assets	
13000 Accumulated Depreciation	-365,324.40
14000 Furniture and Equipment	337,852.34
15000 Leasehold Improvements	230,952.95
16000 16000 Security Deposit	2,500.00
17000 Accumulated Depreciation - ROU asset	-144,068.00
Total Other Assets	\$ 61,912.89
TOTAL ASSETS	\$ 1,867,103.12
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 Accounts Payable	47,525.11
Total Accounts Payable	\$ 47,525.11
Credit Cards	
10100 First Merchants Credit Card	6,232.15
Total Credit Cards	\$ 6,232.15
Other Current Liabilities	
Deferred Prevention Revenue	84,677.11
Deferred Revenue	115,076.26
Right of Use Liability	786,148.00
Total Other Current Liabilities	\$ 985,901.37
Total Current Liabilities	\$ 1,039,658.63
Total Liabilities	\$ 1,039,658.63
Equity	
32000 Unrestricted Net Assets	706,787.70
Net Revenue	120,656.79
Total Equity	\$ 827,444.49
TOTAL LIABILITIES AND EQUITY	\$ 1,867,103.12

Accrual Basis

Susie's Place Child Advocacy

Budget vs. Actuals: Budget_FY24_P&L - FY24 P&L

January - December 2024

	Total			
	Actual	Budget	over Budget	% of Budget
Revenue				
41000 Corporate Contributions	49,100.23	60,000.00	-10,899.77	81.83%
42000 Government Income	1,021,606.79	980,280.50	41,326.29	104.22%
43000 Revenue - Other	621,428.98	614,375.00	7,053.98	101.15%
44000 Nongovernment Grants	99,725.29	160,000.00	-60,274.71	62.33%
Outstanding Grants	72,036.18	0.00	72,036.18	
Total Revenue	\$ 1,863,897.47	\$ 1,814,655.50	\$ 49,241.97	102.71%
Gross Profit	\$ 1,863,897.47	\$ 1,814,655.50	\$ 49,241.97	102.71%
Expenditures				
Board related expenses	27.86	0.00	27.86	
Conference and Meetings	7,662.10	8,300.00	-637.90	92.31%
Depreciation and Amortization	40,752.00	0.00	40,752.00	
Dues and Fees-Bank	796.00	500.00	296.00	159.20%
Dues and Fees-Prevention	4,111.00	7,000.00	-2,889.00	58.73%
Dues and Fees-Professional	5,297.94	4,500.00	797.94	117.73%
Dues and Fees-Registration	258.94	2,300.00	-2,041.06	11.26%
Facility Expenses	248,396.22	244,250.13	4,146.09	101.70%
Fundraising Expenses	49,019.04	57,500.00	-8,480.96	85.25%
Insurance-D & O	2,688.96	3,045.00	-356.04	88.31%
Insurance-Liability	9,710.76	9,708.00	2.76	100.03%
Insurance-Workers Comp	9,763.05	7,243.00	2,520.05	134.79%
Marketing	0.00	3,000.00	-3,000.00	0.00%
Marketing-Prevention	1,550.00	700.00	850.00	221.43%
Office Expenses	149,412.61	131,500.00	17,912.61	113.62%
Payroll and Benefits	23,074.28	31,178.16	-8,103.88	74.01%
Payroll Expenses	980,058.29	1,013,905.37	-33,847.08	96.66%
Professional Fees	99,397.11	82,750.00	16,647.11	120.12%
Program Expenses	8,010.00	30,750.00	-22,740.00	26.05%
Reimbursements	3,000.00		3,000.00	
Technology	77,619.18	75,840.00	1,779.18	102.35%
Travel	51,534.43	47,950.00	3,584.43	107.48%
Total Expenditures	\$ 1,772,139.77	\$ 1,761,919.66	\$ 10,220.11	100.58%
Net Operating Revenue	\$ 91,757.70	\$ 52,735.84	\$ 39,021.86	173.99%
Other Revenue				
43600 Investments/Interest	8,453.65	1,000.00	7,453.65	845.37%
Interest Income	4,631.15	0.00	4,631.15	
Unrecognized Gain/Loss on Investments	15,945.03	0.00	15,945.03	
Total Other Revenue	\$ 29,029.83	\$ 1,000.00	\$ 28,029.83	2902.98%
Other Expenditures				
Bank Service Fees	130.74	0.00	130.74	
Total Other Expenditures	\$ 130.74	\$ 0.00	\$ 130.74	
Net Other Revenue	\$ 28,899.09	\$ 1,000.00	\$ 27,899.09	2889.91%
Net Revenue	\$ 120,656.79	\$ 53,735.84	\$ 66,920.95	224.54%

Note

For Management Purposes Only



Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077550277

May 03, 2013 LTR 4168C 0

26-2132955 000000 00

00037501

BODC: TE

HENDRICKS COUNTY CHILD ADVOCACY
CENTER
SUSIES PLACE
% EMILY PERRY
7102 BITTERNUT LN
PLAINFIELD IN 46168-8736

Employer Identification Number: 26-2132955

Person to Contact: Ms Benjamin

Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

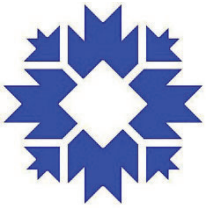
This is in response to your Apr. 01, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 2008.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

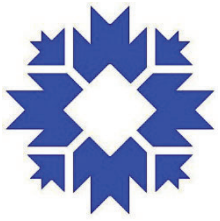
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Tandem Community Birth Center and Postpartum House, Inc

Address:

2613 E 3rd Street
Bloomington, IN 47401

Phone: 812-727-0134

E-Mail: admin@tandembloomington.org

Website: www.tandembloomington.org

President of Board of Directors: Alissa Weiss

Name of Executive Director: Julie Duhon

Phone: 812-727-0134

E-Mail: julie@tandembloomington.org

Name of Grant Writer: Erin Loughery

Phone: 812-727-0134

E-Mail: erin@tandembloomington.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
	16	15+

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Indiana has some of the worst maternal and infant mortality outcomes in the nation. Tandem strives to eliminate inequities, increase access, and reduce isolation in the childbearing years through programs that build support networks and connection for families and through medical care that is holistic and culturally aware. We partner with the community to provide resources and support for families in need via postpartum doula support, classes, support groups, and free items including period supplies, maternity clothes, baby items, and more. Tandem provides postpartum doula support and medical care regardless of ability to pay. Our mission is to improve perinatal outcomes by trusting patients, increasing options for care, and challenging the status quo.

PROJECT INFORMATION

Name of the project to be funded:

Postpartum Doula Equity Program

Total cost of project: \$25200

Requested amount of Jack Hopkins funding: \$6000

Number of City residents to be served by this project in 2025: 400

Number of clients to be served by this project in 2025: 533

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

Tandem is requesting \$6000 to support our postpartum doula services for low-income clients. Tandem provides postpartum doula care in-home and at Tandem during our open hours, where new parents can receive education, respite, and resources for children. In-home support typically costs \$30/hour for daytime support, but we provide it to families regardless of ability to pay. Clients apply for up to 50 hours of free or reduced cost in-home services and pay whatever rate they determine is accessible to them. While in-home, postpartum doulas focus on the emotional and mental wellbeing of the parents and assist with newborn care. They ensure that parents have time to learn, bond, and grow confidence when caring for their newborn. In addition to in-home support, clients come to Tandem for open hours to access the same kinds of support while in our community space, as well as accessing free resources, including supplies for maternity through age 5 and attending support groups, such as our mental health and baby play groups. While clients are in Tandem, doulas assess parents' emotional and mental wellbeing, gather resources, answer questions, and take care of babies while the parents access Tandem services (or simply rest).

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒ Yes ☐ No

If “yes,” indicate the nature of the operational request:

☐ Pilot ☒ Bridge ☐ Collaborative

☐ None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

Our Early Learning Indiana's Early Years Initiative grant is a 3-year \$500,000 grant that partially funds our doula hours for in-Tandem equity support. Tandem also generates a profit from services provided to higher income clients that we use to off-set Equity program costs, and we run several fundraisers a year to supplement revenue from grants and donations.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We will invoice the city on a monthly schedule based on project hours logged during the course of this grant.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

This grant is expected to fund the majority of our Postpartum Doula Equity Program for June to December of 2025. Exact program costs will be determined by community need, but current estimates are based on providing these services for the last 2 years (prior funding from Persisterhood Workshop and 100+ Women Who Care).

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

We are currently applying for other grants that require "co-funders." Specifically, we are applying for a three-year grant through the IU Health Foundation for a \$1 million. This grant requires us to prove that other established funders trust us and believe in our program. Jack Hopkins is a name that carries a lot of respect, and will show the IUHF that our programs are worth funding. We also hang signs around our building thanking our funders for donations and grants. Many donors have been encouraged by the past support of Hopkins funds.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Postpartum doula in-home support	3750
Priority #2	Postpartum doula in-Tandem support	2250
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		6000

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

This project targets two groups that are widely understood as vulnerable: infants and people in the perinatal period. According to research done at Vanderbilt University for U.S. Department of Housing and Urban Development, Office of Policy Development, children are most likely to be homeless between the ages of 0-1. Additionally, Indiana has a infant mortality rate of 7.2 per 1000 births (2.5 occurring postnatally), which is higher than the national average. In 2020, Indiana had a total of 92 pregnancy-associated deaths; 83% while postpartum, with 60% happening within 6 weeks after birth (IDOH, Indiana Maternal Mortality Review Committee 2022). This is where postpartum doulas save lives. One of the largest protective factors against maternal mortality is a strong support system. For families already living on the edge, our free postpartum doula services and our community space run by our doulas can be the strongest, most consistent support available. Postpartum doulas are trained on the warning signs for medical complications and perinatal mood disorders, and on developmental concerns for the infant. They have strategies for dealing with the complications of adding a baby to the home, and provide a safe, nonjudgemental space for parents to feel heard and cared for and build trust in order to build bridges to other resources and support.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

This year, we expect to have fewer equity clients than last year because we have contracted with the Monroe County. Government and area other employers to provide these services as a benefit to their employees. We hope expanded partnership with area employers continues to make this program more sustainable and these services accessible to all. We have also introduced the concept of sliding-scale membership in Nov 2024, to generate more consistent revenue from higher income clients for overall organization stability and sustainability.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Communities benefit when children are cared for safely and adults can happily return to work. The Postpartum Doula Equity Program provides both a support network and gives families the time, space, and knowledge to heal and grow after baby arrives. The World Health Organization recommends that newborns and their parents be visited at least three times by a professional in the first six weeks after birth, while the current model in the United States is no postpartum check-up for the mother until 6-8 weeks postpartum. The WHO also suggests that parents need education on newborn care, lactation, and physiological recovery. All of these factors and more are required for "both the short-term and long-term health consequences for the mother and newborn" (National Library of Medicine). Tandem's postpartum doulas are trained in those areas and are able to supply supplemental care that our standardized medical system does not. This reduces the risk of mental health problems and death in the first six weeks postpartum and beyond. When a child starts their life with a happy, well-adjusted parent, they have a better chance at success in their own life, including graduating high school and avoiding incarceration. Better postpartum care creates better communities.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

We will consider the Doula Equity Program a success if we can provide up to 50 hours of free or reduced in-home services to 4 City of Bloomington families (approx. 10 individuals; total of 200 hours), and support 200+ unique families (400+ individuals) during our drop-in open hours services from June to December, 2025.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Nurse-Family Partnership supports an overlapping client base with Tandem. Many NFP nurses have told us that our services are making the difference between their clients surviving and thriving, because we are able to provide services they cannot, such as overnight support and longer shifts.

Two stories from doula equity clients that we have been given permission to share:

One client is a single mother of four children. She was unable to work at the end of her pregnancy, and did not have any money for services. While giving birth to her fourth child, she experienced a uterine rupture. She was rushed into an emergency c-section and came within minutes of dying. Thankfully, she and the baby survived. However, recovery from a c-section and uterine rupture meant that she was unable to lift anything (including her infant or toddler), bend over, or climb stairs for weeks following her child's birth. She had round-the-clock care from friends and family, including 5 days a week of services from one of our postpartum doulas. With that support, her children stayed happy and fed and she was able to heal and recover. She has since said that her postpartum doula was "as life-saving as the blood transfusions."

Our second client is also a single mother. She spent most of the last weeks of her pregnancy on Tandem's couch, talking with the doulas running open hours. She was tired, very pregnant, and excited to have her third baby. When the open hours staff didn't see her for a few weeks, we figured she had her baby. After about a month, she wandered back in, saying Tandem was "the only place she thought she could go." She admitted that she was crying every day and felt like she was drowning. She didn't have any money for a doula or a babysitter for her older kiddo, who was due to start kindergarten in the fall. We started supporting her through the Postpartum Doula Equity Program that week and continued for 3 months. Now this client regularly attends one of our drop-in groups. She and her baby are healthy and happy.

Here is some more feedback, directly from our clients:

-"[Doula] was absolutely wonderful. She was helpful with whatever I needed and great to talk to. She had no problem helping with house work or the baby or even my 5yr old occasionally. She even ran to the store for me once when I was making dinner and ran out of something. She has the sweetest disposition and we will definitely miss her."=

-“I was so excited to see that Bloomington has a provider for the postpartum services we were looking for. Our doula was amazing. She was so caring and reliable, it really felt like we had a teammate in caring for our new baby.”

-“Tandem provides amazing support that is caring and professional. They are a great addition to your support team at any stage of pregnancy or postpartum.”

Proposed Project Budget June-Dec 2025 (JHSS funding period)

Tandem Community Birth Center and Postpartum House, Inc		Postpartum Doula Equity Program	
	Totals	Other Income Sources	JHSS Grant
Existing 3-year EYI grant		\$3000	
Client membership dues		\$2000	
Misc donations and fundraising		\$8000	
Profit from service generate revenue		\$6200	
JHSS Grant	\$6000		<i>\$6000</i>
Total Project Funds	\$25200	\$19200	\$6000
Expenses			
Postpartum Doula In-Home Services (\$25/hr, 150 total hours)	\$3750	<i>\$0</i>	<i>\$3750</i>
Postpartum Doula Open Hours Services (\$25/hr, 858 total hours of open hours support for 6 months)	\$21450	<i>\$19200</i>	<i>\$2250</i>
Total Project Expenses	\$6000	\$19200	\$6000

Management Report

Tandem

For the period ended December 31, 2024

Prepared on

March 21, 2025

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Statement of Activity

January - December 2024

	Total
REVENUE	
Billable Expenditure Revenue	12,586.11
In Kind Donations	250.00
Non-Profit Revenue	4,020.00
Cash or Check Donation	40,417.02
Grant Revenue	56,064.90
Reimbursable Grant Revenue	20,505.15
Total Grant Revenue	76,570.05
Kroger Community Rewards	378.55
PayPal Donation	2,780.59
PayPal Giving Fund	572.42
PayPal Sales	511.55
Stripe Donation	6,810.82
Tru Earth Fundraising	29.80
Total Non-Profit Revenue	132,090.80
Sales	4,394.67
Birth Center Medical Services	17,782.75
Clinic Medical Services	26,930.28
Discounts given	-52,934.99
Educational Services	1,003.00
Fundraisers	280.00
Gift Bag Sales	155.00
Postpartum Doula In-Home Support	36,032.47
QuickBooks Payments Sales	1,224.09
Total Sales	34,867.27
Sales of Product Income	15.00
Sales of Product Revenue	211.45
Homemade Products	30.00
I Heart Guts	138.00
Medical Products	36.00
Period Products	2,537.00
Tandem Membership	760.00
Tandem Merchandise	1,346.75
Total Sales of Product Revenue	5,059.20
Unapplied Cash Payment Revenue	320.78
Uncategorized Income	3.15
Total Revenue	185,192.31
COST OF GOODS SOLD	
Cost of Goods Sold	
Gift Bag Supplies	20.88
Shipping Costs	23.39

	Total
Total Cost of Goods Sold	44.27
Durable Medical Equipment	4,890.00
Total Cost of Goods Sold	4,934.27
GROSS PROFIT	180,258.04
EXPENDITURES	
Advertising & Marketing	1,258.24
Events	1,207.32
Printing, Publications, Postage and Shipping	1,671.68
Recruiting	440.00
Total Advertising & Marketing	4,577.24
Bank Charges & Fees	373.30
Interest Paid	2,498.56
PayPal Fees	69.57
QuickBooks Payments Fees	817.37
Total Bank Charges & Fees	3,758.80
Car & Truck	27,829.70
Car Seats	1,089.93
Total Car & Truck	28,919.63
Contractors	
Grant Writer	500.00
Guest Perinatal Educators	500.00
Interpreter Services	150.15
Medical Biller Coder	969.01
Medical Director	1,625.00
Social Worker Supervision	1,329.96
Total Contractors	5,074.12
Hardware	1,178.00
Insurance	584.25
Auto Insurance	1,653.00
General Liability Insurance	2,593.25
Medical Malpractice	8,284.05
Worker's Comp	709.89
Total Insurance	13,824.44
Legal & Professional Services	1,703.00
Accountant	750.00
Professional Memberships	690.00
Total Legal & Professional Services	3,143.00
Meals & Entertainment	211.52
Medical Supplies	450.46
Consumables	2,215.13
Durable Medical Equipment	305.48
Total Medical Supplies	2,971.07
Office Supplies & Software	980.99

	Total
Bathroom Supplies	663.08
Clinical SaaS - uptodate etc	565.20
Fixtures and non-medical Durable equipment	46.42
Furniture	198.88
Office Supplies	288.18
Technology	2,102.50
CyberSecurity	691.03
Electronic Health Records	2,450.53
Payroll Software	3,894.41
Unified Communications	135.69
Website and Email	591.39
Total Technology	9,865.55
Total Office Supplies & Software	12,608.30
Other Business Expenses	
Client Access and Outreach Costs	380.50
Lab Fees	3,845.79
Newborn Screenings	120.00
Total Lab Fees	3,965.79
Period Equity	264.23
Total Other Business Expenses	4,610.52
Payroll	8,288.66
Background Checks	123.00
Employee Benefits	
Health Stipend	9,430.00
Phone Stipend	560.00
Total Employee Benefits	9,990.00
Employee Hourly or Salaried	0.00
ACE Director	42,034.13
Birth Assistants	3,567.67
Clinical Services Director	18,453.17
Executive Director	23,427.11
Medical Biller Coder	975.31
Midwives	62,405.27
Office Manager	32,128.17
Perinatal Educators	2,778.97
Postpartum Doulas	80,107.61
Postpartum Doula Overnight Tier 1	4,961.68
Postpartum Doula Overnight Tier 2	8,429.48
Total Postpartum Doulas	93,498.77
Social Workers	18,280.46
Total Employee Hourly or Salaried	297,549.03
Employer Taxes	634.09
Mileage Reimbursements	1,307.46

	Total
Staff Mandatory Health Screenings	207.17
Training and Continuing Education for Staff	3,889.59
Total Payroll	321,989.00
Perinatal Education Expenses	
Educational Services Supplies	50.92
Perinatal Education Supplies	174.96
Total Perinatal Education Expenses	225.88
Postpartum House Expenses	
Postpartum house client meals	3,603.36
Postpartum House Supplies	443.90
Total Postpartum House Expenses	4,047.26
Rent & Lease	30,000.00
Repairs & Maintenance	1,392.94
Landscaping	45.00
Remodeling Floor 1	39,726.78
Remodeling Floor 2	
Postpartum House Remodel	57,871.81
Total Remodeling Floor 2	57,871.81
Total Repairs & Maintenance	99,036.53
Taxes & Licenses	299.00
Sales Tax Paid	155.25
State Fees	26.00
Total Taxes & Licenses	480.25
Travel	202.25
Unapplied Cash Bill Payment Expenditure	21.55
Utilities	5,050.09
Fire Alarm System	1,323.64
Waste Removal	755.79
Water/Sewer	492.53
Total Utilities	7,622.05
Total Expenditures	544,501.41
NET OPERATING REVENUE	-364,243.37
OTHER REVENUE	
Cash Back Credit Card Rewards	1.25
Interest Earned	11,034.23
Total Other Revenue	11,035.48
NET OTHER REVENUE	11,035.48
NET REVENUE	\$ -353,207.89

Statement of Financial Position

As of December 31, 2024

	Total
ASSETS	
Current Assets	
Bank Accounts	
Amazon Credit	-698.31
Checking (0076)	1,178.33
In Kind Clearing	3,173.00
IUCU CD	50,076.33
IUCU Savings Money Market	81,452.97
Savings (0001)	165.47
Total Bank Accounts	135,347.79
Other Current Assets	
Inventory Asset	6,001.32
Undeposited Funds	80.54
Total Other Current Assets	6,081.86
Total Current Assets	141,429.65
TOTAL ASSETS	\$141,429.65
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Capital One Credit Card - 8344	2,881.58
Tandem BoA (7552) - 6	1,997.03
Total Credit Cards	4,878.61
Other Current Liabilities	
IUCU Line of Credit	49,705.29
Other Current Liabilities	2,447.39
Total Other Current Liabilities	52,152.68
Total Current Liabilities	57,031.29
Total Liabilities	57,031.29
Equity	
Opening Balance Equity	5,322.42
Retained Earnings	432,283.83
Net Revenue	-353,207.89
Total Equity	84,398.36
TOTAL LIABILITIES AND EQUITY	\$141,429.65



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

TANDEM COMMUNITY BIRTH CENTER AND
POSTPARTUM HOUSE INC
1314 S GRANT ST
BLOOMINGTON, IN 47401

Date:
01/21/2021
Employer ID number:
84-5009749
Person to contact:
Name: Mrs. Hein
ID number: 31072
Telephone: (877) 829-5500
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(iii)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
February 28, 2020
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053630002070

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

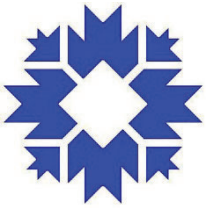
If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

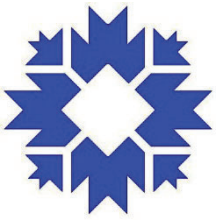
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: WonderLab Museum of Science, Health & Technology

Address:

Physical: 308 W 4th St, Bloomington, IN 47404
Mailing: PO Box 996, Bloomington, IN

Phone: 812-337-1337 ext 214

E-Mail: writeus@wonderlab.org

Website: https://wonderlab.org

President of Board of Directors: Ashley Johnson

Name of Executive Director: Dallas C. Evans

Phone: 812-337-1337 x216

E-Mail: executivedirector@wonderlab.org

Name of Grant Writer: Leslie Kutsenkow - Director of Philanthropy

Phone: 812-337-1337 x214

E-Mail: leslie@wonderlab.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
18	13	256

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

MISSION

WonderLab is a family-focused science museum with interactive exhibits and programs that stimulate curiosity, encourage discovery, and inspire lifelong learning.

WonderLab ignites a love of science through learning that is experiential, inclusive and fun, and amplifies the role science plays in the world.

VISION

WonderLab envisions a brighter, more equitable and sustainable future shaped by curious and creative problem-solvers empowered by science.

VALUES

PLAYFUL LEARNING - Play is learning.

EMPOWERMENT - We can change the world through science.

BELONGING - Science is for everyone.

COMMITMENT TO EXCELLENCE- Quality in all we do.

SUSTAINABILITY- We take the long view.

PROJECT INFORMATION

Name of the project to be funded:

Support for Financial Accessibility to the WonderLab Museum (Connecting to the Community Fund)

Total cost of project: \$150,000

Requested amount of Jack Hopkins funding: \$14,918.50

Number of City residents to be served by this project in 2025: 4,400

Number of clients to be served by this project in 2025: 8,500

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

WonderLab is requesting \$14,918.50 for financially need-based Monroe County social service organizations to visit the museum through complimentary admission and/or field trips.

WonderLab provides free group visits and admission for organizations that serve financially disadvantaged families through the Connecting to the Community (C2C) Fund. Qualifying organizations include social service agencies and qualifying schools. We determine eligibility by the % participation in the federal free-lunch program or comparable economic indicator.

Schools and organizations that received 2024 support from the WonderLab's C2C program are in Monroe, Marion, Morgan, Owen, Putnam, Hendricks, Lawrence and Daviess Counties.

- In 2024, C2C funded free admission for: Family Solutions, Stone Belt, Youth Services Bureau, and Big Brothers Big Sisters of Monroe County.
- In addition, Social Service organization field trips were complimentary in 2024 for The Boys & Girls Club (multiple), Camptown, Compass Early Learning Center, Girls Inc., Harmony School, Head Start, Middle Way House, New Hope for Families, and Youth Services Bureau.
- We also fund Indiana Title I school field trips that qualify.

WonderLab is committed to supporting organizations and schools that support low-income families in South Central Indiana for children to learn science in an accessible and fun environment.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☒ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

If the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

None

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐

Yes

☒

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

We raise funds for the C2C Fund annually through grants and targeted appeals. However, due to dramatically increased need, we predict a ~\$42,000 deficit in 2025. We are working diligently to raise funding to address this need (to fulfill all scholarships, reduced Access Pass admissions, and social service organizations or Title I school visits). In 2024, the C2C Fund donations were ~\$5,000 from Individuals ~\$8 000 from Endowment Dividends and \$32 000 from corporations and

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

WonderLab maintains records for the qualifying social service organizations and Title I schools that have been approved. The Connecting to the Community Fund is monitored for donations received and expenses paid monthly by the Development Team in order to reliably predict deficits in the fund. WonderLab can forecast social service groups, school visits, and individual visits based on historical data. The C2C is restricted, the claims for reimbursement could be handled monthly, quarterly, or all

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

N/A

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Securing funding for social services agencies would cover ~11% of the C2C Fund for 2025. We would be able to leverage this funding to secure the remaining unfunded deficit through new revenue. C2C is on our donation website for donors who are interested in supporting low-income museum access. With the Jack Hopkins funding, we will leverage a goal that is realistic from new donors and foundations. This funding is essential to maintaining our commitment to the community in providing accessibility to WonderLab for those who need it most. Jack Hopkins support on our website, we think will inspire other agencies.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Social Service Organizations and Title I School Group Visits (2024)	\$7,509.00
Priority #2	Admission passes for Social Service Organizations (2024)	\$7,409.50
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$14,918.50

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

WonderLab monitors the child poverty rate in Monroe County. Approximately 13.8% of Monroe County children under 18 are in poverty, with greater numbers under age 5 (17.9%), indicating that a significant future WonderLab visitors will need financial assistance (1). 43% of the county's school age children that typically visit WonderLab receive free or reduced lunches (2).

Educational disparities also result from economic disadvantages. MCCSC and Richland Bean Blossom students had significant drops in ILEARN scores from 2019 to 2024 in math and science, an Indiana test for grades 3-8. According to a joint Stanford and Harvard study, Indiana is ranked 35th among all states in "Math Recovery" between 2019 and 2024 (3). The study states students at Richland Bean Blossom remain a year behind 2019 math levels and 7 months behind in reading since the pandemic. This is critical since 60-72% of Monroe County free or reduced lunch children do not have proficient math and science scores (2).

There is a lack of informal STEM educational opportunities in our community. A survey through American Alliance of Museums, states almost 40% of WonderLab visitors and members (of which 81% from the local community) stated they "visit museums to supplement STEM education".

(1) US Census

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

The need for the C2C fund has exponentially grown since the pandemic. Our request is an investment in the community that will impact WonderLab as well as social service organizations and Title I schools.

Without sufficient support for the C2C fund, we will have to use financial reserves, impacting WonderLab's financial health. Financial accessibility builds WonderLab's capacity by: (1) Removing barriers to learning by fostering an environment with diverse perspectives and experiences; (2) Reinforcing WonderLab's commitment to families, schools, and the community by providing out-of-school science education; (3) An increase in museum attendees makes the museum more financially sustainable long-term

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

For over 26 years, WonderLab has provided vital out-of-school STEM education for families in south-central Indiana. Core services include STEM-focused exhibits, science camps, field trips, after-school programs, outreach to neighboring areas, and programs fostering experiential learning. Since the museum's permanent opening in 2003, we have welcomed nearly 1.8 million visitors. In 2024, we served 68,731 visitors and 9,152 people at Indiana rural libraries, schools, and other community outreach locations. Committed to accessibility, we ensure STEM education is available to all, regardless of age, race, ethnicity, religion, gender, or income.

The C2C Fund impacts over 8,500 disadvantaged adults and children annually (~13% of our 2024 total). WonderLab believes that play is the best form of learning. By providing experiences that nurture curiosity and a sense of wonder, we build the skills that make STEM learning more accessible. "Research has shown that extracurricular events and activities focused on science, technology, engineering, and mathematics (STEM) can positively affect students in both the classroom and at home. These activities allow students the opportunity to engage in STEM outside regular classroom environments".

Early confidence and interest in STEM activities sets up Hoosiers for future success in college and

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

- (1) WonderLab will serve over 4,000 visitors / school groups with secure financial access to museum services.
- (2) WonderLab will survey individuals attending and track the number of repeat visitations, showing increased prolonged engagement with STEM at WonderLab.
- (3) Families visit together, resulting in a shared positive educational experience, unlike a classroom setting. "When the work in STEM programs is authentic, personally meaningful, and facilitated by caring adults, students will stay involved over many years" (<https://files.eric.ed.gov/fulltext/EJ992152.pdf>).

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

We believe that every child deserves the opportunity to discover the world of science and learning. Unfortunately, due to economic barriers for many local families, visiting the museum, attending programs, or WonderCamp - our summer science enrichment camp - may not be attainable without financial assistance. Accessibility is a core WonderLab value, and we are committed to making educational STEM opportunities available regardless of financial situation.

There is a lack of informal educational STEM opportunities in our community. Hands-on science activities outside of the classroom are necessary to break down the barriers to STEM knowledge and science appreciation. When children participate in informal, hands-on science topics that they are personally interested in, they develop curiosity, a science identity, and begin to see themselves as scientists. Finally, family based visits demonstrates to a child that family and community value education, normalizing learning STEM.

C2C Fund: Complementary Admission & Group Visits

WonderLab provides free group visits for schools and other organizations (such as Head Start and social service agencies) that serve mainly low-income families. We generally determine this by the % participation in the federal free-lunch program or comparable economic indicator. Schools and other organizations serving children/families that have 80% or more participating in the federal free-lunch program receive free group visits. We require that schools and other organizations requesting free group visits indicate and document their economic need in a written request to WonderLab, on letterhead.

We also provide free admission for group visits by social service agencies; free field trips from qualifying schools; and free individual museum visits for clients and chaperones from organizations such as Boys and Girls Club, Big Brothers Big Sisters, and Stone Belt.

Schools and organizations that received 2024 support from the WonderLab's Connecting to the Community program are in Monroe, Marion, Morgan, Owen, Putnam, Hendricks, Lawrence, and Daviess Counties.

- Museum Admission was complimentary for the following organizations in 2024: Family Solutions, Stone Belt, Youth Services Bureau, and Big Brothers Big Sisters of Monroe County.

- In addition, Social Service organization field trips were complementary in 2024 for The Boys & Girls Club of Seymour, Boys and Girls Club of Bloomington, Boys and Girls Club of Ellettsville, Boys and Girls Club of Indianapolis, Camptown, Compass Early Learning Center, Girls Inc. - Monroe Co., Harmony School, Head Start - Bloomington, Head Start- First United Church, Middle Way House, New Hope for Families, and Youth Services Bureau. To note: Only Bloomington Clients Served are being requested for this funding opportunity.

- The following Title I schools also visited WonderLab in 2024 at no charge: Montezuma Elementary School, Petersburg Elementary School, Templeton Elementary School, and Washington Intermediate School.

WonderLab is committed to supporting organizations and schools that support low-income families in South Central Indiana for children to learn science in an accessible and fun environment.

2025 Proposed Project Budget - WonderLab Museum of Science, Health & Technology

WonderLab Museum		Support for Financial Accessibility to WonderLab	
Total C2C Fund Project Cost 2025		\$150,000	
	Totals	Other Income Sources	JHSS Grant
FUNDS			
End of FY2024 Balance	\$64,000	\$64,000	
Individual Donations	\$10,000.00	\$10,000.00	
Other Grants	\$25,068.50	\$10,150.00	\$14,918.50
Other Sources	\$8,000.00	\$8,000.00	
Total C2C Fund Revenue	\$107,068.50	\$92,150.00	\$14,918.50
EXPENSES <i>Low Estimate of \$115K</i> <i>High Estimate \$150K</i>			
Access Pass Admission	\$80,000.00	\$80,000.00	
WonderCamp Scholarships (low estimate of 60ct)	\$30,000.00	\$30,000.00	
Social Service Organizations and Title I School Field Trips	\$7,500.00		\$7,509.00
Admission passes for Social Service Organizations	\$7,500.00		\$7,409.50
Total C2C Fund Expenses	\$125,000.00	\$110,000.00	\$14,918.50
Potential Deficit		\$42,931.50	



WonderLab Connecting to the Community (C2C) Fund

Target Population Need and Verification Methods: March 2025

We believe that every child deserves the opportunity to discover the world of science and learning. Unfortunately, due to economic barriers for many local families, visiting the museum, attending programs, or WonderCamp - our summer science enrichment camp - may not be attainable without assistance. Accessibility is a core WonderLab value, and we are committed to making educational STEM opportunities available regardless of financial situation.

There is a lack of informal educational STEM opportunities in our community. In a recent national survey, through the American Alliance of Museums, almost 40% of WonderLab visitors and members (of which 81% from the local community) stated they “visit museums to supplement STEM education”. Hands-on science activities outside of the classroom are necessary to break down the barriers to STEM knowledge and science appreciation. When children participate in informal, hands-on science topics that they are personally interested in, they develop curiosity, a science identity, and begin to see themselves as scientists.

WonderLab has a built-in method to identify Connecting to the Community eligibility and camp scholarships require verification detailed below.

C2C Fund: Access Pass

One of the main ways we provide accessible entry for Indiana families is through the Access Pass program. This program, piloted in 2014 by the Indianapolis Children’s Museum, provides deeply discounted admission to families that qualify for state assistance. In 2023, 6873 visits (or almost 10% of our annual admission) were discounted through Access Pass. Our admission price is \$14.50 per person over 1 year old. Access Pass participants pay only \$5 per person for admission (Recently raised by the Children’s Museum from the \$2 historical price). This \$9.50 discount enables families to experience informal, hands-on STEM learning that would not otherwise be able to afford a day at WonderLab. However, this \$9.50 must be offset by WonderLab’s Connecting to the Community (C2C) Fund. In 2024, Access Pass represented over

7080 people visiting the museum (~10% of total museum admission), of which WonderLab supports the full value of \$88,500.

For admission into the museum and events, we are a member of the Access Pass program, which enables participating low-income Indiana families to visit 13 Indiana museums and 11 historic sites around Indiana for only \$5 per family member per visit. The requirements for participating in the program were established by the Children's Museum of Indianapolis and include: residence in Indiana as documented by State of Indiana drivers license or other State-issued ID card; and participation in State of Indiana assistance programs for low-income families (Commodity Supplemental Food Program (CSFP) or from Indiana Family and Social Services Administration for HIP, Hoosier Healthwise, Hoosier Works, Indiana Foster Care license, SNAP, WIC, or TANF) and documentation that certifies current participation in one or more of these state-run assistance programs. The program has recently expanded to include foster families for qualification, which will increase Access Pass visitors in 2025.

The Access Pass card must be renewed each year. Applicants for a new or renewal Access Pass can apply at any of the other Indiana museums or organizations. Staff at these locations ensure that the applicant has the appropriate documentation, issue a temporary card, and information about the applicant is mailed to the Indianapolis Children's Museum, which emails the Access Pass card to the applicant. In this way, we are assured that Access Pass participants are Indiana families who are most in need.

C2C Fund: Complementary Admission & Group Visits

WonderLab provides free group visits for schools and other organizations (such as Head Start and social service agencies) that serve mainly low-income families. We generally determine this by the % participation in the federal free-lunch program or comparable economic indicator. Schools and other organizations serving children/families that have 80% or more participating in the federal free-lunch program receive free group visits. We require that schools and other organizations requesting free group visits indicate and document their economic need in a written request to WonderLab, on letterhead.

We also provide free admission for group visits by social service agencies; free field trips from qualifying schools; free individual museum visits for clients and chaperones from organizations such as Boys and Girls Club, Big Brothers Big Sisters and Stone Belt.

Schools and organizations that received 2024 support from the WonderLab's Connecting to the Community program are in Monroe, Marion, Morgan, Owen, Putnam, Hendricks, Lawrence and Daviess Counties.

- Museum Admission was complementary for the following organizations in 2024: Family Solutions, Stone Belt, Youth Services Bureau, and Big Brothers Big Sisters of Monroe County.
- In addition, Social Service organization field trips were complementary in 2024 for The Boys & Girls Club of Seymour, Boys and Girls Club of Bloomington, Boys and Girls Club of Ellettsville, Boys and Girls Club of Indianapolis, Camptown, Compass Early Learning Center, Girls Inc. - Monroe Co., Harmony School, Head Start - Bloomington, Head Start- First United Church, Middle Way House, New Hope for Families, and Youth Services Bureau.
- The following Title I schools also visited WonderLab in 2024 at no-charge: Montezuma Elementary School, Petersburg Elementary School, Templeton Elementary School, and Washington Intermediate School.

WonderLab is committed to supporting organizations and schools that support low-income families in South Central Indiana in order for children to learn science in an accessible and fun environment.

C2C Fund: WonderCamp Scholarships

WonderCamp is WonderLab's annual offsite summer science enrichment camp that provides children with the opportunity to have fun and interact with their peers while experiencing the excitement and wonder of informal, hands-on science. Out-of-school educational activities such as WonderCamp are critical to preventing summer learning loss, especially for populations with less access to these experiences due to limited income.

Camp sessions are designed by grade-level, ensuring that our young scientists receive fun, engaging, and developmentally appropriate STEM education for each age group. This year, we have 26 sessions serving approximately 636 young scientists. The sessions include topics such as engineering, chemistry, environmental conservation, animal care, and more.

Summer presents a challenge for working families. Children are out of school, childcare is expensive, and it can be difficult as a parent to find ways to engage your child in educational activities outside of the classroom. WonderCamp offers a solution to these challenges, but the cost of activities can be a barrier to families with low-incomes. Inclusion and access are key parts of WonderLab's values and strategic plan. We are proud to say that, to date, we have not had to turn any child away due to financial need. However, this increased demand is draining WonderLab's fund of support, to the financial detriment of the organization. We want to continue to be able to provide funding for all qualified scholarship applicants.

Demand for WonderCamp scholarships increases yearly. In 2023, WonderLab provided 88 scholarships, an almost 300% increase (from 30 scholarships in 2022). In

2024, 69 scholarships were awarded and as of March 10, 2025 there are 77 scholarships approved. We'll continue accepting applications through June and expect increases again in 2025 (valued at ~\$30K).

Every year, families tell us how important WonderCamp scholarship support is to them. A parent of a 2023 scholarship recipient stated: "Thank you for offering a scholarship option and providing my daughter with one this year. Without it she would not have been able to attend. She had an AWESOME experience... Your Animal MD camp was the perfect fit for a tween interested in becoming a Vet. Thank you!" - Anonymous Parent of WonderCamp Participant

Scholarship qualification has the same requirements as qualification for Access Pass: families must provide documentation showing Proof of Eligibility from the Commodity Supplemental Food Program (CSFP) or from the Indiana Family and Social Services Administration for HIP, Hoosier Healthwise, SNAP, or TANF. There will be seven weeks of WonderCamp this year, with an average of 80 campers per week. Our total WonderCamp enrollment capacity this year is 546 children.

WonderLab Museum of Science, Health, and Technology, Inc.
PRELIMINARY (NOT FINAL) - Statement of Activities
For the Fourteen Months Ended December 31, 2024

	DECEMBER 31, 2024
<hr/>	
REVENUES	
EARNED REVENUES	957,898
OTHER REVENUES	2,315,972
NON-OPERATING REVENUES	364,600
	<hr/>
GRAND TOTAL REVENUES	3,638,470
EXPENSES	
PERSONNEL EXPENSES	1,396,902
GENERAL OPERATING EXPENSES	596,310
OTHER OPERATING & NON-OPERATING EXPENSES	302,253
	<hr/>
GRAND TOTAL EXPENSES	2,295,465
	<hr/>
NET INCOME (NET LOSS)	\$ 1,343,005
	<hr/>

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

MAY 31 2000

WONDERLAB-MUSEUM OF SCIENCE
HEALTH & TECHNOLOGY INC
C/O DEBRA KENT
116 W 6TH ST STE 1
BLOOMINGTON, IN 47404

Employer Identification Number:

35-1956521

DLN:

17053141707040

Contact Person:

MIKE CRONIN

ID# 31094

Contact Telephone Number:

(877) 829-5500

Our Letter Dated:

September 1995

Addendum Applies:

No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CG)

WONDERLAB-MUSEUM OF SCIENCE

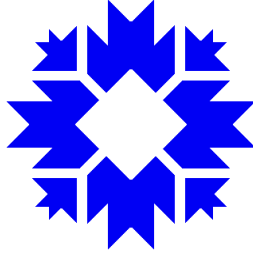
Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Steven T. Miller

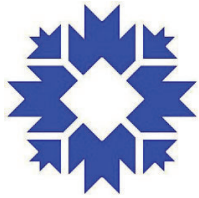
Steven T. Miller
Director, Exempt Organizations



**City of Bloomington
Office of the Common Council**

Jack Hopkins 2025

Collaborative Applications



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

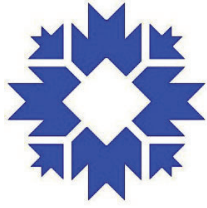
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Avalon Community Land Trust

Address:

1500 West 8th Street.
Bloomington, IN
47408

Phone: 812-281-0251

E-Mail: avaloncommunitylandtrust@gmail.com

Website: https://www.avaloncommunitylandtrust.com

President of Board of Directors: Hugh Farrell

Name of Executive Director: NA

Phone: 317-281-0251

E-Mail: Farr.hugh@gmail.com

Name of Grant Writer: Jana Pereau

Phone: 314-313-3368

E-Mail: Janapereau@gmail.com

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
		5

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

ACLT

Purposes to Include the following:

- a) To promote and provide affordable housing and sustainable development for low and medium income people in Bloomington, Indiana, and the surrounding area.
- b) To secure and stabilize housing and access to land for people who are housing insecure.
- c) To prevent people from being displaced from their homes.

PROJECT INFORMATION

Name of the project to be funded:

Avalon Community Garden

Total cost of project: \$18,750_____

Requested amount of Jack Hopkins funding: \$17,100_____

Number of City residents to be served by this project in 2025: 600_____

Number of clients to be served by this project in 2025: NA_____

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$17,100 to create a Community Garden in Association with Low Cost Housing.

Avalon Community Land Trust is building affordable housing at 1500 West 8th Street in Bloomington. For many years, the lot was used as a free-floating community garden, with a variety of people taking up the tools to tend and harvest from the lot. During construction of the new house, the site was torn up by the excavation and overlaid with dirt, rock and broken concrete. The existing soil has been overrun with Knotweed so is not suitable for use when the final grading is done.

ACLT would like to reclaim and restore the Community Garden; we intend to replant the garden, and invite the neighbors to participate and eventually harvest the produce. First, however, we need to get the final grading and install new clean topsoil. Then we can build raised beds, fill them with good, fertile soil, add any needed amendments, and buy plants, sets, and seeds for the new garden.

The hand-work, building beds, filling with soil, adding amendments, and planting are all tasks that will be taken on by the residents of the new house, along with the people in the neighborhood who want to participate in the project.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☒

Yes

☐

No

If yes, list the name(s) of agency partner(s)

Unitarian Universalist Church of Bloomington, Homelessness Task Force

How do your missions, operations and services complement each other?

Both ACLT and the UUCB Homelessness Task Force focus on finding solutions, both immediate such as Winter Shelter (UUCB HTF), and long-term such as affordable housing (ACLT). Both of these responses are needed and necessary to address the homeless problem.

What is the existing relationship between agencies?

The Homelessness Task Force has held fund-raising events to assist ACLT in their initial efforts to build their first 7 units of very low cost housing. The building effort approaches completion; the opening is set to be late summer, 2025. UU Task Force will be fund raising again in the fall.

How will communication and coordination change as a result of the project?

We do not foresee any change to the basic relationship between ACLT and UU Homelessness Task Force. The Task Force is committed to working for an end to homelessness in Bloomington. ACLT has as it's mission the construction and management of very affordable housing.

Explain any challenges and steps you plan to take to address those challenges.

*For collaborative projects, please attach a signed
Memorandum of Understanding to this application.*

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

1500 West 8th Street
Bloomington, IN 47404

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐

Yes

☒

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☒

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

The UU Homelessness Task Force plans to hold fund raising events to help accomplish the garden and any necessary fencing, gates, storage sheds that will make the garden a success. We anticipate the raising of a minimum of \$1650 through these events.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

The first steps of this project - the grading and the removal of the bad soil and the replacement with weed-free, contaminant free, and good fertile soil - should take place when the exterior work on the house is complete - June of 2025. The second part - construction of the beds and planting - will happen when beds are complete. The final part - fence and gate - will occur in September.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

A portion of the funding will come from musical events scheduled for the fall at UUCB.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

We will ask for assistance from hardware stores and lumber yards in town to acquire tools and small supplies.

We will also take advantage of volunteer labor from the residents of the house, from neighbors if willing, and from the task forces of the UU church. We plan to hold “work days” to attract volunteers and to bring awareness of the project to the neighborhood.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Replacement of bad, contaminated, and weedy dirt.	\$3800
Priority #2	Construction of raised beds	\$2850
Priority #3	Purchase of plants, and sets. We will sprout the seeds	\$1525
Priority #4	Construction of fence and gates	\$5900
Priority #5	Installation of paths and benches	\$3025
Priority #6	Repair of tool shed and collection of tools	Donation
Priority #7	Design and creation of a sign “Avalon Community Garden ”	Donated
Total Requested		\$17,100

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

The Avalon Community Housing Trust is completing their first affordable housing, situated at 1500 West 8th street in Bloomington's near west side. The design of the house has taken account of a variety of sustainable practices even as it strives to keep costs low. One of the more interesting forms of long-term sustainability is the local production of food. Food Insecurity has been identified as one of our community's pressing needs (SCAN, p126-137).

In establishing a Community Garden, we will be able to supply some fresh vegetables to local families through a free farm stand. We also plan to offer education concerning the value of home gardening and food preservation for families. The garden will be wholly organic and these practices will be demonstrated as easy, useful and beautiful to home gardeners, as well as maintaining the quality of the water and soil.

We also anticipate developing a sense of community focused on the garden itself. Through block parties, music events, and active outreach to our neighbors, the Garden will engender a growing sense of shared space and shared interests. The beautiful space of the garden will create more engagement with neighbors and with the neighborhood itself. (SCAN, p145, Neighborhood Connection)

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

We anticipate that this grant will help us to complete our vision of a lovely and sustainable, Community Garden. The idea of the garden has been included in our plans from the beginning discussions.

With the help of this grant, we will be able to finish the installation of the garden in the 2025 planting season and harvest our first crops in the fall. Using organic and sustainable methods means that we do not need to replenish the fertilizer, or re-invest in weed killer. Once the garden is installed, we will be able to put it to bed for the winter and replant again in 2026 with little further investment.

LONG-TERM BENEFITS *(200 words or less)*

How will your project have broad and long-lasting benefits for our community?

The ACLT's construction of affordable housing for seven low-income people has already created change in this neighborhood. With the installation of the Community Garden, we anticipate an even greater effect - a sense of place and purpose at the corner of 8th and Hopewell. The garden will provide excess vegetables, berries and, eventually, fruit to our neighbors. People who participate will be able to "pick your own" from the garden. Surplus produce will be offered to any of our neighbors who can use it. Our planned neighborhood cookouts will share recipes and ideas about how to use the fresh produce effectively.

We plan on canning, drying and freezing much of the produce that comes out of the garden. Shared canning equipment will allow this useful method of preserving food to become available to our gardening co-workers.

We are quite aware of the climate threat that hangs over our future. We believe that having access to home grown food will become necessary in the years to come. This garden therefore leans into the coming need and helps the entire neighborhood become a bit more resilient.

OUTCOME INDICATORS *(100 words or less)*

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

The best indicators of our success in creating and nourishing the Community Garden will lie in the number of people who participate in its cultivation; the number of people who take home fresh produce over the course of the summer; the number of people who begin a small patch of garden for themselves (when people to see how beautiful and bountiful a small garden can be).

Another benefit of this grant will be in the sense of community that will arise around the presence of a Garden in the neighborhood. While this is hard to measure, one of the indicators will be the number of people who come to a block party, or who come to a musical evening, or who just stop by to chat and enjoy the garden scene.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

A working and productive garden can be installed, maintained in a dug-up patch near the back fence of a house. There it can be tended only minimally, allowing the vines to crawl across the grass, the weeds to emerge among the tomatoes and dropped left to rejoin the soil. It's not a pretty sight, but it can get the job done, supplying fresh tomatoes, squash, and beans for the family table. But its probably not going to invite anyone to make their own patch, or to come hang out and admire the bountiful gifts of nature.

Many of us have had the experience of walking through a friends well-tended, colorful and butterfly-happy personal garden. We have also seen and been seduced by the amazing pictures on the covers of gardening books that make us ache to have such beautiful, flawless vegetables growing against a backdrop of perennial flowers.

Knowledgeable gardeners understand that either of these gardens can be productive and useful. But we know that our garden needs to appeal to the person just now venturing into food production; our garden needs to be a place that has visual appeal, that invites sitting and talking, that makes any visitor want to reach out and touch, perhaps even taste what they see. Thus we see the need for nice paths, for comfortable benches, for an inviting gateway to create a community setting for gathering and sharing.

By creating a beautiful as well as productive garden setting. we will encourage visitors, open conversations, and attract volunteers who want to work or just observe the work that makes a garden. This grant will help us to create a social space that builds community and sponsors the resilience that comes from strong personal connections.



Avalon Community Land Trust

avaloncommunitylandtrust.com

Budget for Avalon Garden

Materials	cost/	amount		Cost
Remove dirt	140/cy	25 cyds		\$3,500
grading	machinery	\$50/hour	20 hrs	\$1,000
topsoil	1600 sf	30 cyds	\$44/cy	\$1,320
garden soil	20 cyds	\$44/yd		\$880
5 raised beds	\$18/sf	24 sf/box	5 boxes	\$2,125
soil ammd'ts	various			\$300
fencing	\$9/ft	600 lf		\$5,000
gate	\$700 per/ea	2 ea		\$1,400
shrubs berry	\$30/eq	10/ea		\$300
flower sets	\$7/ Avg		100	\$700
veg sets	\$2/ Avg		50	\$100
paths bark	\$24/cyd	6 cyds		\$125
Benches	Mat/labor	\$400/ea	5 ea	\$2,000
			TOTAL	\$18,750

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (this "MOU") is made and entered into on this March 19, 2025 ("Effective Date") by and between: Avalon Community Land Trust, located at 1500 West 8th Street, Bloomington, Indiana, 47404 (the "First Party") and Unitarian Universalist Church of Bloomington, Homelessness Task Force, located at 2120 North Fee Lane, Bloomington, IN 47408 (the "Second Party"), both of whom are collectively known as the "Parties,"

WHEREAS the First Party and the Second Party desire to enter into an agreement in which they will work together to achieve the various aims and objectives relating to the For purposes of creating a fully landscaped and productive garden at the Avalon Garden space @ 1500 West 8th Street, Bloomington (the "Project").

AND WHEREAS the First Party and the Second Party are desirous to enter into an MOU between them, setting out the working arrangements that each of the two agree are necessary to complete the Project.

1. Purpose and Scope. The purpose of this MOU is to provide the framework, the scope of work, terms and conditions, and responsibilities of the Parties associated with their work on the Project, as attached in more detailed information for the Project that the Parties have agreed upon, if applicable. The obligations of the Parties will end on September 30, 2025.

As further outlined below, both parties will collaborate on the following:

The main objective(s) of the Project:

- To restore beautiful garden damaged by construction
- To Build raised beds, prep soil, replace bad soil
- Build fence, gate, benches, paths; plant vegetables
- To create a beautiful setting, becoming neighborhood a center

2. The Parties' Obligations. The Parties desire and wish that this document will not create any form or manner of a formal agreement, but rather an agreement between the Parties to work together in such a manner that would promote a genuine atmosphere of collaboration in support of an effective and efficient partnership and leadership meant to maintain, safeguard, and sustain sound and optimal financial, managerial, and administrative commitment with regards to all matters related to the Project.

3. Cooperation. The Parties represent that they have unique, specialized expertise that they will draw upon to meet the objectives of the Project.

The First Party will use the following unique experiences and expertise to further the objectives of the Project: Members built original garden; have long experience in developing community gardens, educating people in sustainable techniques.

The Second Party will use the following unique experiences and expertise to further the objectives of the Project: Members have participated in gardening efforts; main responsibility will be to raise funds and recruit volunteers,.

4. Responsibilities.

The First Party shall undertake the following activities under this MOA: Design and, in cooperation with Avalon House residents, participate in the construction of the new garden.

The Second Party shall undertake the following activities under this MOA: Sponsoring two fund raising events to raise sufficient funds to bring the garden to the full vision we have for its completed state..

5. Resources. The Parties will endeavor to have final approval and secure any financing necessary to fulfill their individual financial contributions at the start of the Project.

The First Party agrees to provide the following material, financial, and labor resources in respect of the Project: ACLT is providing the site for the garden and its members, as well as house residents, will contribute labor and skills..

The Second Party agrees to provide the following material, financial, and labor resources in respect of the Project: The UUCB and the Homelessness Task Force have long experience on planning and executing fund raisers that can bring in considerable funds..

6. Communication Strategy. Marketing of the Project should always be consistent with the aims of the Project and only undertaken with the express written agreement of both Parties. Where it does not breach any confidentiality protocols, a spirit of open and transparent communication should be adhered to. Coordinated communications should be made with external organizations to elicit their support and further the aims of the Project.

7. Dispute Resolution. The Parties to this MOU agree that if any dispute arises through any aspect of this agreement, including, but not limited to, any matters, disputes, or claims, the Parties shall confer in good faith to promptly resolve any dispute. In the event that the Parties are unable to resolve the issue or dispute between them, then the matter shall be mediated in an attempt to resolve any and all issues between the Parties.

8. Governing Law. This MOU shall be construed in accordance with the laws of the State of Indiana.

9. Assignment. Neither Party may assign or transfer the responsibilities or agreement made herein without the prior written consent of the non-assigning party.

10. Amendment. This MOU may be amended from time to time by mutual agreement of the parties in a written modification signed by both parties.

11. Termination. This MOU may be terminated by mutual written agreement of the Parties upon thirty (30) days notice.

This MOU shall automatically terminate upon completion of all responsibilities as stated in the "Purpose and Scope" section unless otherwise amended, see attached timeline and list of objectives for the Project, if applicable.

12. Prior Memorandum Suspended. This MOU constitutes the entire Memorandum between the Parties relating to this subject matter and supersedes all prior or simultaneous representations, discussions, negotiations, and Memorandums, whether oral or written.

13. Understanding. By signing this MOU, both Parties of this MOU mutually agree and understand that:

Each Party will take finance and legal responsibility for the actions of its affiliates, officers, employees, independent contractors, agents, volunteers, and representatives.

Each Party agrees to indemnify, defend and hold harmless the other to the fullest extent permitted by law from and against all actions, demands, claims, losses, liabilities, costs (including attorney's costs and fees), and damages. Each Party shall also be responsible for the proportionate cost of any damages arising from the fault of such Party, its officers, agents, employees, and independent contractors.

Each Party shall carry insurance at its sole expense to cover its activities in connection with this MOU. Each Party shall also obtain and maintain insurance for general liability, workers' compensation, and business automobile liability adequate to cover any potential liabilities.

14. Notice. All notices, demands, requests, and other communications given hereunder for purposes other than termination shall be made in writing and shall be deemed given if:

I. Delivered by hand or

II. Mailed by domestic registered or certified mail with prepaid postage, after five (5) business days since the date postmarked.

Any notices, demands, requests, and other communications returned to the sending Party as non-delivered should be re-delivered or re-mailed to the forwarding address affixed thereto. Such communications will be deemed delivered in the same way as those that had not been returned to the sending Party.

15. Severability. Any part or provision of this MOU that is found to be unenforceable, illegal, void, or prohibited in any jurisdiction will be ineffective without invalidating the remaining provisions and parts of the MOU. In such a scenario, the Parties will use reasonable efforts to employ and find an alternative way to achieve the same or substantially the same result as contemplated by such part or provision.

16. Authorization and Execution. The signing of this MOU does not constitute a formal understanding and as such it simply intends that the Parties shall strive to reach, to the best of their abilities, the objectives stated herein.

The MOU shall be signed by the First Party's Representative Hugh Farrell, Chairman of the Board and the Second Party's Representative Jason Michalek or Mary Blizzard, CoChairs of the Homelessness Task Force and shall be effective as of the date first written above.

Hugh Farrell
Hugh Farrell (Mar 20, 2025 12:54 EDT)

Avalon Community Land Trust

Date: 03-20-2025

Jason Michalek
**Unitarian Universalist Church of
Bloomington, Homelessness Task Force**

Date: 03-21-2025

Financial Statements for Non-Profit Organization

For the Year Ended December 31, 2024

Statement of Financial Position (Balance Sheet)

As of December 31, 2024

ASSETS

Asset	Amount
Cash and Cash Equivalents	\$14,962.27
Land	\$120,000.00
TOTAL ASSETS	\$134,962.27

LIABILITIES

Liability	Amount
Loan - CDFI Friendly	\$39,000.00
Loan - LEAF	\$39,000.00
TOTAL LIABILITIES	\$78,000.00

NET ASSETS

Category	Amount
Unrestricted Net Assets	\$56,962.27
Temporarily Restricted Net Assets	\$0.00
TOTAL NET ASSETS	\$56,962.27

TOTAL LIABILITIES AND NET ASSETS: \$134,962.27

Statement of Activities (Profit & Loss)

For the Period January 1, 2024 - December 31, 2024

REVENUE AND SUPPORT

Revenue Source	Amount
Government Grants	\$131,800.00
Fundraising Income	\$5,464.20
Program Service Revenue	\$0.00
Contributions & Donations	\$0.00
Other Income (Grants+Loans)	\$118,464.87
TOTAL REVENUE AND SUPPORT	\$255,729.07

EXPENSES

Expense Category	Amount
Construction Expenses	\$117,000.00
Program Expenses	\$3,420.61
Administrative Expenses	\$3,346.19
Fundraising Expenses	\$0.00
Other Expenses	\$0.00

TOTAL EXPENSES \$123,766.80

CHANGE IN NET ASSETS: \$131,962.27

Statement of Functional Expenses

For the Period January 1, 2024 - December 31, 2024

Expense Category	Amount	Percentage
Construction Expenses	\$117,000.00	94.5%
Program Expenses	\$3,420.61	2.8%
Administrative Expenses	\$3,346.19	2.7%
Fundraising Expenses	\$0.00	0.0%
TOTAL EXPENSES	\$123,766.80	100.0%

Statement of Cash Flows

For the Period January 1, 2024 - December 31, 2024

CASH FLOWS FROM OPERATING ACTIVITIES

Category	Amount
Change in Net Assets	\$131,962.27
Net Cash Provided by Operating Activities	\$131,962.27

CASH FLOWS FROM INVESTING ACTIVITIES

Category	Amount
Construction Expenses	
Net Cash Used in Investing Activities	

CASH FLOWS FROM FINANCING ACTIVITIES

Category	Amount
Net Cash Used in Financing Activities	\$0.00

NET INCREASE IN CASH: \$14,962.27

CASH AT BEGINNING OF YEAR: \$0.00 *(Estimated based on ending balance and activity)*

CASH AT END OF YEAR: \$14,962.27

Notes to Financial Statements

Note 1 - Organization and Summary of Significant Accounting Policies

This organization is a not-for-profit entity established to serve its community. The financial statements have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

Note 2 - Land

The organization owns a plot of land valued at \$120,000.00

which was acquired prior to 2024. During 2024, the organization focused on arranging financing and beginning construction of housing on this property slated to finish in Spring 2025.

Note 3 - Net Assets

Net assets of the organization are classified based on the presence or absence of donor-imposed restrictions. All net assets as of December 31, 2024 are classified as unrestricted.

Note 4 - Liabilities

The organization has two loans outstanding as of December 31, 2024:

1. CDFI Friendly: \$39,000.00
2. LEAF: \$39,000.00

These loans were obtained to finance the construction of a house on the organization's property. The construction is scheduled to be completed in early 2025, with residents already secured to move in during Spring 2025. All prospective residents have reliable income sources, which will provide rental income to support the organization's mission and loan repayment.

Note 5 - Functional Allocation of Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the Statement of Activities. Construction expenses represent 94.5% of total expenses for the year, reflecting the organization's investment in building housing on its land property. Program expenses represent 2.8% of total expenses, and administrative expenses account for 2.7%.

Note 6 - Income Sources

The majority of the organization's income during 2024 came from government grants (51.5% of total revenue), primarily from the City of Blooming. Fundraising income from GiveSendGo campaigns generated \$5,464.20 (2.1% of total revenue), while other income sources, which come from other grants, accounted for 46.4% of revenue.

Note 7 - Financial Ratios

Key Ratio	Value	Description
Construction Expense Ratio	94.5%	Percentage of expenses devoted to housing construction
Program Expense Ratio	2.8%	Percentage of expenses devoted to program activities
Administrative Expense Ratio	2.7%	Percentage of expenses devoted to administrative functions
Net Income Ratio	51.6%	Percentage of revenue retained after expenses



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

AVALON COMMUNITY LAND TRUST INC
1500 WEST 8TH STREET
BLOOMINGTON, IN 47404

Date: 01/27/2025
Employer ID number: 92-1254674
Person to contact: Name: Manuel Vargas
ID number: 5557153
Telephone: 877-829-5500
Accounting period ending: December 31
Public charity status: 509(a)(2)
Form 990 / 990-EZ / 990-N required: Yes
Effective date of exemption: November 9, 2022
Contribution deductibility: Yes
Addendum applies: No
DLN: 26053585005394

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements



Avalon Community Land Trust

avaloncommunitylandtrust.com

Summary of Proposal for the Jack Hopkins Grant, 2025

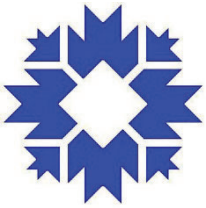
Submitted by Avalon Community Land Trust in partnership with the Unitarian Universalist Church of Bloomington, Homelessness Task Force.

The Grant funds will allow us to make repairs to the Avalon Community Garden that has suffered from neglect as well as the depredations by construction equipment.

The Garden sits on a large urban site where an affordable housing unit serving seven individuals is being constructed; completion expected in August of 2025. The siting of the house in the southeast corner of the site leaves considerable open area in which to re-establish a large urban garden for the production of food. Funding from the Jack Hopkins Social Service Grant will allow us to create an inclusive and welcoming community space. With this grant we will make a beautiful and well-tended space that feels inviting to people in the neighborhood.

The replacement of the poor soil with rich topsoil will allow the garden to flourish without chemicals. The construction of sturdy, long-lasting raised beds will allow access to the gardens for every age and ability. The fencing will guard against the marauding deer, and also create a backdrop for flowering and fruiting vines.

The paths and benches will encourage walking, observing, perhaps picking the vegetables, berries, fruit and flowers that grow throughout the garden. The benches will encourage resting and lingering in what we plan to be a beautiful neighborhood park as well as a place of food production and preservation.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

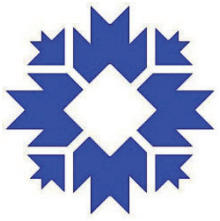
All applicants for 2025 Jack Hopkins funding must submit the following:

- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov
with subject line "[agency name] - 2025 JHSSF App"

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Beacon, Inc.

Address:

PO Box 451 Bloomington, IN 47401

Phone: 812-334-5728

E-Mail: _____

Website: www.beaconinc.org

President of Board of Directors: Von Welch

Name of Executive Director: Forrest Gilmore

Phone: 812-610-2566

E-Mail: forrest@beaconinc.org

Name of Grant Writer: Danielle Sorden

Phone: 812-327-9391

E-Mail: danielle@beaconinc.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
25	3	~1500

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

Beacon is a solutions-driven, antipoverty organization, dedicated to aiding and empowering people experiencing extreme poverty, especially hunger and homelessness. Founded in 2000 in response to a growing community concern about the needs of people without homes, Beacon has grown rapidly these past 23 years to become the largest nonprofit housing provider in Monroe County. Beacon provides daytime and overnight shelter, hunger relief, permanent supportive housing, rapid re-housing, social services and case management, employment support, street outreach, eviction prevention, life essentials (restrooms, laundry, showers, mail, ID, etc.), and other health and human services to hundreds of adults and children each day and thousands each year.

HealthNet's mission statement: To improve lives with compassionate health care and support services, regardless of ability to pay.

HIP's mission statement: Help individuals and families who are homeless in Marion and Monroe counties reach a level of self-sufficiency consistent with their goals and capabilities for health and social wellbeing.

PROJECT INFORMATION

Name of the project to be funded:

Crawford Room Conversion and Medical Equipment

Total cost of project: \$26,251

Requested amount of Jack Hopkins funding: \$26,251

Number of City residents to be served by this project in 2025: 130

Number of clients to be served by this project in 2025: 130

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$18,451 to repair flood damage to the two community rooms, the exercise room and the computer lab. We will convert the computer lab into a clinic room to improve our provision of professional medical and mental health care onsite. The exam room will allow HealthNet to provide more private health care, especially women's health, for the residents of Crawford. People experiencing homelessness will also be able to access these services if needed.

We need the community rooms to continue our weekly food pantry, where we distribute over \$79,000 worth of food each year, and other services, like our monthly veterinary clinics and quarterly infectious disease testing.

We will also convert the exercise room into a shared office space for 2 new case managers we will hire with new ARP funding we have received. We are short on work spaces for new staff.

We are requesting \$7800 for medical equipment.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☒ Yes

☐ No

If yes, list the name(s) of agency partner(s)

HealthNet

Centerstone, Monroe County Humane Association, Monroe County Health Department, Hoosier Hills Food Bank, Trinity Church, and First United Methodist Church all provide services in these spaces as well.

How do your missions, operations and services complement each other?

Beacon's goal is to provide permanent supportive housing to people with chronic disabilities. These disabilities make it difficult or impossible to access healthcare in typical settings. HealthNet's visits to Crawford have saved lives and enabled people to maintain their housing. Beacon's housing saves the lives of HealthNet clients.

What is the existing relationship between agencies?

Beacon pays the rent and provides case management and service coordination for Crawford Homes Program. HealthNet's medical Nurse Practitioner visits once a week, or as needed, and the Psychiatric Nurse Practitioner visits as needed. Beacon's staff coordinates attendance and follow up.

How will communication and coordination change as a result of the project?

This will be a fairly easy partnership to enact. We already have well established lines of communication and collaboration. The most important IMPROVEMENT this project would enable is giving HealthNet the ability to conduct more private health services, like Pap Smears, that they are currently unable to.

Explain any challenges and steps you plan to take to address those challenges.

This will be a fairly easy partnership to enact. We already have well established lines of communication and collaboration.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

2446 S. Henderson St.
Bloomington, IN 47401

Do you own or have site control of the property at which the project is to take place?

☐

Yes

☒

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

We have been housed at this site for 12 years. The property is fully supportive of these improvements. We are the only renter this property is allowed to rent to.

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐

Yes

☒

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

N/A

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We plan to submit claims when the contractors bill us for the work. We anticipate being able to use the full amount of funding by December.
We will order the equipment for HealthNet.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

N/A

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources *(e.g., other funds, in-kind contributions, or volunteers.)*

The following agencies also use these spaces to provide services.
HealthNet
Hoosier Hills Food Bank
Monroe County Health Department
Monroe County Humane Association
Centerstone

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☐ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Computer Room Conversion	\$18,451 I do not know
Priority #2	Exercise Room Conversion	how it breaks down
Priority #3	Community Rooms Improvements	by room
Priority #4	Vitals Monitor	\$2500
Priority #5	Exam Table	\$2000
Priority #6	Cabinetry	\$2100
Priority #7	Provider Stool & Guest Chair	\$1200
Total Requested		\$26,251

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

The 2020-2024 Consolidated Plan list two of its core goals as "Housing/services to the homeless/near-homeless. Provide funds to support shelter operations and transitional housing. Acquisition, construction, or rehabilitation of temporary shelters and transitional housing for the homeless, including victims of domestic violence, veterans, disaster victims, families with children, unaccompanied youth, drug offenders, and formerly incarcerated persons. Provide funding to increase permanent supportive housing opportunities and work to create a stronger network of providers of supportive and mainstream services to homeless clients
Goal Delivery of public services for seniors, persons with disabilities, youth, victims of domestic violence, abused and neglected children as well as childcare services, health and mental health services, food access, broadband access, transportation, non-homeless special needs and employment training.
The requested projects would increase our ability at permanent supportive housing to provide a wider range of services through a stronger network of providers.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

These improvements should last for the foreseeable future.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Permanent supportive housing specifically targets the most vulnerable people experiencing homelessness in our community - the person with disabilities experiencing long-term homelessness. Most residents have tri-morbidity: a severe mental illness, a severe substance use disorder, and a chronic illness or physical disability. These three together prove lethal with the average age of death being 47 years old.

Residents of permanent supportive housing have better housing stability rates, better health outcomes, and better employment rates. Crawford Homes has been shown to both reduce emergency room use (65% drop in the first year) and interactions with the criminal justice system (between an 80-90% drop in arrests within 18 months.)

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

We expect the HealthNet clinic to see an average of 3-8 patients per week. Some of these will be prescribed medicine and seen onsite ongoing and some may be connected with their main clinic for more complicated medical concerns. We will be able to track these numbers.

We are already tracking the number of people who receive food pantry food.

The Health Department can track the number of people that they test for infectious diseases.

The Humane Association can track the number of emotional support animals they see.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Beacon and its program, Crawford Homes, are essential components in the Heading Home plan. Beacon is the regional lead for coordinated entry, the community-driven collaboration amongst service providers to house people without homes.

2024 Proposed Project Budget			
Beacon Crawford/Continental		Services Spaces Renovation	
Total Project Cost		\$10,930	
	Totals	Other Income Sources	JHSS Grant
Funds			
JHSS Grant			\$26,251
HealthNet Services		\$67,034	
Food Distribution		\$75,792	
Health Department		\$8,263	
Humane Assoc.		\$6,684	
Total Project Funds	\$184,024	\$157,773.00	\$26,251
Expenses			
Materials and Labor for Renovations			\$18,451
Medical Equipment			\$7,800
Medical and Psychiatric Staff		\$67,034	
Food		\$75,792	
Infectious Disease Testing		\$8,263	
Veterinary staff, vaccines, pet food		\$6,684	
Total Project Expenses	\$184,024	\$157,773.00	\$26,251

Cook & Sons Excavating LLC

Invoice

Cook & Sons Excavating LLC

11931 W State HWY 56

French Lick IN 47432

US

8127882958

Jcookexcavating@gmail.com

BILL TO

Danielle Sorden

2446 S Henderson #125

Bloomington IN 47401

US

danielle@beaconinc.org

8123279391

Invoice

invoice-20

Date

18 Mar 2025

Due date

8 Apr 2025

Item	Quantity	Price	Amount
Flooring	1	\$1,810.80	\$1,810.80
Paint	1	\$3,036.93	\$3,036.93
Drywall	1	\$1,531.84	\$1,531.84
Sink/plumbing	1	\$556.42	\$556.42
Labor	1	\$11,030.00	\$11,030.00
Subtotal			\$17,965.99
TAX (7%)			\$485.52
Total			\$18,451.51



PAY ONLINE NOW

Amount Due

\$18,451.51

We require half down and half when finished

Thanks for doing business with Cook & Sons Excavating.

By signing this document, the customer agrees to the services and conditions described in this document.

Cook & Sons Excavating LLC



18 Mar 2025

Danielle Sorden

Click to sign

(/ /)

HealthNet Exam Room Supply Estimates

We based this on a range of expenses and went high as we know we need high quality, but if we don't get all the funding we can scale back.

A full-size exam table - **\$2,000** (based on range of \$1,000 to \$2,800 – if we don't get all funding we go with less than top of the line)

Based on: https://ms3c.co/products/family-practice-exam-table-with-integrated-step-stool?variant=41405247553626&country=US¤cy=USD&utm_medium=product_sync&utm_source=google&utm_content=sag_organic&utm_campaign=sag_organic&gad_source=1&gclid=EAlaIqobChMI_v3u7u-YjAMVES7UAR2n4glZEAQYAYABEgJaOPD_BwE

A vitals monitor that has the pulse ox, digital BP monitor, and thermometer in one and is on a small cart - **\$2,500**

Base on: <https://tigermedical.com/products/vital-signs-patient-monitor-w-rolling-stand-dyn10840-oo?variant=45296210903331>

Cabinetry, including a lockable cabinet like HIP has in some of the shelters - **\$2,100**

Based on: https://www.universalmedicalinc.com/clinton-wall-and-base-cabinet-set-72-width.html?campaignid=1050278157&adgroupid=53208361164&adid=248366627706&gad_source=1&gclid=EAlaIqobChMIupPjiu6YjAMV1jjUAR0vTx7GEAQYAiABEgJeHvD_BwE

Provider stool - **\$400**

Based on: https://www.modomed.com/cgi-bin/frontrunner.cgi?ri=100&rc=MODO&rs=T&ro=T&pln=MF&pid=MFES&pm=&in=11001-30&whs=ALL&sid=11001&msds=Century%20Medical%20Exam%20Stool&os=FRG MFES&ctc=1&gad_source=1&gclid=EAlaIqobChMIpsWBqO6YjAMVmC3UAR0s2Ck1EAYYByABEGk-pPD_BwE

2-3 Guest/patient chairs - **\$800**

Based on: https://www.google.com/search?q=healthcare+patient+waiting+chairs&scasv=830a0b600f7af676&rlz=1C1GCEA_enUS1133US1133&ei=FyXcZ4j2M9C3wN4P3oqRoAQ&ved=0ahUKewjI3fyn7piMAXXQG9AFHV5FBEQQ4dUDCBI&uact=5&oq=healthcare+patient+waiting+chairs&gs_l=EGxnd3Mtd2l6LXNlcnAilWhlYWx0aGNhcmUgcGF0aWVudCB3YWI0aW5nIGNoYWIyczlFECEYoAEyBRAhGKABMgUQIRigATIFECEYoAEyBRAhGKABMgUQIRifBTIFECEYnwUyBRAhGJ8FMgUQIRifBTIFECEYnwVI_z1QsAdYvTxwAngBkAEAmAGwAaAB4BqqAQUyMy4xMrgBA8gBAPgBAZgCGqACHhXCAGoQABiwAxjWBBhHwgIHECEYoAEYCsICCxAAGIAEGJECGIoFwglREC4YgAQYkQIYxwEYigUYrwhCAGUQABiABMICBxAAGIAEGARcAg4QLhiABBjHARiOBRivAcICCxAuGIAEGNEDGMcBwglGEAAyFhgewgl

[LEAAYgAQYhgMYigXCagUQIRirAppDAIgGAZAGCJIHBTElJE1oAfMuQKyBwQ5LJE1uAfyFA&sclient=gws-wiz-serp#oshoppproduct=gid:591220862475652176,mid:576462857641818206,oid:3441017442636382705,iid:1221285546439381839,pvt:hg,pvo:3&oshop=apv&pvs=0](#)

TOTAL = \$7800

MEMORANDUM OF AGREEMENT

This MEMORANDUM OF AGREEMENT ("**Agreement**") is entered into on the 22nd day of February , 2023 ("**Effective Date**"), by and between HealthNet, Inc., an Indiana not-for-profit corporation ("**HealthNet**"), Continental Management, LLC, the property management company for Crawford and Crawford II Apartments ("**Continental**") and Beacon, Inc.'s Crawford Homes Housing First program, the case management provider at Crawford and Crawford II Apartments ("**Beacon**"), each referred to individually as "Party" and collectively as "Parties".

WHEREAS, HealthNet is a Federally Qualified Health Center whose mission is to make health care services available to the medically underserved regardless of their ability to pay;

WHEREAS, HealthNet administers the Homeless Initiative Program ("**HIP**"), which helps homeless persons in Marion and Monroe County reach a level of self-sufficiency consistent with their goals and capabilities for health and social well-being;

WHEREAS, Continental manages a facility that provides housing services to individuals who are eligible for HIP or are otherwise economically disadvantaged or medically underserved;

WHEREAS, Beacon provides rental vouchers and case management support to the residents of Crawford and Crawford II Apartments who are chronically homeless due to disabling conditions;

WHEREAS, HealthNet, as a medical provider, has the personnel and resources to provide medical or clinical services to individuals who may be in need of medical care;

WHEREAS, Continental and Beacon are willing to allow HealthNet to provide medical care and services to individuals in such facilities; and

WHEREAS, the Parties believe that the arrangement is mutually beneficial in terms of advancing their corporate missions and that neither shall demand or seek compensation from the other under this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the Parties agree as follows:

I. Continental and Beacon Responsibilities

- a. During the Term of this Agreement, Continental agrees to provide a clinical space (“**Space**”) for a HealthNet Nurse Practitioner and other medical assistant, as needed, (“**Personnel**”) to provide medically necessary Services (as defined herein) to residents of Crawford and Crawford II Apartments (“**Residents**”). Nothing herein entitles HealthNet to any specific location, and HealthNet agrees and understands that its Personnel may share Space or occupy a different Space depending on the circumstances. Neither HealthNet nor Personnel shall demand any particular Space, and Continental reserves the right to determine the availability and location of Space under this Agreement to Personnel.
- b. Continental shall maintain any Space in a condition that is suitable, and compliant with any Federal or State regulatory requirements, for providing Services to Residents. Continental will attempt in good faith to relocate Personnel to a suitable Space if Personnel raise concerns about the suitability of a particular clinic Space.
- c. The Parties agree that Personnel will only provide the following medical services to Residents under this Agreement (“**Services**”):
 - i. Adult and Pediatric Supervision
 - ii. Prevention visits
 - iii. Vaccinations
 - iv. Urgent care sick visits
 - v. Behavioral health clinical visits

Personnel may also encounter Residents with symptoms or medical issues attributable to domestic violence, behavioral health, substance abuse, dental care, podiatry, or obstetrics and gynecology. To the extent that treating such symptoms exceed the scope of Personnel’s scope of practice under Indiana law or Personnel’s privileges, Personnel shall make referral decisions and recommendations in the best interest of the Resident.

- d. Personnel will update patient records as appropriate to reflect the level of care and follow-up care provided by Personnel. HealthNet remains primarily responsible for complying with any third-party billing requirements for Services under this Agreement. Personnel will not store medical records at the Space.
- e. Personnel agree to abide by Continental’s rules and requirements for behavior at the Space. HealthNet shall promptly remove any Personnel from responsibility under this Agreement who violate Continental’s rules and requirements.

- f. In no event shall Continental or Beacon have any oversight or direction of the Services provided, or referral decisions made by Personnel, under Agreement.
- g. After each day, Personnel shall leave the Space in the same condition it was in when they arrived on the premises.
- h. HealthNet and Personnel shall be responsible for properly disposing of any medical supplies used in treating Residents under this Agreement.
- i. HealthNet and Personnel may store medications or supplies at the Space for purposes of treating Residents. HealthNet shall ensure that any storage location for medications or supplies remains locked and accessible only to Personnel having the appropriate access code or key. HealthNet shall be responsible for maintenance, removal, disposal, and any tracking requirements required by Federal or State law.

II. Billing and Payment

All Parties agree and understand that this is a zero dollar (\$0) Agreement. No Party shall directly or indirectly compensate the other for Services provided under this Agreement.

III. Regulatory Requirements

The Parties hereby represent, warrant, and certify to the other Party as follows:

- a. The Parties possess and will maintain all licenses and certifications required to conduct its operations and provide or receive the Services herein, and are in good standing with the Indiana Secretary of State and other governing State and Federal Regulatory and accrediting agencies, as applicable. Each Party agrees to promptly notify the other of any official or pending action or investigation that affects, or is likely to affect, its license or ability to operate or provide Services.
- b. Neither Party has ever been suspended, debarred, or excluded from participation in the Medicare, Medicaid, or any other federal or state health care program, and agrees to promptly notify the other Party of any action taken by governmental entity that may suspend or exclude its participation in such programs.
- c. HealthNet will not knowingly employ or otherwise knowingly do business with firms, individuals or entities under suspension, debarment, or exclusion from either Medicare or Medicaid programs, or barred from providing services to the Federal government.

- d. All Parties agree and understand that any referrals for further medical care and treatment for Residents are made in the best interests of the Resident, not as a result of the relationship created herein.
- e. Each Party hereby certifies that this Agreement complies with all applicable laws regulations, including as applicable, the Anti-Kickback Statute and the Stark Law, and the Parties agree to comply with all laws and regulations, including but not limited to, the Anti-Kickback Statute and the Stark Law in the performance of the Agreement.

IV. Insurance

HealthNet Shall provide professional liability insurance for the Personnel for Services provided herein during the Term of this Agreement. HealthNet shall provide a copy of its insurance coverage to Continental upon request.

V. Terms and Termination

- a. This Agreement shall commence of the Effective Date and continue and be in full force and effect for a period of one (1) year (“**Term**”). Thereafter, the Agreement shall automatically renew for a subsequent one (1) year terms unless either Party notifies the other Parties of termination of the Agreement as specified herein.
- b. Any Party may terminate the Agreement at any time without cause by giving at least thirty (30) days’ advance written notice.
- c. Any Party may terminate this Agreement at any time with written notice upon material breach of the Agreement by the other Party that is not cured within fifteen (15) days of notice from the non-breaching Party of such material breach.
- d. In the event of termination, HealthNet shall remove any of the items or supplies stored at the Space within ten (10) days of the termination of this Agreement.

VI. Privacy and Confidentiality

HealthNet shall not maintain medical records or Protected Health Information (“PHI”) at the Space during nonworking hours. Notwithstanding the foregoing, Continental and Beacon understand and agree that the nature of HealthNet’s use of the Space may involves the use and maintenance of confidential medical records and other individually identifiable health information which constitutes PHI as defined in the “Standards for Privacy of Individually Identifiable Health Information” promulgated by the Department of Health and Human Services implementing the privacy requirements of the Administrative Simplification subtitle

of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") set forth in 45 CFR Parts 160 and 164 ("HIPAA Privacy Standards"). Beacon and Continental covenant that they shall not intentionally or, or in disregard of commercially reasonable and customary practices for entry into the Space, access, inspect, examine, document, copy, disseminate, distribute, or otherwise disclose Protected Health Information that may be located or otherwise maintained at or on the Space. In the event that Beacon or Continental enters the Space, they shall at all times maintain the confidentiality of PHI unintentionally disclosed to any of them, and they shall take all reasonable and customary precautions to ensure that any individual entering the Space at its request or on its behalf shall strictly abide by the terms of this Section.

VII. Miscellaneous

- a. **Independent Contractor:** None of the provisions of this Agreement are intended to create, nor shall be deemed or construed to create, any employment relationship between Continental, Beacon, and HealthNet. Neither of the Parties hereto, nor any of their respective employees or agents, shall be construed to be the agent or representative of the other.
- b. **Practice of Medicine:** The Parties agree that the patient-related Services to be performed by Personnel pursuant to the provisions of this Agreement constitute the practice of medicine. Such Services shall be the sole responsibility of Personnel and shall be deemed Personnel's acts and services as independently licensed practitioners and employees of HealthNet, and not the acts or services of Continental or Beacon. Continental and Beacon shall not exercise any direction or control over the methods used by Personnel in the performance of such Services.
- c. **Survival.** Any provision of this Agreement creating obligations extending beyond the Term of this Agreement will survive the expiration or termination of this Agreement, regardless of the reason for such expiration or termination.
- d. **Amendments.** This Agreement may not be amended, modified, or supplemented, except by a written agreement, or addendum to this Agreement, executed by each Party.
- e. **Indemnity.**
 - i. Continental and Beacon agree to defend, indemnify and hold harmless HealthNet and its Personnel, officers, agents, employees, and representatives from any and all losses, reasonable attorney's fees, costs, damages, and expenses HealthNet may suffer as a result of claims, demands, costs, judgements against it arising out

of the negligence of Continental or Beacon or their officers, agents, employees, or representatives, or breach of any representation, warranty, or covenant.

- ii. HealthNet agrees to defend, indemnify and hold harmless Continental, Beacon, and their officers, agents, employees, and representatives from any and all losses, reasonable attorneys' fees, costs, damages and expenses Continental or Beacon may suffer as a result of claims, demands, costs, or judgements again it arising out of the negligence of HealthNet or its officers, agents, employees, or representatives, or breach of any representation, warranty, or covenant hereunder.
- f. **Clause Headings:** The clause headings appearing in this Agreement have been inserted for the purpose of convenience and ready reference. They do not purport to, and shall not be deemed to define, limit, or extend the scope of intent of the clauses to which they appertain.
- g. **Notices:** Notices or communications herein required or permitted shall be given the respective Parties by registered or certified mail, or by other means as mutually agreed (said notice being deemed given as of the date of mailing) or by hand delivery at the following addresses. The Parties may otherwise designate a new address by written notice to each other.

HEALTHNET	CONTINENTAL	BEACON, INC.
Dr. Rick Reifenberg	Julie McCartney	Forrest Gilmore
Chief Medical Information Officer	Regional Manager	Executive Director
3403 E. Raymond St.	32500 Telegraph Rd. Ste. 100	PO Box 451
Indianapolis, IN 46203	Bingham Farms, MI 48025	Bloomington, IN 47402

- h. **Assignment:** Assignments of this Agreement or the rights or obligations hereunder shall be invalid without the specific written consent of the other Party herein.
- i. **Waiver:** The Parties hereto may, by a writing signed by all of the Parties hereto, waive the performance by any party of any of the provisions to be performed by such party under this Agreement. The failure of any party to hereto at any time to insist upon the strict performance of any provision of this Agreement shall not be construed as a waiver or relinquishment of the right to insist upon strict performance or such provision at a future time. The waiver by any party hereto of a breach of or noncompliance with any provision of this Agreement shall not operate or be construed as a continuing waiver or a waiver of any other or subsequent breach or noncompliance hereunder.

- j. **Integration:** This Agreement supersedes any prior memorandum of agreement, agreement, or contract between the Parties, and governs the Parties' relationship beginning on the Effective Date. Further, this Agreement embodies the whole agreement of the Parties with respect to the subject matter herein. There are no promises, terms, conditions, or obligations other than those contained herein and this Agreement shall supersede all previous communications, representations, or agreements either verbal or written between the Parties with respect to the subject matter herein.
- k. **Governing Law:** This Agreement, including, without limitation, any and all demands, controversies, claims, actions, causes of action, suits, proceedings, and litigation between the Parties hereto arising out of or relating to this Agreement or its breach, the construction of its terms, or the interpretation of the rights and duties of the Parties, shall be governed by and construed in accordance with the laws of the State of Indiana, without giving effect to any choice or conflict of law provision, principles, or rules (whether of the State of Indiana or any other jurisdiction) that would cause the application of any laws of any jurisdiction other than the State of Indiana.
- l. **Jurisdiction and Venue:** The Parties hereby agree that all demands, controversies, claims, actions, causes of action, suits, proceedings, and litigation relating to or arising out of this Agreement shall be brought and tried in the Superior or Circuit Court, as appropriate, or Marion County, Indiana, or the United States District Court which includes Marion County, Indiana. In this regard, the Parties hereby (a) agree that venue shall be such courts, (b) irrevocably consent to service of process and to the jurisdiction and venue such courts, and (c) irrevocably waive any claim of inconvenient forum if any such demand, controversy, claim, action, cause of action, suit, proceeding, litigation has been filed, brought, or made in any of such courts.

* * *

[SIGNATURES ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their duly authorized officers or agents as of the Effective Date.

HEALTHNET, INC.

DocuSigned by:
By: Ricardo Diaz
Name: Ricardo Diaz
Title: President & CEO

CONTINENTAL MANAGEMENT, LLC

By: Julie McDiarmid
Name: Julie McDiarmid
Title: Regional Manager

BEACON, INC.

By: Forrest Gilmore
Name: Forrest Gilmore
Title: Executive Director

Beacon

Statement of Financial Position

As of December 31, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
10000 Old National Checking 9643	42,075.12
10001 In-Kind Bank	0.00
10002 Old National Savings 2314	6,500.00
10003 Friends Place Account	0.00
10005 German American Bank 6001	439,088.69
10006 Old National Money Market 8360	563,169.37
10008 PayPal	24,204.66
Total Bank Accounts	\$1,075,037.84
Accounts Receivable	
11000 Accounts Receivable	0.00
Total Accounts Receivable	\$0.00
Other Current Assets	
12001 *Undeposited Funds	0.00
12100 Friend's Place CD	0.00
69999 Payroll Items - Uncategorized	0.00
Total Other Current Assets	\$0.00
Total Current Assets	\$1,075,037.84
Fixed Assets	
18000 Land	140,980.88
18100 Land Improvements	21,225.00
18200 Buildings	177,879.12
18300 Building Improvements	425,163.03
18500 Equipment - FP	1,199.00
18600 Equipment	117,239.66
18700 Furniture and Fixtures	55,019.80
18800 Furniture and Fixtures - FP	8,650.20
18900 1201 W 3rd St - New Project	2,101,280.75
19000 Accumulated Depreciation	-396,624.78
Total Fixed Assets	\$2,652,012.66
Other Assets	
10004 Endowment	49,654.42
12200 Marketable Securities	0.00
Total Other Assets	\$49,654.42
TOTAL ASSETS	\$3,776,704.92

Beacon

Statement of Financial Position

As of December 31, 2024

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20001 Payables	0.00
Total Accounts Payable	\$0.00
Credit Cards	
12102 CENTER CARD	15,389.83
Total Credit Cards	\$15,389.83
Other Current Liabilities	
(do not use) Indiana Department of Revenue Payable	0.00
(do not use) Out Of Scope Agency Payable	0.00
26000 Payroll Liabilities	0.00
26050 Payroll Tax Liabilities	0.00
26100 Flex Med Spending Ded	1,523.34
26200 Empl United Way Payable	67.86
26300 Garnishment	200.00
26400 Life and AD&D - Employee	0.00
26500 SIMPLE IRA \$ - EE Withholding	0.00
26501 SIMPLE IRA \$ - ER Match	604.45
26550 SIMPLE IRA % - EE Withholding	1,215.71
26551 SIMPLE IRA % - ER Match	0.00
Total 26000 Payroll Liabilities	3,611.36
Total Other Current Liabilities	\$3,611.36
Total Current Liabilities	\$19,001.19
Long-Term Liabilities	
27000 Promissory Note	1,001,280.75
27200 Other Liabilities	0.00
Total Long-Term Liabilities	\$1,001,280.75
Total Liabilities	\$1,020,281.94
Equity	
30000 Opening Balance Equity	0.00
30001 Retained Earnings	0.00
30002 Net Income	0.00
32000 Unrestricted Net Assets	1,038,293.05
33000 Restricted Net Assets	154,217.00
Net Revenue	1,563,912.93
Total Equity	\$2,756,422.98
TOTAL LIABILITIES AND EQUITY	\$3,776,704.92



CONSOLIDATED FINANCIAL STATEMENTS

AND

SUPPLEMENTARY INFORMATION

DECEMBER 31, 2023 AND 2022

CPAs / ADVISORS



HEALTHNET, INC.

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Blue & Co., LLC / 500 N. Meridian Street, Suite 200 / Indianapolis, IN 46204
main 317.633.4705 fax 317.633.4889 email blue@blueandco.com

REPORT OF INDEPENDENT AUDITORS

Board of Directors
HealthNet, Inc.
Indianapolis, Indiana

Report on the Audit of Consolidated Financial Statements

Opinion

We have audited the accompanying consolidated financial statements of HealthNet, Inc. (HealthNet) which comprise the consolidated balance sheets as of December 31, 2023 and 2022, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of HealthNet as of December 31, 2023 and 2022, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and *Uniform Compliance Guidelines for Examination of Entities Receiving Financial Assistance from Governmental Sources*, issued by the Indiana State Board of Accounts. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of HealthNet and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about HealthNet's ability to continue as a going concern within one year after the date that the consolidated financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of HealthNet's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.

- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about HealthNet's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary consolidating information as listed in the accompanying table of contents is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual entities and is not a required part of the consolidated financial statements. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations (CFR) Part 200, Uniform Administrative requirements, Cost Principles, and Audit Requirements for Federal Awards*, and the accompanying schedule of expenditures of state and local awards are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated August 8, 2024 on our consideration of HealthNet's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering HealthNet's internal control over financial reporting and compliance.

Blue & Co., LLC

Indianapolis, Indiana
August 8, 2024

HEALTHNET, INC.

CONSOLIDATED BALANCE SHEETS DECEMBER 31, 2023 AND 2022

ASSETS		
	2023	2022
Current assets		
Cash - undesignated	\$ 2,696,912	\$ 3,572,744
Cash - board designated	1,549,218	1,511,184
Total cash	4,246,130	5,083,928
Patient accounts receivable	489,058	380,130
Grants and other receivables	4,141,195	4,081,903
Estimated third-party settlements	680,036	598,988
Prepaid expenses and other current assets	793,048	932,970
Total current assets	10,349,467	11,077,919
Other assets		
Property and equipment, net	15,251,220	17,008,316
Right-of-use assets under operating leases, net	12,144,388	10,430,411
Right-of-use assets under finance leases, net	703,203	703,203
Investments	7,813,829	7,482,487
Other	53,929	53,929
Total other assets	35,966,569	35,678,346
Total assets	<u>\$ 46,316,036</u>	<u>\$ 46,756,265</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued expenses	\$ 6,261,013	\$ 7,433,135
Refundable advances	3,427,295	2,485,105
Line of credit	2,556,270	499,381
Current portion of operating lease liabilities	1,500,321	1,202,654
Current portion of financing lease liabilities	232,407	175,794
Total current liabilities	13,977,306	11,796,069
Long-term liabilities		
Operating lease liabilities, net of current portion	11,058,634	9,425,234
Financial lease liabilities, net of current portion	-0-	232,408
Total liabilities	25,035,940	21,453,711
Net assets - without donor restrictions		
Undesignated	18,885,259	22,910,972
Board designated	1,549,218	1,511,184
Non-controlling interest	845,619	880,398
Total net assets	21,280,096	25,302,554
Total liabilities and net assets	<u>\$ 46,316,036</u>	<u>\$ 46,756,265</u>

See accompanying notes to consolidated financial statements.

HEALTHNET, INC.

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
Revenues		
Net patient service revenue	\$ 47,252,901	\$ 42,386,079
Federal, state and private grant revenues	23,048,513	24,660,803
Gifts in-kind revenue	1,805,003	1,614,749
340B pharmacy revenue	4,260,265	4,513,537
Other	1,618,222	1,610,213
Total revenues	77,984,904	74,785,381
Expenses		
Salaries and wages	49,384,580	49,202,627
Employee benefits	12,758,215	12,713,085
Medical and other supplies	2,331,761	1,912,048
Facilities and equipment	6,372,676	5,495,016
Purchased services	4,023,221	3,249,455
Insurance	793,147	723,918
Other	3,225,122	2,685,699
In-kind expense	1,805,003	1,614,749
Depreciation and amortization	1,311,237	1,439,784
Total expenses	82,004,962	79,036,381
Revenues under expenses	(4,020,058)	(4,251,000)
Other changes		
Distributions to non-controlling interest investors	(2,400)	(2,400)
Change in net assets without donor restrictions	(4,022,458)	(4,253,400)
Net assets		
Beginning of year	25,302,554	29,555,954
End of year	\$ 21,280,096	\$ 25,302,554

See accompanying notes to consolidated financial statements.

HEALTHNET, INC.

CONSOLIDATED STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
Operating activities		
Change in net assets	\$ (4,022,458)	\$ (4,253,400)
Adjustments to reconcile change in net assets to net cash flows from operating activities		
Depreciation and amortization	1,311,237	1,439,784
Change in deferred rent obligation	-0-	(2,668,806)
Unrealized loss (gain) on investments	(67,802)	136,050
Distributions to non-controlling interest investors	2,400	2,400
Changes in operating assets and liabilities		
Patient accounts receivable	(108,928)	1,535,601
Grants receivable and other receivables	1,048,496	(1,065,831)
Estimated third-party settlements	(81,048)	938,156
Right-of-use assets under operating leases	(1,713,977)	(8,821,947)
Prepaid expenses and other current assets	139,922	(414,757)
Accounts payable and accrued expenses	(1,172,122)	1,206,243
Operating lease liabilities	1,931,067	11,335,053
Refundable advances	942,190	1,860,185
Net cash flows from operating activities	(1,791,023)	1,228,731
Investing activities		
Purchase of investments	(595,114)	(2,749,146)
Proceeds from sale of investments	331,574	2,674,485
Additions to property and equipment	(661,929)	(2,966,025)
Net cash flows from investing activities	(925,469)	(3,040,686)
Financing activities		
Distributions to non-controlling interest investors	(2,400)	(2,400)
Proceeds from line of credit	44,605,791	7,520,541
Payments on line of credit	(42,548,902)	(7,021,160)
Payments on financing leases	(175,795)	(298,993)
Net cash flows from financing activities	1,878,694	197,988
Net change in cash	(837,798)	(1,613,967)
Cash		
Beginning of year	5,083,928	6,697,895
End of year	\$ 4,246,130	\$ 5,083,928
Supplemental disclosures of cash flows information		
Interest expense and cash paid for interest	\$ 165,599	\$ 53,828
Non-cash investing and financing activities		
Purchases of property and equipment included in accounts payable	\$ -0-	\$ 499,221
Conversion of debt to financing lease liability	\$ -0-	\$ 707,165
Conversion of leased property to right-of-use asset	\$ -0-	\$ 2,311,667
Conversion of construction in progress to other receivables	\$ 1,107,788	\$ -0-

See accompanying notes to consolidated financial statements.

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

HealthNet, Inc. (HealthNet) is a Federally Qualified Health Center (FQHC) providing health coverage through a network of community-based health centers to residents of Marion County, Morgan County and Monroe County, Indiana. HealthNet administers health services to eligible individuals in the Indianapolis area through various locations which include:

- Barrington Health and Dental Center
- Southeast Health and Dental Center
- Southwest Health Center and Dental Center
- Martindale-Brightwood Health Center
- Homeless Initiative
- People's Health and Dental Center
- Downtown Health Center
- West Health Center
- Northeast Health Center
- Bloomington Health Center

HealthNet also administers a county-wide homeless services program, behavioral health services, a prenatal care home visitation program, and a school-based health care program.

HealthNet People's Health Center, LLC (Peoples) was formed to own, operate and manage HealthNet People's Health and Dental Center location. HealthNet holds a majority controlling interest in Peoples.

Principles of Consolidation and Non-Controlling Interest

The consolidated financial statements include the accounts of HealthNet and Peoples. All material intercompany accounts and transactions have been eliminated in consolidation. Non-controlling interests represent the portion of the net assets that is attributable to investors that are external to and not included in HealthNet's consolidated financial statements.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

Basis of Accounting

HealthNet's consolidated financial statements are prepared in conformity with accounting principles generally accepted in the United States of America for not-for-profit organizations. Accordingly, HealthNet's accounts are stated on the accrual basis of accounting, whereby revenues are recognized as performance obligations are satisfied and expenses are recorded as incurred.

Cash

HealthNet maintains its cash in bank deposit accounts which at times may exceed federally insured limits. HealthNet has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk these accounts.

Patient Accounts Receivable

Patient accounts receivable are recorded at net realizable value based on certain assumptions determined by each payor. For third-party payors including Medicare, Medicaid, Blue Cross and others, the net realizable value is based on the estimated contractual reimbursement percentage, which is based on current contract prices or historical paid claims data by payor. For self-pay accounts receivable, which includes patients who are uninsured and the patient responsibility portion for patients with insurance, the net realizable value is determined using estimates of historical collection experience and aging category. These estimates are adjusted for estimated conversions of patient responsibility portions, expected recoveries and any anticipated changes in trends.

Patient accounts receivable can be impacted by the effectiveness of HealthNet's collection efforts. Additionally, significant changes in payor mix, business office operations, economic conditions or trends in federal and state governmental healthcare coverage could affect the net realizable value of accounts receivable. HealthNet also continually reviews the net realizable value of accounts receivable by monitoring historical cash collections as a percentage of trailing net operating revenues, as well as by analyzing current period net revenue and admissions by payor classification, aged accounts receivable by payor, days revenue outstanding, the composition of self-pay receivables between pure self-pay patients and the patient responsibility portion of third-party insured receivables and the impact of recent acquisitions and dispositions. HealthNet recognized receivables of approximately \$1,916,000 as of January 1, 2022.

Final settlements for some payors and programs are subject to adjustment based on administrative review and audit by third parties. As a result of these final settlements, HealthNet has recorded estimated third-party settlements.

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

Property, Equipment and Depreciation

Property and equipment are recorded at cost, or if donated, at the fair value of the donation. Maintenance, repairs and minor renewals are expensed as incurred. When properties are retired or otherwise disposed of, the related cost and accumulated depreciation are removed from the accounts and any resulting gain or loss for the period is recognized. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets. The useful lives range from 3 to 50 years. HealthNet retains the title to property and equipment purchased with grant funds as long as the property and equipment is used for HealthNet's exempt purpose.

Investments

Investments consist of cash and money market mutual funds, government and corporate bonds, and certificates of deposit, which are recorded at fair value. Though HealthNet has access to the investments, they are classified as long-term as HealthNet does not expect to fully utilize the investments within the next operating cycle.

Other Assets

Other assets consist of security deposits and other assets which are not expected to be utilized in the next operating cycle and are classified as non-current.

Net Assets

The consolidated financial statements have been prepared in accordance with the Not-for-Profit Entities Topic 958 of the FASB's ASC. Topic 958 requires among other things, that the consolidated financial statements report the changes in, and totals of each net asset class based on the existence of donor restrictions, as applicable. Net assets are classified as net assets without donor restrictions and net assets with donor restrictions and are detailed as follows:

- Net assets without donor restrictions represent the net assets of HealthNet that do not have donor-imposed stipulations and include undesignated and board designated net assets. As of December 31, 2023 and 2022, approximately \$1,549,000 and \$1,511,000 in net assets were board designated primarily for capital improvements and employee support.
- Net assets with donor restrictions represent the net assets of HealthNet resulting from contributions and other inflows of assets whose use is limited by donor-imposed stipulations that either expire by the passage of time or by actions of HealthNet. Net assets with donor restrictions also represent the part of the net assets of HealthNet resulting from contributions and other inflows of assets whose use by HealthNet is limited by donor-imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed by actions for HealthNet. As of December 31, 2023 and 2022, HealthNet did not have net assets with donor restrictions.

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

Patient Service Revenue

Patient care service revenue is reported at the amount that reflects the consideration to which HealthNet expects to be entitled in exchange for providing patient care. These amounts are due from patients, third party payors (including health insurers and government payors), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, HealthNet bills the patients and third-party payors several days after the services are performed. Revenue is recognized as the performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by HealthNet. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. HealthNet believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients receiving services in outpatient centers. HealthNet measures the performance obligation from the commencement of an outpatient service to the point when it is no longer required to provide services to that patient, which is generally at the time of completion of the outpatient services. The method of reimbursement for HealthNet is fee for service. The timing of revenue and recognition for healthcare services is transferred over time.

HealthNet determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with HealthNet's policy, or implicit price concessions provided to uninsured patients. HealthNet determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. HealthNet determines implicit price concessions based on its historical collection experience with this class of patients.

HealthNet is FQHC certified and is reimbursed on a prospective payment system for services provided to Medicaid and Medicare recipients. Estimates for final settlements of all unaudited cost reports have been recorded by HealthNet as of December 31, 2023. The Medicaid and Medicare cost reports for 2023 and 2022 have not been final audited as of December 31, 2023. Estimated settlements for the Medicaid program reflect differences between interim reimbursement and final reimbursement as determined by cost reports filed or to be filed and audited by the Medicaid state contractor. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates could change in the near term.

Charity Care

Charity care is provided to patients who meet certain criteria. Charity care is provided at no charge or at amounts less than established rates and because collection of amounts determined to qualify as charity care are not pursued, such amounts are not reported as revenue. Records are maintained to identify and monitor the level of charity care provided, including the amount of charges foregone for services and supplies furnished.

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

Of HealthNet's total expenses, an estimated \$5,352,000 and \$4,332,000 arose from providing services to charity patients during 2023 and 2022, respectively. The estimated costs of providing charity services are based on a calculation which applies a ratio of certain costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charges is calculated based on HealthNet's total expenses to gross patient service revenue.

Grant Revenues

A portion of HealthNet's revenue is derived from cost-reimbursable federal and state contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Receipt of these funds is subject to the fulfillment of certain obligations by HealthNet as prescribed by these programs and funds may be subject to repayment upon a determination of noncompliance made by a funding agency. Amounts received are recognized as revenue when HealthNet has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as refundable advances on the consolidated balance sheets. HealthNet recorded refundable advances of approximately \$3,427,000 and \$2,485,000 and as of December 31, 2023 and 2022, respectively. HealthNet recognized receivables from these programs of \$2,084,353 and \$1,735,000 as of December 31, 2023 and 2022, respectively, which are included in grants and other receivables on the consolidated balance sheets.

HealthNet derives a significant portion of its revenue from third-party payors and Federal and state funding programs. The receipt of future revenues by HealthNet is subject to among other factors, Federal and state policies affecting the health care industry, economic conditions that may include an inability to control expenses in periods of inflation, increased competition, market pressures on premium rates and other conditions which are impossible to predict.

340B Pharmacy Revenue

HealthNet is a participant in the 340B Drug Discount Program (the 340B Program) which enables qualifying health care providers to purchase drugs from pharmaceutical suppliers at a substantial discount. The 340B Program is managed by the Health Resource and Services Administration Office of Pharmacy Affairs. HealthNet earns revenue under the 340B Program by purchasing pharmaceuticals at a reduced cost to fill prescriptions to qualified patients. HealthNet has a network of participating pharmacies that dispense the pharmaceuticals to its patients under a contractual arrangement with HealthNet. Revenue is recognized when the performance obligations are satisfied which is traditionally at the point of sale when the prescription is filled by the third-party contracted pharmacy.

During 2023 and 2022, HealthNet recognized net revenue related to the 340B Program of approximately \$4,260,000 and \$4,514,000, respectively, on the consolidated statements of operations and changes in net assets. As HealthNet is considered an agent in the 340B Program, the expenses related to the 340B Program including drug costs, dispensing and other administrative fees are netted in revenue for financial reporting. As of December 31, 2023 and 2022, contract receivables of \$1,390,000 and \$2,343,000, respectively, primarily related to the 340B Program were included in grants and other receivables on the consolidated balance sheets.

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

Contributions

Contributions received are recorded as without donor restrictions or with donor restrictions support depending on the existence and/or nature of any donor restrictions. HealthNet recognizes all contributions as income in the period received. All contributions are considered to be without donor restrictions unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions. Contributions that are received and whose restrictions are satisfied within the same reporting period are reported as net assets without donor restrictions. HealthNet also evaluates whether a contribution is unconditional or conditional based on the absence or presence of barriers and any right of return provisions.

Gifts-in-kind Donations

Gifts-in-kind donations are recorded as revenue and expense in the accompanying consolidated financial statements. For the year ended 2023 and 2022, gifts-in-kind consisted mainly of medical supply donations of approximately \$1,805,000 and \$1,615,000 for 2023 and 2022, respectively, which are recorded at their estimated fair values. There are no donor-imposed restrictions existing for 2023 and 2022.

Income Taxes

HealthNet is organized as a not-for-profit under Section 501(c)(3) of the United States Internal Revenue Code (IRC). The exemption is on all income except unrelated business income as noted under IRC Section 511. IRC Section 513(a) defines an unrelated trade or business of an exempt organization as any trade or business which is not substantially related to the exercise or performance of its exempt purpose. As such, HealthNet is generally exempt from income taxes. However, HealthNet is required to file Federal Form 990 – Return of Organization Exempt from Income Tax, which is an informational return only.

Peoples is organized as a limited liability company; whereby net taxable income is taxed directly to the members and not Peoples. Accordingly, no current or deferred provision for income taxes was made for 2023 and 2022.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by HealthNet and recognize a tax liability if HealthNet has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. Management has analyzed the tax positions taken by HealthNet and has concluded that as of December 31, 2023 and 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying consolidated financial statements. HealthNet is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

HealthNet and Peoples filed their federal and state income tax returns for periods through December 31, 2022. These income tax returns are generally open to examination by the relevant taxing authorities for a period of three years from the later of the date the return was filed or its due date (including approved extensions).

Medical Malpractice

HealthNet purchases professional and general liability insurance to cover medical malpractice claims. There are known claims and incidents that may result in the assertion of additional claims, as well as claims from unknown incidents that may be asserted arising from services provided to patients.

The Indiana Medical Malpractice Act, Indiana Code 34-18 (the Act) provides a maximum recovery of \$1,650,000 for an occurrence of malpractice until June 30, 2019, and \$1,800,000 thereafter. The Act requires HealthNet to maintain medical malpractice liability insurance in the amount of at least \$500,000 per occurrence (\$1,500,000 in the annual aggregate). The Act also requires HealthNet to pay a surcharge to the State Patient's Compensation Fund (the Fund). The Fund is used to pay medical malpractice claims in excess of per occurrence and the annual aggregate amounts as noted above, under certain terms and conditions. No accrual for possible losses attributable to incidents that may have occurred but that have not been identified has been made because the amount, if any, is not reasonably estimable. The Fund is on a claims-made basis and as long as this coverage is continuous or replaced with equivalent insurance, claims based on occurrences during its term but reported subsequently will be insured.

HealthNet has commercial insurance for malpractice (in addition to coverage under the Act) under a claims-made policy, whereby only the claims reported to the insurance carrier during the policy period are covered regardless of when the incident giving rise to the claim occurred. Under the terms of the policy, HealthNet bears the risk of the ultimate costs of any individual claims exceeding \$250,000, if not covered under the Act, or aggregate claims exceeding \$5,000,000, if not covered under the Act, for claims asserted in the policy year. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on the occurrences during the claims-made term, but reported subsequently, will be uninsured. HealthNet is not aware of any medical malpractice claims, either asserted or unasserted, that would exceed the policy limits.

Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon HealthNet's claim experience, no such accrual has been made. It is reasonably possible that this estimate could change materially in the near term.

Performance Indicator

The consolidated statements of operations and changes in net assets include a performance indicator, revenues under expenses. Changes in net assets without donor restrictions which are excluded from the performance indicator, consistent with industry practice, include contributions from and distributions to non-controlling interest investors.

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

Litigation

HealthNet is involved in various legal actions in the normal course of its operations. After consultation with legal counsel, management estimates these matters will be resolved without material adverse effect on the future financial position, results of operations, and cash flows of HealthNet.

Reclassifications

Certain amounts in the prior year consolidated financial statements have been reclassified to conform with the current year presentation. The reclassifications had no impact on previously reported net assets or change in net assets.

Going Concern Evaluation

Management evaluated whether there were conditions or events that raised substantial doubt about the entity's ability to continue as a going concern for a period of one year from the date the consolidated financial statements were available to be issued.

Subsequent Events

HealthNet evaluated events or transactions occurring subsequent to the consolidated balance sheet date for recognition and disclosure in the accompanying consolidated financial statements through the date the consolidated financial statements were available to be issued which was August 8, 2024.

2. CHANGE IN ACCOUNTING PRINCIPLE

On January 1, 2023, HealthNet adopted Financial Accounting Standards Board Accounting Standards Update (ASU) *No. 2016-13, Financial Instruments – Credit Losses (Topic 326)*, utilizing the modified retrospective approach. This ASU replaces the incurred loss impairment methodology with a methodology that reflects expected credit losses and requires consideration of a broader range of reasonable and supportable information to estimate credit losses. The new guidance requires financial assets measured at amortized cost to be presented at the net amount expected to be collected. HealthNet applied the guidance to financial assets measured at amortized cost (accounts receivable and grants and other receivables) that existed as of January 1, 2023 (the date of initial application). The adoption of this ASU did not have a material impact on HealthNet's consolidated financial statements.

3. PATIENT ACCOUNTS RECEIVABLE AND SERVICE REVENUE

Reimbursement for services provided to substantially all patients is in accordance with contractual arrangements for the Medicaid and Medicare programs, third-party insurers, preferred provider organizations and health maintenance organizations. Substantially all such arrangements reimburse HealthNet on a prospective basis or at discounts from established charges. HealthNet believes that it is in compliance with applicable laws and regulations. Compliance with laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicaid and Medicare programs.

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

Settlements with third-party payors for retroactive adjustments due to audits, reviews, or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and HealthNet's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments arising from a change in the transaction price were not significant in 2023 and 2022.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. HealthNet also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. HealthNet estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to net patient service revenue in the period of the change. For 2023 and 2022, adjustments recognized due to changes in HealthNet's estimates of implicit price concessions, discounts, and contractual adjustments for performance obligations satisfied in prior years were not significant. Subsequent changes that are significant and determined to be the result of an adverse change in the patient's ability to pay, determined on a portfolio basis, are recorded as bad debt expense.

Consistent with HealthNet's mission, care is provided to patients regardless of their ability to pay. Therefore, HealthNet has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts HealthNet expects to collect based on its collection history with those patients. Patients who meet HealthNet's criteria for charity care are provided care without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as revenue.

HealthNet has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the following factors:

- Payors (for example, Medicare, Medicaid, managed care or other insurance, patient) have different reimbursement and payment methodologies
- Length of the patient's service or episode of care
- Geography of the service location
- Method of reimbursement (fee for service or capitation)

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

A summary of net patient service revenue is as follows:

	2023	2022
Gross patient service revenue	\$ 72,790,785	\$ 67,885,621
Contractual allowances	(19,716,377)	(20,826,100)
Charity care	(4,857,864)	(3,798,006)
	48,216,544	43,261,515
Implicit price concessions	(963,643)	(875,436)
Net patient service revenue	<u>\$ 47,252,901</u>	<u>\$ 42,386,079</u>

The composition of patient service revenue by primary payor is as follows:

	2023	2022
Medicaid	\$ 42,514,525	\$ 37,784,151
Medicare	569,455	563,683
Private Pay	0	714,421
Commercial and other	4,168,921	3,323,824
	<u>\$ 47,252,901</u>	<u>\$ 42,386,079</u>

HealthNet grants credit without collateral to its patients, most of whom are local residents and are uninsured or insured under third-party payer agreements. The mix of receivables and revenues from patients and third-party payors as of and for the years ended December 31, 2023 and 2022 was as follows:

	2023		2022	
	Receivables	Revenue	Receivables	Revenue
Medicaid	48%	90%	52%	89%
Medicare	9%	1%	6%	1%
Private pay	19%	0%	19%	2%
Commercial and other	24%	9%	23%	8%
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

4. PROPERTY AND EQUIPMENT

Property and equipment as of December 31 consist of the following:

	2023	2022
Land	\$ 943,183	\$ 943,183
Building and improvements	22,239,751	22,887,821
Furniture and equipment	10,594,859	10,392,649
	33,777,793	34,223,653
Accumulated depreciation	(18,526,573)	(17,215,337)
	<u>\$ 15,251,220</u>	<u>\$ 17,008,316</u>

HealthNet has outstanding commitments related to property and equipment of \$775,000 as of December 31, 2023.

5. INVESTMENTS AND FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that HealthNet has the ability to access.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2023 and 2022:

- *Money market mutual funds:* Valued based at the subscription and redemption activity at a \$1 stable net asset value (NAV). However, on a daily basis the funds are valued at their daily NAV calculated using the amortized cost of securities.
- *U.S. Government and government agency obligations:* Valued based on the closing price reported on the active market on which the securities are traded.
- *Corporate obligations:* Valued using pricing models maximizing the use of observable inputs for similar securities.

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

Assets measured at fair value on a recurring and nonrecurring basis as of December 31, 2023 and 2022 are as follows:

		December 31, 2023			
Recurring fair value measurements		Total	Level 1	Level 2	Level 3
Assets					
Investments					
Money market mutual funds		\$ 4,196,842	\$ -0-	\$ 4,196,842	\$ -0-
US Government and government agency obligations		1,837,582	1,837,582	-0-	-0-
Corporate obligations					
Finance		671,195	-0-	671,195	-0-
Other		1,108,210	-0-	1,108,210	-0-
Total corporate obligations		1,779,405	-0-	1,779,405	-0-
		<u>\$ 7,813,829</u>	<u>\$ 1,837,582</u>	<u>\$ 5,976,247</u>	<u>\$ -0-</u>
		December 31, 2022			
Recurring fair value measurements		Total	Level 1	Level 2	Level 3
Assets					
Investments					
Money market mutual funds		\$ 4,206,329	\$ -0-	\$ 4,206,329	\$ -0-
US Government and government agency obligations		1,708,970	1,708,970	-0-	-0-
Corporate obligations					
Finance		451,195	-0-	451,195	-0-
Other		1,115,993	-0-	1,115,993	-0-
Total corporate obligations		1,567,188	-0-	1,567,188	-0-
		<u>\$ 7,482,487</u>	<u>\$ 1,708,970</u>	<u>\$ 5,773,517</u>	<u>\$ -0-</u>

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

Realized gains (losses), if any, are included in earnings and are reported in the consolidated statements of operations and changes in net assets as a component of investment return, which is included in other revenues. The differences between the market value and the cost of investments are considered unrealized gains or losses and are included in earnings for the years that are attributable to the change in unrealized gains (losses) relating to assets held as of December 31, 2023 and 2022. Unrealized gains and losses are reported in the consolidated statements of operations and changes in net assets as a component of investment return, which is included in other revenues. There were no realized gains in 2023 and 2022. Unrealized gains were approximately \$68,000 in 2023, and unrealized losses were \$136,000 in 2022.

HealthNet holds investments which are exposed to various risks such as interest rate, market, and credit. Due to the level of risk associated with these securities and the level of uncertainty related to changes in the value, it is at least reasonably possible that changes in the various risk factors will occur in the near term that could materially affect the amounts reported in the accompanying consolidated financial statements

6. LEASES

HealthNet recognizes right-of-use (ROU) assets and liabilities for leases with terms greater than 12 months or leases that contain a certain purchase option that is reasonably certain to be exercised. Leases are classified as either finance or operating leases. This classification dictates whether lease expense is recognized based on an effective interest method or on a straight-line basis over the term of the lease.

HealthNet has operating and finance leases for building space and computer equipment, respectively, under long-term agreements. Under the terms of the agreements, HealthNet makes monthly payments based on agreed upon schedules. The lease agreements do not contain any material restrictive covenants. The leases have remaining term dates that range from 2024 through 2037.

HealthNet's ROU assets and liabilities are recognized on the lease commencement date in an amount that represents the present value of future lease payments over the lease term. HealthNet utilizes its collateralized incremental borrowing rate commensurate to the lease term as the discount rate for its leases unless HealthNet can specifically determine the lessor's implicit rate. Certain lease contracts contain non-lease components such as maintenance and utilities. HealthNet has made a policy election to not separate the lease and non-lease components, and thus recognizes a single lease component for all of its ROU assets and lease liabilities. The operating lease ROU asset also includes any lease payments made and excludes lease incentives, if any.

Short-term leases (leases with an initial term of 12 months or less or leases that are cancelable by the lessee and lessor without significant penalties) are not capitalized but are expensed on a straight-line basis over the lease term. HealthNet leases building space and equipment under short-term agreements, which are classified as short-term leases due to having an initial term of 12 months or less.

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

In evaluating contracts to determine if they qualify as a lease, HealthNet considers factors such as if it has obtained substantially all of the rights to the underlying asset through exclusivity, if HealthNet can direct the use of the asset by making decisions about how and for what purpose the asset will be used and if the lessor has substantive substitution rights. Furthermore, HealthNet assesses whether it is reasonably certain to exercise options to extend or terminate a lease considering all relevant factors that create economic incentive to exercise such options, including asset, contract, market, and entity-based factors. These evaluations may require significant judgement.

The components of HealthNet's lease cost for the year ended December 31, 2023 is as follows:

Operating lease cost	\$ 1,667,151
Finance lease cost	
Amortization expense	175,795
Interest on lease liabilities	31,698
Short term lease cost	<u>491,596</u>
Total lease expense	<u>\$ 2,366,240</u>

HealthNet's ROU assets and lease liabilities as of and for the year ended December 31, 2023 are as follows:

Right-of-use assets

Operating lease assets	\$ 12,144,388
Finanance lease assets	<u>703,203</u>
Total right-of-use assets	<u>\$ 12,847,591</u>

Lease liabilities

Operating lease liabilities, current	\$ 1,500,321
Operating lease liabilities, noncurrent	<u>11,058,634</u>
Total operating lease liabilities	<u>12,558,955</u>
Financing lease liabilities, current	<u>\$ 232,407</u>
Total financing lease liabilities	<u>\$ 232,407</u>

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

Additional information regarding cash payments under HealthNet's operating and finance leases during 2022, as well as the inputs used in determining the ROU assets and liabilities at December 31, 2023, is as follows:

Cash paid for amounts included in measurement of lease liabilities:

Operating cash flows from operating leases	\$	1,667,151
Operating cash flows from financing leases	\$	31,698
Financing cash flows from finance leases	\$	175,795
Right-of-use assets obtained in exchange for new operating lease liabilities	\$	2,668,100
Weighted-average remaining lease term - operating leases		11 years
Weighted-average remaining lease term - financing leases		1 year
Weighted average discount rate - operating leases		5.50%
Weighted average discount rate - financing leases		7.35%

Future payments of lease liabilities are as follows:

Year Ending December 31,	Operating leases	Financing leases
2024	\$ 1,500,321	\$ 317,654
2025	1,575,870	-0-
2026	1,603,548	-0-
2027	1,602,514	-0-
2028	1,648,891	-0-
Thereafter	9,042,027	-0-
Total lease payments	16,973,171	317,654
Less: Imputed interest	(4,414,216)	(85,247)
	<u>\$ 12,558,955</u>	<u>\$ 232,407</u>

7. LINE OF CREDIT

HealthNet has a line of credit available of \$4,000,000 with Old National Bank with an interest rate of prime minus 1% (6.5% as of December 31, 2023). The line of credit was renewed in 2023 and now expires in August 2025 secured by investments of \$4,000,000. The outstanding balance on the line of credit as of December 31, 2023 and 2022 was \$2,556,000 and \$499,000, respectively.

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

8. NON-CONTROLLING INTEREST

The following represents the change in net assets without donor restrictions attributable to the undesignated and the non-controlling financial interest of HealthNet for the years ended December 31, 2023 and 2022:

	Undesignated & Designated	Non-controlling Interest	Total
Balance, December 31, 2021	\$ 28,640,727	\$ 915,227	\$ 29,555,954
Revenues under expenses after nonoperating items	(4,218,571)	(32,429)	(4,251,000)
Distributions	-0-	(2,400)	(2,400)
Balance, December 31, 2022	24,422,156	880,398	25,302,554
Revenues under expenses after nonoperating items	(3,987,679)	(32,379)	(4,020,058)
Distributions	-0-	(2,400)	(2,400)
Balance, December 31, 2023	<u>\$ 20,434,477</u>	<u>\$ 845,619</u>	<u>\$ 21,280,096</u>

9. LIQUIDITY AND AVAILABILITY OF RESOURCES

As of December 31, 2023 and 2022, HealthNet had the following financial assets available within one year of the consolidated balance sheet date to meet cash needs for general expenditure:

	2023	2022
Financial assets		
Cash	\$ 2,696,912	\$ 3,572,744
Patient accounts receivable	489,058	380,130
Grants and other receivables	4,141,195	4,081,903
Estimated third-party settlements	680,036	598,988
Financial assets available in one year	8,007,201	8,633,765
Liquidity resources		
Available line of credit	4,000,000	4,000,000
Investments	7,813,829	7,482,487
Total financial assets and other liquidity resources	<u>\$ 19,821,030</u>	<u>\$ 20,116,252</u>

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

None of these financial assets are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the consolidated balance sheet date. The receivables and estimated settlements are subject to implied time restrictions but are expected to be collected within one year. HealthNet's policy is to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, as part of its liquidity management, HealthNet invests cash in excess of daily requirements, in various investments such as money market deposit funds.

To help manage unanticipated liquidity needs, HealthNet has committed a line of credit in the amount of \$4,000,000 as of December 31, 2023 and 2022, respectively, which it could draw upon. Additionally, HealthNet has available investments of approximately \$7,814,000 and \$7,482,000 at December 31, 2023 and 2022, respectively. Although HealthNet does not intend to utilize its investments other than amounts appropriated for general expenditure as part of its annual budget approval and appropriation process, amounts from its investments could be made available if necessary.

10. FEDERAL, STATE, AND PRIVATE GRANT REVENUES

State expenditures along with Federal and private grants are reported in the consolidated statements of operations and changes in net assets under Federal, state, and private grant revenue. During 2023 and 2022, HealthNet expended a state and local award for Community Health Center passed through the Indiana State Department of Health for approximately \$1,917,000 and \$2,043,000, respectively. The following is summary of federal, state and private grant revenue for 2023 and 2022:

	2023	2022
From consolidated statement of operations and changes in net assets		
Federal, state and private grant revenues	<u>\$ 23,048,513</u>	<u>\$ 24,660,803</u>
Amounts reported as		
Schedule of expenditures of federal awards	\$ 15,722,131	\$ 17,442,242
2021 Provider Relief Funds to be reported on		
2022 Schedule of Expenditures of Federal Awards	-0-	(1,185,418)
State and local awards	1,917,000	2,043,000
Vendor contracts, private awards, and other	<u>5,409,382</u>	<u>6,360,979</u>
	<u>\$ 23,048,513</u>	<u>\$ 24,660,803</u>

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

11. FUNCTIONAL EXPENSES

HealthNet is a FQHC providing health coverage through a network of community-based health centers to residents of Monroe County, Morgan County, and Marion County in Indiana. Expenses related to providing these services approximate the following:

	December 31, 2023						
	Program Services						Total Expenses
	Primary Care	Behavioral Health	Obstetrics & Gynecology	Dental	Homeless	Other	
Salaries and wages	\$ 20,137,432	\$ 3,015,137	\$ 7,888,624	\$ 4,151,042	\$ 2,213,916	\$ 4,722,370	\$ 50,107,729
Employee benefits	4,629,668	647,591	1,515,251	887,772	564,955	1,148,773	12,892,803
Medical and other supplies	4,962,042	2,126	268,331	424,561	25,268	116,241	5,852,869
Facilities and equipment	2,121,712	22,930	391,808	628,948	262,685	470,523	6,433,977
Purchased services	3,528,685	19,597	296,728	341,770	95,144	898,332	6,428,326
Insurance	339,925	33,927	96,536	59,007	52,084	68,974	793,147
Other	126,224	557	100,835	14,863	2,527,721	175,377	3,225,122
In-kind expense	1,706,607	-0-	89,051	-0-	2,697	6,648	1,805,003
Depreciation	561,968	56,088	159,594	97,550	86,106	114,028	1,311,237
Total expenses	38,114,263	3,797,953	10,806,758	6,605,513	5,830,576	7,721,266	88,850,213
Expenses included with revenues on the consolidated statement of operations and changes in net assets:							
340B Program costs	(6,845,251)	-0-	-0-	-0-	-0-	-0-	(6,845,251)
Total expenses included in the expenses section of the consolidated statement of operations and changes in net assets	\$ 31,269,012	\$ 3,797,953	\$ 10,806,758	\$ 6,605,513	\$ 5,830,576	\$ 7,721,266	\$ 82,004,962

HEALTHNET, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

		December 31, 2022						
		Program Services						
	Primary	Behavioral	Obstetrics &	Dental	Homeless	Other	Total Program	Total
	Care	Health	Gynecology				Services	Expenses
Salaries and wages	\$ 19,638,767	\$ 3,134,357	\$ 7,833,608	\$ 3,806,086	\$ 1,972,492	\$ 4,302,426	\$ 40,687,736	\$ 49,820,071
Employee benefits	4,528,261	689,301	1,488,002	788,621	506,824	1,184,414	9,185,423	12,819,828
Medical and other supplies	3,769,756	2,030	211,090	322,466	30,938	85,822	4,422,102	4,486,843
Facilities and equipment	1,519,677	19,396	393,883	339,342	260,530	739,247	3,272,075	5,552,962
Purchased services	3,661,145	15,314	251,659	320,071	67,685	380,127	4,696,001	5,863,943
Insurance	307,606	34,903	91,802	50,596	34,613	59,752	579,272	723,918
Other	469,353	129,337	315,460	206,990	1,172,067	138,563	2,431,770	2,685,701
In-kind expense	1,610,655	-0-	-0-	-0-	4,094	-0-	1,614,749	1,614,749
Depreciation	611,786	69,418	182,581	100,629	68,841	118,847	1,152,102	1,439,784
Total expenses	36,117,006	4,094,056	10,768,085	5,934,801	4,118,084	7,009,198	68,041,230	85,007,799
Expenses included with revenues on the consolidated statement of operations and changes in net assets:								
340B Program costs	(5,971,418)	-0-	-0-	-0-	-0-	-0-	(5,971,418)	-0-
Total expenses included in the expenses section of the consolidated statement of operations and changes in net assets	\$ 30,145,588	\$ 4,094,056	\$ 10,768,085	\$ 5,934,801	\$ 4,118,084	\$ 7,009,198	\$ 62,069,812	\$ 79,036,381

Certain costs have been allocated among the program services and administrative and general categories based on the actual direct expenditures and cost allocations based upon time spent by HealthNet's personnel, which includes primarily salaries, wages and employee benefits. Other expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include insurance and depreciation which are allocated based on the ratio of direct costs charged to the category to total direct costs. Although the methods used were appropriate, alternative methods may provide different results. Fundraising costs were not significant for 2023 and 2022.

SUPPLEMENTARY INFORMATION

HEALTHNET, INC.

CONSOLIDATING BALANCE SHEET DECEMBER 31, 2023

ASSETS	HealthNet	Peoples	Eliminations	Total
Current assets				
Cash - undesignated	\$ 2,619,027	\$ 77,885	\$ -0-	\$ 2,696,912
Cash - board designated	1,549,218	-0-	-0-	1,549,218
Total cash	4,168,245	77,885	-0-	4,246,130
Patient accounts receivable	489,058	-0-	-0-	489,058
Grants and other receivables	4,170,100	-0-	(28,905)	4,141,195
Estimated third-party settlements	680,036	-0-	-0-	680,036
Prepaid expenses and other current assets	790,048	3,000	-0-	793,048
Total current assets	10,297,487	80,885	(28,905)	10,349,467
Other assets				
Property and equipment, net	10,836,911	4,414,309	-0-	15,251,220
Right-of-use assets under operating leases, net	12,144,388	0	-0-	12,144,388
Right-of-use assets under finance leases, net	703,203	0	-0-	703,203
Investments	7,813,829	-0-	-0-	7,813,829
Investments in joint ventures	3,620,670	-0-	(3,620,670)	-0-
Other	53,929	-0-	-0-	53,929
Total other assets	35,172,930	4,414,309	(3,620,670)	35,966,569
Total assets	<u>\$ 45,470,417</u>	<u>\$ 4,495,194</u>	<u>\$ (3,649,575)</u>	<u>\$ 46,316,036</u>
LIABILITIES AND NET ASSETS				
Current liabilities				
Accounts payable and accrued expenses	\$ 6,261,013	\$ 28,905	\$ (28,905)	\$ 6,261,013
Refundable advances	3,427,295	-0-	-0-	3,427,295
Line of credit	2,556,270	-0-	-0-	2,556,270
Current portion of operating lease liabilities	1,500,321	-0-	-0-	1,500,321
Current portion of financing lease liabilities	232,407	-0-	-0-	232,407
Total current liabilities	13,977,306	28,905	(28,905)	13,977,306
Long-term liabilities				
Operating lease liabilities, net of current portion	11,058,634	-0-	-0-	11,058,634
Total liabilities	25,035,940	28,905	(28,905)	25,035,940
Net assets - without donor restrictions				
Undesignated	18,885,259	4,466,289	(4,466,289)	18,885,259
Board designated	1,549,218	-0-	-0-	1,549,218
Non-controlling interest	-0-	-0-	845,619	845,619
Total net assets	20,434,477	4,466,289	(3,620,670)	21,280,096
Total liabilities and net assets	<u>\$ 45,470,417</u>	<u>\$ 4,495,194</u>	<u>\$ (3,649,575)</u>	<u>\$ 46,316,036</u>

See report of independent auditors on pages 1 through 3.

HEALTHNET, INC.

CONSOLIDATING BALANCE SHEET DECEMBER 31, 2022

ASSETS	HealthNet	Peoples	Eliminations	Total
Current assets				
Cash - undesignated	\$ 3,519,639	\$ 53,105	\$ -0-	\$ 3,572,744
Cash - board designated	1,511,184	-0-	-0-	1,511,184
Total cash	5,030,823	53,105	-0-	5,083,928
Patient accounts receivable	380,130	-0-	-0-	380,130
Grants and other receivables	4,092,338	-0-	(10,435)	4,081,903
Estimated third-party settlements	598,988	-0-	-0-	598,988
Prepaid expenses and other current assets	931,470	1,500	-0-	932,970
Total current assets	11,033,749	54,605	(10,435)	11,077,919
Other assets				
Property and equipment, net	12,434,986	4,573,330	-0-	17,008,316
Right-of-use assets under operating leases, net	10,430,411	-0-	-0-	10,430,411
Right-of-use assets under finance leases, net	703,203	-0-	-0-	703,203
Investments	7,482,487	-0-	-0-	7,482,487
Investments in joint ventures	3,737,102	-0-	(3,737,102)	-0-
Other	53,929	-0-	-0-	53,929
Total other assets	34,842,118	4,573,330	(3,737,102)	35,678,346
Total assets	<u>\$ 45,875,867</u>	<u>\$ 4,627,935</u>	<u>\$ (3,747,537)</u>	<u>\$ 46,756,265</u>
LIABILITIES AND NET ASSETS				
Current liabilities				
Accounts payable and accrued expenses	\$ 7,433,135	\$ 10,435	\$ (10,435)	\$ 7,433,135
Refundable advances	2,485,105	-0-	-0-	2,485,105
Line of credit	499,381	-0-	-0-	499,381
Current portion of operating lease liabilities	1,202,654	-0-	-0-	1,202,654
Current portion of financing lease liabilities	175,794	-0-	-0-	175,794
Total current liabilities	11,796,069	10,435	(10,435)	11,796,069
Long-term debt				
Operating lease liabilities, net of current portion	9,425,234	-0-	-0-	9,425,234
Financial lease liabilities, net of current portion	232,408	-0-	-0-	232,408
Total liabilities	21,453,711	10,435	(10,435)	21,453,711
Net assets - without donor restrictions				
Undesignated	22,910,972	4,617,500	(4,617,500)	22,910,972
Board designated	1,511,184	-0-	-0-	1,511,184
Non-controlling interest	-0-	-0-	880,398	880,398
Total net assets	24,422,156	4,617,500	(3,737,102)	25,302,554
Total liabilities and net assets	<u>\$ 45,875,867</u>	<u>\$ 4,627,935</u>	<u>\$ (3,747,537)</u>	<u>\$ 46,756,265</u>

See report of independent auditors on pages 1 through 3.

HEALTHNET, INC.

CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS YEAR ENDED DECEMBER 31, 2023

	HealthNet	Peoples	Eliminations	Total
Revenues				
Net patient service revenue	\$ 47,252,901	\$ -0-	\$ -0-	\$ 47,252,901
Federal, state and private grant revenues	23,048,513	-0-	-0-	23,048,513
Gifts in-kind revenue	1,805,003	-0-	-0-	1,805,003
340B pharmacy revenue	4,260,265	-0-	-0-	4,260,265
Other	1,509,774	18,052	90,396	1,618,222
Total revenues	77,876,456	18,052	90,396	77,984,904
Expenses				
Salaries and wages	49,384,580	-0-	-0-	49,384,580
Employee benefits	12,758,215	-0-	-0-	12,758,215
Medical and other supplies	2,331,761	-0-	-0-	2,331,761
Facilities and equipment	6,390,676	-0-	(18,000)	6,372,676
Purchased services	4,023,221	-0-	-0-	4,023,221
Insurance	793,147	-0-	-0-	793,147
Other	3,225,316	(194)	-0-	3,225,122
In-kind expense	1,805,003	-0-	-0-	1,805,003
Depreciation and amortization	1,152,216	159,021	-0-	1,311,237
Total expenses	81,864,135	158,827	(18,000)	82,004,962
Revenues under expenses	(3,987,679)	(140,775)	108,396	(4,020,058)
Other changes				
Distributions to non-controlling interest investors	-0-	(10,436)	8,036	(2,400)
Change in net assets without donor restrictions	(3,987,679)	(151,211)	116,432	(4,022,458)
Net assets				
Beginning of year	24,422,156	4,617,500	(3,737,102)	25,302,554
End of year	\$ 20,434,477	\$ 4,466,289	\$ (3,620,670)	\$ 21,280,096

See report of independent auditors on pages 1 through 3.

HEALTHNET, INC.

CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS YEAR ENDED DECEMBER 31, 2022

	HealthNet	Peoples	Eliminations	Total
Revenues				
Net patient service revenue	\$ 42,386,079	\$ -0-	\$ -0-	\$ 42,386,079
Federal, state and private grant revenues	24,660,803	-0-	-0-	24,660,803
Gifts in-kind revenue	1,614,749	-0-	-0-	1,614,749
340B pharmacy revenue	4,513,537	-0-	-0-	4,513,537
Other	1,501,621	18,025	90,567	1,610,213
Total revenues	74,676,789	18,025	90,567	74,785,381
Expenses				
Salaries and wages	49,202,627	-0-	-0-	49,202,627
Employee benefits	12,713,085	-0-	-0-	12,713,085
Medical and other supplies	1,912,048	-0-	-0-	1,912,048
Facilities and equipment	5,513,016	-0-	(18,000)	5,495,016
Purchased services	3,249,455	-0-	-0-	3,249,455
Insurance	723,918	-0-	-0-	723,918
Other	2,685,699	-0-	-0-	2,685,699
In-kind expense	1,614,749	-0-	-0-	1,614,749
Depreciation and amortization	1,280,763	159,021	-0-	1,439,784
Total expenses	78,895,360	159,021	(18,000)	79,036,381
Revenues under expenses	(4,218,571)	(140,996)	108,567	(4,251,000)
Other changes				
Distributions	-0-	(10,434)	8,034	(2,400)
Total other changes	-0-	(10,434)	8,034	(2,400)
Change in net assets without donor restrictions	(4,218,571)	(151,430)	116,601	(4,253,400)
Net assets				
Beginning of year	28,640,727	4,768,930	(3,853,703)	29,555,954
End of year	\$ 24,422,156	\$ 4,617,500	\$ (3,737,102)	\$ 25,302,554

See report of independent auditors on pages 1 through 3.



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REPORT OF INDEPENDENT AUDITORS ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors
HealthNet, Inc.
Indianapolis, Indiana

Report on the Consolidated Financial Statements

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of HealthNet, Inc. (HealthNet), which comprise the consolidated balance sheet as of December 31, 2023 and the related consolidated statements of operations and changes in net assets, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated August 8, 2024.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered HealthNet's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of HealthNet's internal control. Accordingly, we do not express an opinion on the effectiveness of HealthNet's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of HealthNet's financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Board of Directors
HealthNet, Inc.
Indianapolis, Indiana

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether HealthNet's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the consolidated financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of HealthNet's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering HealthNet's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Blue & Co., LLC

Indianapolis, Indiana
August 8, 2024



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**REPORT OF INDEPENDENT AUDITORS ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM
 AND ON INTERNAL CONTROL OVER COMPLIANCE AND THE SCHEDULE OF EXPENDITURES OF FEDERAL
 AWARDS REQUIRED BY THE UNIFORM GUIDANCE**

Board of Directors
 HealthNet, Inc.
 Indianapolis, Indiana

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited HealthNet, Inc.'s (HealthNet) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of HealthNet's major federal programs for the year ended December 31, 2023. HealthNet's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, HealthNet complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2023.

Basis for Opinion on Each Major Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 *U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of HealthNet and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion. Our audit does not provide a legal determination of HealthNet's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to HealthNet's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on HealthNet's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgement made by a reasonable user of the report on compliance about HealthNet's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding HealthNet's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of HealthNet's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of HealthNet's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Board of Directors
HealthNet, Inc.
Indianapolis, Indiana

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Blue & Co., LLC

Indianapolis, Indiana
August 8, 2024

HEALTHNET, INC.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS YEAR ENDED DECEMBER 31, 2023

Program - Pass through Entity	Grantor	Assistance Listing Number (ALN)	Grant Identification #	Federal Expenditures
Major programs				
Health Centers Cluster				
Consolidated Health Centers - Department of Health and Human Services (HHS)	HHS	93.224	H80CS00114	\$ 4,615,792
American Rescue Plan Act Funding for Health Centers	HHS	93.224	H8FCS41027	3,221,751
COVID-19 - Expanding Capacity for Coronavirus Testing	HHS	93.224	H8ECS38285	615,915
Total for 93.224				8,453,458
Health Center Program	HHS	93.527	H80CS00114	4,336,495
Total for Health Centers Cluster				12,789,953
Total major programs				12,789,953
Non-major programs				
Continuum of Care Program - Department of Housing and Urban Development (HUD) - City of Indianapolis	HUD	14.267	Not available	1,266,268
VA Homeless Providers Grant and Per Diem Program - Department of Veterans Affairs (VA)	VA	64.024	827-1406-583-PD-21	144,504
Family Planning Services Title X Grant - HHS - Indiana Family Health Council	HHS	93.217	Not available	436,626
Emergency Solutions Grant - Department of Housing and Urban Development (HUD) - City of Indianapolis	HUD	14.231	Not available	142,685
Youth Homelessness Demonstration Program - Department of Housing and Urban Development (HUD) - City of Indianapolis	HUD	14.276	Not available	821,736
Temporary Assistance for Needy Families Indiana Family Health Council	HHS	93.558	Not available	103,577
Title XX Social Services Block Grant - HHS	HHS	93.667	Not available	16,782
Total non-major programs				2,932,178
Total federal expenditures				<u>\$ 15,722,131</u>

See report on schedule of expenditures of federal awards as required by the Uniform Guidance on page 37.
See accompanying notes to schedule of expenditures of federal awards.

HEALTHNET, INC.

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS DECEMBER 31, 2023

1. BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the SEFA) includes the federal award activity of HealthNet, Inc. (HealthNet) under programs of the federal government for 2023. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (the Uniform Guidance).

Because the SEFA presents only a selected portion of the operations of HealthNet, it is not intended to and does not present the consolidated financial position, changes in net assets, or cash flows of HealthNet.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the SEFA are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. HealthNet has elected not to use the 10% de minimis indirect cost rate as allowed under the Uniform Guidance.

3. SUBRECIPIENT PASS-THROUGH

No entities received pass-through federal awards from HealthNet during 2023.

HEALTHNET, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS DECEMBER 31, 2023

Section I — Summary of Auditor's Results

Consolidated financial Statements

Type of auditor's report issued	Unmodified	
Internal control over financial reporting		
Material weakness(es) identified?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> none reported
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> none reported
Noncompliance material to financial statements noted?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> none reported

Federal Awards

Internal controls over major programs		
Material weakness(es) identified?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> none reported
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> none reported
Type of auditor's report issued on compliance for major programs:	Unmodified	
Any audit findings disclosed that are required to be reported as defined by Uniform Guidance [2 CFR 200.516(a)]?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Identification of major programs		
Health Centers Cluster (ALNs #93.224 and #93.527)		
Dollar threshold used to distinguish between type A and B programs:	\$750,000	
Auditee qualified as low-risk auditee?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no

Section II – Findings related to financial statements reported in accordance with Government Auditing Standards:

2023-001 – Absence of property and equipment fixed asset management system

Criteria: Management is responsible for establishing and maintaining effective internal controls over the reporting of property and equipment.

Condition: HealthNet does not utilize a fixed asset management system for property and equipment. Details are maintained in a Microsoft Excel workbook.

Context: A strong internal control environment requires oversight to ensure property and equipment and related depreciation and accumulated depreciation are accurately reported in the proper period in the consolidated financial statements.

Cause: HealthNet continues to grow and expand. As a result, the existing Microsoft Excel workbook used to maintain property and equipment has overextended its capacity.

HEALTHNET, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS DECEMBER 31, 2023

Effect: Using Microsoft Excel along can create delays in updating property and equipment, accumulated depreciation and depreciation expense in the consolidated financial statements.

Recommendation: The auditor recommends HealthNet evaluates potential property and equipment systems to identify a reliable option for implementation. Also, after the implementation of ASC 842 lease standard and the amount of leases under contract, the auditor recommends pursuing cost-effective lease software.

Views of Responsible Officials and Planned Corrective Actions: Management concurs with the recommendation and has signed a contract with a vendor to implement a fixed asset module in 2024.

Section III – Findings and questioned costs relating to Federal awards:

None reported.

Section IV – Summary schedule of prior audit findings:

2022-001 – Significant deficiency related to property and equipment

Criteria: Management is responsible for establishing and maintaining effective internal controls over the reporting of property and equipment.

Condition: HealthNet does not utilize a fixed asset management system for property and equipment. Details are maintained in a Microsoft Excel workbook.

Context: A strong internal control environment requires oversight to ensure property and equipment and related depreciation and accumulated depreciation are accurately reported in the proper period in the consolidated financial statements.

Cause: HealthNet continues to grow and expand. As a result, the existing Microsoft Excel workbook used to maintain property and equipment has overextended its capacity.

Effect: Using Microsoft Excel along can create delays in updating property and equipment, accumulated depreciation and depreciation expense in the consolidated financial statements.

Update: During 2023, HealthNet started cleaning up its database to ensure appropriate balances and asset lives were accurate in conjunction with signing a contract with an independent consultant for full implementation of a fixed asset module expected in 2024.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 4 - 2007**

SHALOM COMMUNITY CENTER INC
PO BOX 451
BLOOMINGTON, IN 47402-0451

Employer Identification Number:
74-3056968
DLN:
17053076824027
Contact Person:
GREGORY S PAJDA ID# 31533
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated September 2002, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: November 26, 2001

Person to Contact:
Michael Dutcher 31-07421
Customer Service Specialist
Toll Free Telephone Number:

8:00 a.m. to 9:30 p.m. EST
877-829-5500

Fax Number:
513-263-3756

Federal Identification Number:
35-1579827

Health Net, Inc.
3401 E. Raymond St.
Indianapolis, IN 46203-4744

Dear Sir:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in September 1984 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(3).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

-2-

Health Net, Inc.
35-1579827

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

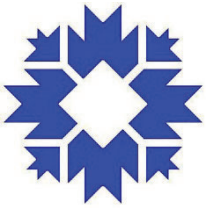
If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

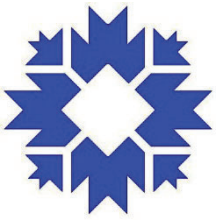
All applicants for 2025 Jack Hopkins funding must submit the following:

- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov
with subject line "[agency name] - 2025 JHSSF App"

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: My Sister's Closet of Monroe County

Address:

414 S College Ave. Bloomington, IN 47403

Phone: 812-333-7710

E-Mail: director@sisterscloset.org

Website: https://sisterscloset.org

President of Board of Directors: Maryanne Pelic

Name of Executive Director: Sandy Keller

Phone: 812-369-6582

E-Mail: Director@SistersCloset.org

Name of Grant Writer: Sandy Keller

Phone: 812-369-6582

E-Mail: Director@SistersCloset.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
2	10	450

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

My Sister's Closet was established to build a stronger community & to promote economic self-sufficiency. We provide women in poverty with professional support services & career development tools for success.

PROJECT INFORMATION

Name of the project to be funded:

Improving Access to Employment in Changing Times of Displacement

Total cost of project: \$55,000

Requested amount of Jack Hopkins funding: \$18,500

Number of City residents to be served by this project in 2025: 210

Number of clients to be served by this project in 2025: 60

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

My Sister's Closet is requesting \$18,500 to:

1) Upgrading existing client computer bay that is currently using four outdated, five-year-old computers.

These computers are experiencing slow connection times, and their processing speed is making it extremely difficult to work with these clients efficiently.

2) To our Client Services Coordinator a partial salary who will be heading up our new client training program to help clients who feel their jobs have been displaced by automation and AI, to help them find work-at-home alternatives, and improve our ability to help them recreate their job histories.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☒ Yes

☐ No

If yes, list the name(s) of agency partner(s)

Amethyst House - Women's Outpatient

How do your missions, operations and services complement each other?

My Sister's Closet provides tools and training to shared clients to support their efforts to find sustainable employment and move into self-sufficiency. The end result is that these clients are supported by all agencies to move beyond at-risk circumstances that are keeping them in poverty.

What is the existing relationship between agencies?

Amethyst House regularly use My Sister's Closet's voucher system to move their clients forward by helping address the barriers that keep them from being able to meet with job success.

How will communication and coordination change as a result of the project?

This will allow our agencies to be able to work more closely together to help clients reach their personal goals to find employment. This collaboration will ultimately strengthen our agencies' by finetuning our collective programming so we can ultimately to bring about more effective outcomes for clients.

Explain any challenges and steps you plan to take to address those challenges.

The biggest challenge will be to make sure any clients who become registered for the programming are equipped with workable computers, in environments that allow them to interview successfully, and if hired, to be able to work at home if hired. If these computers are not available, we will apply for digital access grants to supply technology when needed.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

My Sister's Closet
414 S College Ave.
Bloomington, IN 47403

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

Is the property zoned for your intended use?

☐

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒

Yes

☐

No

If “yes,” indicate the nature of the operational request:

☒

Pilot

☐

Bridge

☒

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

Sales from merchandise sold at My Sister's Closet.
Digital Access Grant Fund - (Will apply when application window is open.)

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Year end - 2025
Bi-weekly salary to Client Services Coordinator
Receipts of Computers Purchased for Computer Bay

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

Special Store Sales designated to fund this transitional programming at My Sister's Closet throughout June 2025 - October 2025.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

*This project will be leveraged through planned store sales.
* Volunteer mentors and coaches of both agencies who use Success Institute programming.
*We will use the services of our Client Services Coordinator to already in place to be expand our current programming to include the new Displacement - Work-At-Home training.
* And resume building tools already in place for clients who are having difficulty compiling/building work histories.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Salary assistance for Client Services Coordinator, 1,000 hours @ \$15.50/hour	\$15,500
Priority #2	Client Services - Replacement Computers	\$3,000
Priority #3	- Lenovo - Yoga 7i 2-in-1 16" 2K Touchscreen Laptop - Intel Core Ultra 7 155U with 16GB Memory - 1TB SSD - Storm Grey (4) \$750/ea	
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$18,500

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

Improving Access to Employment in Changing Times of Displacement will address issues discovered in the 2025-2029 Consolidated Plan.. On page 9 of the PP of how this programming plans to address the specific barriers do low- and moderate-income, individuals face in accessing job training and educational programs in Bloomington.

And on page p85, of the 2012 SCAN report, this program will provide support services needed to improve job readiness and employment opportunities for low-income residents. By doing so, we will provide a path for financial stability—finding and keeping a job.

Clients report mental or physical disabilities with long-term effects, such as TBI (Traumatic Brain Injury). At least 50% are in recovery from substance abuse or have been negatively affected by a family member experiencing substance issues. It's estimated that 70% have been born into multi-generational poverty. 35% - 40% have experienced recent events such as divorce, cancer, a car accident, a home fire, or business closure. Clients coming to My Sister's Closet are hoping to improve their circumstances by finding better employment to improve the economic standing of their children. Most show an incredible degree of personal courage, determination and resilience.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

1) The computers requested in this program will be used for a minimum of three years over many clients.

2) We feel if we are able to meet with proven program success, we will be able to apply for identified workforce development funding because of the positive outcomes with clients who were previously unemployed joining the workforce as contributing citizens, by showing a reduced need for social services in our community.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Broad and long-lasting benefits to our community will show we have been able to help women living in poverty and at-risk circumstances such as DV, homelessness and addiction meet with job success by helping them find ways to earn a living that will allow them to become financially stable.

Additionally, by helping these women meet with job success, this is part of an effective solution to mitigate addiction,

Help single women who serve as the primary mentors of their children and grandchildren, provide safe homes, and to have the ability to show them by example how to live with personal dignity and self-respect under their own power.

To help these women find employment that changes their circumstances by allowing to provide positive programming to their kids in their homes that helps them to move in an upward trajectory socially, and to become strong members of our community as adults.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

During Program Trial - 60 enrolled shared clients

55 - meeting with job success

55 - using this programming to end addiction

55 - to use this programming as a way of finding sustainable employment and independence to move closer to self-sufficiency.

50 - to help 50 / 60 clients move out of shelters and reduce their need for social services

30/60 - who use the resume building services through expanded exploration (Linking and association programming), be able to represent themselves more effectively, increasing their ability to be hired and compete for positions that meet their talents, passions, education and experience.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Program Budget - Improving Access to Employment in Changing Times of Displacement - 2021

\$15,500	Salary assistance for Client Services Coordinator, 1,000 hours @ \$15.50/hr
\$3,000 \$750 ea	4 Replacement computers for Client Services Training Area - Lenovo - Yoga 7i 2-in-1 16" 2K Touchscreen Laptop - Intel Core U
\$15,500	Balance of Salary of Client Services Coordinator - Paid by My Sister
\$5,500	Advocacy Assistance of MSC 2nd Client Services Staff (In-kind)
\$15,500	Resume Building Assistance for Recreating past job experiences
\$55,000	Total Pilot Program Budget

5

15.50/hour

Itra 7 155U with 16GB Memory - 1TB SSD - Storm Grey (4) \$750/ea

's Closet



MOU Agreement Between My Sister's Closet of Monroe County and Amethyst House, to formalize and clarify the roles and responsibilities for cooperative client programming, known as, *Improving Access to Employment in Changing Times of Displacement*.

- Project Goal #1 – To provide Interview Skills Training to benefit shared clients who have the goal of finding sustainable work-from-home employment.
- Project Goal #2 – To fine tune our ability to help shared clients who are suffering from (TBI) Traumatic Brain Injuries, to recreate their past work experience so they are able to build a more robust resume that increases their potential of finding sustainable employment.
- Project Goal #3 – Incorporate the help and support of Client Services Wellness Coaches, Community Advocates and Mentors, to help clients served by My Sister's Closet and Amethyst House identify short-term financial goals and expectations when considering work at home opportunities.

Grant Funding: My Sister's Closet agrees to use funds received from the 2025 Jack Hopkins Social Service Funding to help referred clients from Amethyst House to meet with program success.

Program Promotion and Enrollment Expectations:

- Both Partner agencies, namely, My Sister's Closet and Amethyst House – Women's House, agree to promote and advertise program opportunities to attract enrolled participants.

Resource Sharing:

- My Sister's Closet and Amethyst House, if needed, of shared staff, counselors, mentors to build success of program.

A handwritten signature in black ink, appearing to read "SK", is positioned above the printed name and title of Sandy Keller.

Sandy Keller
Executive Director
My Sister's Closet of Monroe County Services

Mark DeLong (electric signature)
Mark DeLong
Executive Director
Amethyst House - Bloomington

Date: March 21, 2025

Date: March 21, 2025

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 05 2007

MY SISTERS CLOSET OF MONROE COUNTY
INC
4533 HERITAGE WOODS RD
BLOOMINGTON, IN 47401

Employer Identification Number:
35-2050048
DLN:
17053139716087
Contact Person:
JACOB A MCDONALD ID# 31649
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
509(a) (2)

Dear Applicant:

Our letter dated June 2000, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

My Sister's Closet Org

Profit and Loss by Location

January - December 2024

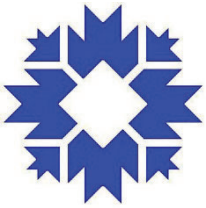
	MY SISTER'S CLOSET OF MONROE COUNTY, 414 S. COLLEGE AVE., BLOOMINGTON, IN 47403	ONLINE STORE	NOT SPECIFIED	TOTAL
Income				
4100 Contributions				\$0.00
4180 Donation Box	1,753.22			\$1,753.22
Total 4100 Contributions	1,753.22			\$1,753.22
4250 Fundraising Revenue				\$0.00
4255 Gala Event	14,000.00			\$14,000.00
Total 4250 Fundraising Revenue	14,000.00			\$14,000.00
4510 Square Income	229,869.14	1,193.97		\$231,063.11
4520 Stripe Income	695.53			\$695.53
4570 eBay Sales	27.29	13,029.63		\$13,056.92
4900 Other Income	1,000.03			\$1,000.03
Sales of Product Income	171,043.62	5,883.40		\$176,927.02
Total Income	\$418,388.83	\$20,107.00	\$0.00	\$438,495.83
GROSS PROFIT	\$418,388.83	\$20,107.00	\$0.00	\$438,495.83
Expenses				
5095 Labor Costs				\$0.00
5100 Salaries & Wages			234,952.77	\$234,952.77
5110 Bonuses & Commissions			3,769.73	\$3,769.73
5120 Holiday Pay			1,184.00	\$1,184.00
5130 Payroll Taxes			19,863.24	\$19,863.24
5250 Management Fees	30.00			\$30.00
Total 5095 Labor Costs	30.00		259,769.74	\$259,799.74
5200 Occupancy Costs				\$0.00
5600 Rent	47,300.00			\$47,300.00
5650 Utilities	9,095.34	359.38	240.58	\$9,695.30
Total 5200 Occupancy Costs	56,395.34	359.38	240.58	\$56,995.30
5300 Advertising & Promotion	4,044.71	272.16		\$4,316.87
5400 Office/General Administrative Expenses	1,857.68		173.90	\$2,031.58
5350 Membership Dues	970.33			\$970.33
5410 Postage & Shipping	227.39			\$227.39
5440 Professional Services	6,526.25			\$6,526.25
5450 Program Supplies	49.17			\$49.17
5500 Office Supplies	695.02			\$695.02
5550 Software Subscriptions	1,351.00			\$1,351.00
5725 Parking	9.05			\$9.05
5750 Meals & Entertainment	1,357.53			\$1,357.53
6000 Insurance	-8,767.13			\$ -8,767.13
7000 Repairs & Maintenance	337.73			\$337.73
Total 5400 Office/General Administrative Expenses	4,614.02		173.90	\$4,787.92
5800 Events / Fundraisers	1,813.32			\$1,813.32

My Sister's Closet Org

Profit and Loss by Location

January - December 2024

	MY SISTER'S CLOSET OF MONROE COUNTY, 414 S. COLLEGE AVE., BLOOMINGTON, IN 47403	ONLINE STORE	NOT SPECIFIED	TOTAL
8000 Other Operating Expenses				\$0.00
8010 Square Fees	2,160.00			\$2,160.00
8013 Ebay Fees	95.60	1,075.83		\$1,171.43
8020 Other Bank Fees	23.97			\$23.97
8050 Charitable Contributions	6,099.00			\$6,099.00
8100 Cash (Over)/Short	100.06			\$100.06
Total 8000 Other Operating Expenses	8,478.63	1,075.83		\$9,554.46
Independent Contractors	1,211.93			\$1,211.93
Payroll Expenses				\$0.00
Wages				\$0.00
E-commerce sales			2,909.27	\$2,909.27
Total Wages			2,909.27	\$2,909.27
Total Payroll Expenses			2,909.27	\$2,909.27
Purchases	3,621.48			\$3,621.48
Reimbursements	231.10			\$231.10
Total Expenses	\$80,440.53	\$1,707.37	\$263,093.49	\$345,241.39
NET OPERATING INCOME	\$337,948.30	\$18,399.63	\$ - 263,093.49	\$93,254.44
NET INCOME	\$337,948.30	\$18,399.63	\$ - 263,093.49	\$93,254.44



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

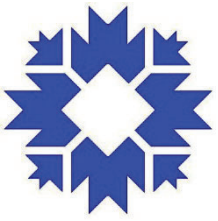
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: People and Animal Learning Services, PALS

Address:

7644 W. Elwren Road Bloomington, IN 47403

Phone: 812-336-2798

E-Mail: ed@palstherapy.org

Website: palstherapy.org

President of Board of Directors: Chris Smith

Name of Executive Director: Christine Herring

Phone: 812-336-2798

E-Mail: chris@palstherapy.org

Name of Grant Writer: Christine Herring

Phone: 812-336-2798

E-Mail: chris@palstherapy.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
5	14	120

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

PALS promotes joy, quality of life, better health, and empowerment by providing therapeutic programs with horses.

PROJECT INFORMATION

Name of the project to be funded:

Changing Leads, Changing Lives

Total cost of project: \$38,400

Requested amount of Jack Hopkins funding: \$19,200

Number of City residents to be served by this project in 2025: up to 960

Number of clients to be served by this project in 2025: up to 960

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$19,200 for six months of Changing Leads, Changing Lives, an equine-assisted learning (EAL) program designed to support adults undergoing addiction recovery. This funding represents half of the total one-year project cost.

One of PALS' most impactful programs, Changing Leads (CL), began in 2018 as a pilot program with the Indiana Center for Recovery. This uniquely powerful group program helps clients engaged in addiction recovery through an equine-assisted adaptive curriculum. Engagement in CL serves as a tool to reduce negative emotions and increase positive ones. Participants report significant decreases in stress, sadness, and fear, along with increased feelings of love and relaxation after sessions at PALS.

In 2022, PALS received funding from the Community Foundation to partner with local nonprofit addiction recovery organizations and deliver this critical curriculum. The program was highly successful, allowing clients to experience the human-horse connection while building essential life skills that support recovery. However, additional funding is needed to continue this impactful work.

With Jack Hopkins funding, PALS can expand access to Changing Leads, Changing Lives, empowering individuals on their recovery journey and fostering resilience, healing, and lasting change.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☒ Yes

☐ No

If yes, list the name(s) of agency partner(s)

Yes, this would be a partnership with Centerstone Recovery Men's and Women's Program.

How do your missions, operations and services complement each other?

PALS and Centerstone share a commitment to transforming lives through innovative healing approaches. Changing Leads, Changing Lives provides Centerstone clients with equine-assisted learning, a powerful recreational activity with therapeutic benefits that support emotional regulation, communication, and trust-building. Our partnership enhances recovery services by fostering resilience, reducing stress, and equipping individuals with essential life skills for long-term healing.

What is the existing relationship between agencies?

Our organizations have successfully partnered for two years providing Changing Leads programming to their clients.

How will communication and coordination change as a result of the project?

It will allow us to re-engage our partnerships to provide this beneficial programming to those members of our community engaged in recovery.

Explain any challenges and steps you plan to take to address those challenges.

We have a successful history of collaboration on this project.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

It will be housed at the provided address.

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐ Yes ☒ No

If “yes,” indicate the nature of the operational request:

☐ Pilot ☐ Bridge ☒ Collaborative

☐ None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

We will be pursuing the MC Cares Grant for an additional \$19,200 for Changing Leads, Changing Lives programming for another six months. (pending)

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We will submit reimbursement claims quarterly, ensuring all expenses align with the approved budget. Before each submission, we will document program costs, track attendance, and verify financial records. Funds will be fully drawn down after all programming is completed and reports are finalized.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

Completion of our project is not solely dependent on other funding; however, we will pursue additional local impact grants focused on addressing addiction to help sustain and expand the program. These funds are expected to be sought and secured throughout the grant period.

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

Changing Leads, Changing Lives will leverage additional resources by partnering with local nonprofit organizations, such as Centerstone, to expand access to the program. In-kind contributions will include volunteer support for session facilitation and horse care. PALS will also seek additional funding through local impact grants focused on addiction recovery to sustain the program beyond the Jack Hopkins funding. These combined resources will enhance the program’s reach, ensuring its long-term success and minimizing reliance on any single funding source. By engaging the community, we maximize the impact of each dollar invested in the program.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Program funding for 2 weekly one hour sessions for 6 months.	\$19,200
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$19,200

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

Changing Leads, Changing Lives directly addresses a priority identified in the City of Bloomington's 2020-2024 Consolidated Plan, which highlights the need for expanded support for individuals recovering from addiction. The program provides innovative, therapeutic services through equine-assisted learning, which aligns with community priorities for mental health services, addiction recovery, and trauma-informed care. By offering a unique, hands-on approach to emotional regulation, communication, and trust-building, the program fills a gap in traditional recovery services, helping individuals build resilience and maintain long-term sobriety. This initiative supports Bloomington's goal of fostering healthier, more resilient communities.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

Changing Leads, Changing Lives is designed to create a sustainable, long-term impact by equipping individuals in addiction recovery with essential life skills. The Jack Hopkins funding will support the program for six months, providing a crucial foundation for continued operations. After this period, we will leverage the program's success to secure additional funding through local impact grants and partnerships, ensuring ongoing support without further reliance on Jack Hopkins funds. This one-time investment will help establish a self-sustaining program that can continue to benefit the community in the long term.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Changing Leads, Changing Lives provides broad and long-lasting benefits by addressing addiction recovery through equine-assisted learning. This program helps individuals develop essential life skills such as emotional regulation, trust-building, and communication, which are critical for long-term recovery and reintegration into the community.

By reducing stress, sadness, and fear while increasing feelings of connection and self-worth, participants gain tools to maintain sobriety and improve their overall well-being. As individuals heal, their families, workplaces, and communities also benefit, creating a ripple effect of positive change.

Additionally, this program strengthens partnerships between PALS and local recovery organizations, enhancing access to innovative, nontraditional recovery supports. Investing in Changing Leads, Changing Lives not only impacts participants today but fosters lasting resilience, empowerment, and healthier communities for the future.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Outcome indicators for Changing Leads, Changing Lives will include quantitative measures such as a decrease in reported stress, sadness, and fear, and an increase in feelings of love, relaxation, and self-worth, as reported by participants after each session. We will also track attendance, program completion rates, and participant feedback on emotional regulation and communication skills. These indicators will be collected through pre- and post-session surveys and interviews, allowing us to measure short-term changes in emotional well-being and recovery engagement, which will provide insight into the program's immediate effectiveness and success during the funding period.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Changing Leads, Changing Lives

For over 25 years, People and Animal Services (PALS) has provided equine-assisted programs to support some of the Bloomington community's most vulnerable members. One of our most impactful initiatives, Changing Leads (CL), launched in 2018 in partnership with the Indiana Center for Recovery to assist clients in addiction recovery through a structured equine-assisted curriculum.

Equine-assisted learning (EAL) has been shown to reduce stress, enhance emotional regulation, and improve social functioning, making it a valuable complement to traditional recovery programs (Pendry & Roeter, 2013; Bachi, 2013). Since 2022, PALS has delivered 3,113 client experiences and 472 program hours in CL, helping individuals build trust, impulse control, and self-awareness while forming meaningful bonds with horses. Research also shows that interacting with horses lowers cortisol levels, fosters resilience, and enhances self-efficacy, key factors in addiction recovery (Tetreault, 2006).

Between April 2023 – April 2024, 372 client session visits were documented through pre/post-session worksheets measuring emotional state changes. Results indicate significant positive shifts:

Decreases in negative emotions:

Angry: -59%
Anxious: -42%
Hopeless: -54%
Depressed: -53%
Stressed: -52%

Increases in positive emotions:

Confident: +59%
Calm/Relaxed: +19%
Happy: +13%
Optimistic: +12%
Loved: +7%
Strong: +7%

Building on this success, PALS seeks to continue partnering with Centerstone Recovery. PALS will provide 2 weekly one hour group sessions for 10 clients. A \$19,200 grant would fund 24 weeks of programming, allowing more individuals to experience the healing power of the human-horse connection.

Program progress will be closely monitored by PALS leadership to ensure impact and client satisfaction. By improving emotional well-being, CL empowers individuals to focus on recovery, strengthen relationships, and contribute to a healthier community.

2025 Proposed Project Budget

People and Animal Learning Services, PALS		Changing Leads, Changing Lives	
Total Project Cost		\$38,400	
	Totals	Other Income Sources	JHSS Grant
FUNDS			
JHSS Grant	\$19,200		\$19,200
Other Grants	\$19,200	\$19,200	
Other Income Sources			
TOTAL PROJECT FUNDS	\$38,400	\$19,200	\$19,200
EXPENSES			
Base hourly rate for lessons excluding horses and instructors (overhead to provide service) 50%			\$9,600
Staff Time (2 instructors) 23%			\$4,416
Horse cost (Average cost for 2-5 horses per hour) 27%			\$5,184
TOTAL PROJECT EXPENSES			\$19,200

Expenses w/o Dev w/o Other	Also w/o Instr/Horses
----------------------------	-----------------------

\$ 558,011.00	\$ 426,342.44
---------------	---------------

Per Hr @ 2000 hours of client time/yr (groups counted as 1 client)

\$ 213.17	Base/hr	No horses / No instructors
-----------	---------	----------------------------

\$ 48.83	1st Instr	max \$
----------	-----------	--------

\$ 21.96	1st horse	using avg cost/hr
----------	-----------	-------------------

\$ 283.96

\$ 41.42	2nd instr	2nd max
----------	-----------	---------

\$ 87.83	horses 2-5	using avg cost/hr
----------	------------	-------------------

\$ 413.20

\$ 48.83	1st Instr	max \$
----------	-----------	--------

\$ 109.78	5 horses	using avg cost/hr
-----------	----------	-------------------

\$ 371.78

sum of 2 lines above plus \$213.17 base

1 instructor/1 horse: \$284/hr

2 instructors/5 horses: \$413/hr

1 instructor/5 horses: \$372/hr

MEMORANDUM OF UNDERSTANDING

BETWEEN

Centerstone Recovery


AND

PEOPLE AND ANIMAL LEARNING SERVICES

This Memorandum of Understanding (MOU) sets the terms and understanding between the Centerstone and the People and Animal Learning Services (PALS) to provide unmounted equine activities at 7644 W Elwren Road, Bloomington, IN 47403.

Background:	<p>PALS seeks to partner with Centerstone to provide quality equine-assisted services for clients with substance use disorder who are currently enrolled in the Youth Recovery program. PALS will provide a twice a week group lesson (for up to 10 people) for a designated six month period, or until grant funding is depleted.</p> <p>Lesson plans will be conducted using groundwork with the horses focusing upon the human/equine bond. The Changing Leads curriculum will focus upon the following topics:</p> <ul style="list-style-type: none">• Caring for Another• Trust• Patience• Trust from Others• Approaching Problems,• Body Language• Being Present• Fear.
Purpose:	<p>This MOU will:</p> <ul style="list-style-type: none">• Promote joy, quality of life, better health, and empowerment by providing therapeutic programs with horses.• Provide new and enriching services to Centerstone clients in an environment that is caring, safe, and challenging.• Centerstone clients will learn how to build trusting relationships, control impulses, and receive and reflect upon immediate feedback from the horse thus learning more about themselves and how their actions affect others.• Enable Centerstone clients to reach their highest potential by fostering growth, self-confidence, and individual achievements. <p>The above goals will be accomplished by understanding the following activities or concepts under the instruction of a PATH certified instructor:</p> <ul style="list-style-type: none">• Grooming and interacting with a horse from the ground• Forming a bond with a horse and learning how to communicate with a horse• Leading horses• Receive and reflect immediate feedback from a horse
Reporting:	<p>Centerstone will provide PALS with a certificate of liability insurance. PALS will provide Centerstone with a certificate of liability insurance. Clients who are enrolled in the Centerstone Youth Recovery program are eligible to participate. Prior to visiting PALS, all Centerstone Youth Recovery participants must have a signed liability waiver. Centerstone will provide someone to assist with supervision and is responsible for transportation to and from the PALS facility.</p> <p>This MOU allows Centerstone and PALS to share information about the partnership on social media without disclosing the names of participating clients and without revealing the identity or faces of clients. Photos of the horses, staff and volunteers are permitted.</p> <p>Attendance of Centerstone Recovery clients, number of clients per session, will be recorded by PALS to track the number of clients served for grant closeout purposes. Clients will complete an anonymous pre- and post-survey that gauges emotional state before and after PALS sessions.</p> <p>Centerstone and PALS can meet monthly as needed to discuss program progress and to review the effectiveness of the program.</p>
Funding:	<p>This funding commitment, at a rate of \$400 per one-hour group session, will be provided to Centerstone Recovery at no cost to the Centerstone Recovery program. Funding is contingent upon PALS receiving the 2025 Jack Hopkins grant from the City of Bloomington. PALS can accommodate up to 10 clients per one-hour session.</p> <p>Centerstone will be responsible for covering all transportation-related costs to and from the PALS facility.</p> <p>This Memorandum of Understanding (MOU) is contingent upon PALS receiving the Jack Hopkins grant award for 2025.</p>
Duration:	<p>This MOU is intended for 48 consecutive group sessions (i.e. twice per week excluding two one week session breaks for six months) This MOU is at will and may be modified by mutual written consent of authorized officials from Centerstone and PALS agencies. This MOU shall expire one year from the date grant funding is received.</p>

Centerstone	PEOPLE AND ANIMAL LEARNING SERVICES
Vanessa Douglas	
	Chris Herring, Executive Director PO Box 1033, Bloomington, IN 47402 812-336-2798 office chris@palstherapy.org


Vanessa Douglas (Mar 19, 2025 10:38 EDT)

Director Signature

03/19/2025

Date



Executive Director

3/19/2025

Date

INVOICE PREVIEW

Insert Date through Insert Date

	Bill To:
--	----------

Sessions:	Maximum Cost:	Participants: (max 10)	Restricted grant funding Credits:	Remaining Balance:
Weekly sessions (12 sessions) Date: September 28, 2023 through December 23, 2023	\$0 per client		\$400 per session (5-10 participants)	\$0.00
*Two weeks are excluded from the six month schedule to accommodate scheduled quarterly one week shutdowns at the PALS facility. Any days canceled due to weather that prohibits PALS from providing sessions will be made up to equal the agreed upon schedule.	Comments: Invoicing will be sent to Centerstone simply to track sessions and grant funding coverage, but no cost will be incurred by Centerstone for the Changing Leads programming described in the MOU.			



CENTERSTONE

To whom it may concern,

We want to provide a letter of intent for Centerstone in Bloomington to collaborate with People and Animal Learning Services, Inc. (PALS). Centerstone provides outpatient treatment services for persons in recovery from substance use disorder. We have expressed admiration and interest in PALS' services. However, it has been difficult for Centerstone to continue utilizing services due to budgetary constraints. We are thrilled with the opportunity to work with PALS again on the Changing Lead program and are committed to this collaboration. The previous partnership with PALS greatly impacted the lives of our men and women participating in our substance use programs; significant improvement in clients PHQ9 and GAD7 ratings allowing for greater opportunities to obtain/maintain a healthier life style. This program was an absolute pleasure to work with in the past and we look forward to future collaborations to serve our community.

If you have any questions feel free to reach out,

Sincerely,

Vanessa Douglas, LSW
Manager of Adult and Family Services
Centerstone
Bloomington Indiana

Delivering care that changes people's lives.

645 SOUTH ROGERS STREET • BLOOMINGTON, INDIANA 47403 • (812) 339-1691 • FAX (812) 337-2202
centerstone.org

People and Animal Learning Services

Balance Sheet

As of March 21, 2025

	Mar 21, 25
ASSETS	
Current Assets	
Checking/Savings	
1030 · Petty Cash	96.31
1050 · ONB Checking	3,080.08
1100 · FF Checking	5,562.89
1110 · GAB Checking	19,697.31
Total Checking/Savings	28,436.59
Accounts Receivable	
1250 · Accounts Receivable	6,656.91
Total Accounts Receivable	6,656.91
Other Current Assets	
1260 · Undeposited Funds	1,971.37
Total Other Current Assets	1,971.37
Total Current Assets	37,064.87
Fixed Assets	
1500 · Property Improvements	
1501 · Outdoor Arena	4,265.00
1502 · Parking Lot	28,002.07
1503 · Sensory Trail	76,206.45
1500 · Property Improvements - Other	25,000.00
Total 1500 · Property Improvements	133,473.52
1520 · Buildings - Elwren Road	621,695.05
1530 · House - Elwren Road	120,858.00
1540 · Land Elwren Road	194,142.00
1550 · Facility Equipment	97,797.75
1560 · Horses	24,500.00
1570 · Program Equipment	8,416.20
1800 · Accum Depreciation Building	-297,031.45
1810 · Accum Depreciation Equipment	-63,389.32
Total Fixed Assets	840,461.75
TOTAL ASSETS	877,526.62
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
2015 · GAB CC	4,982.32
Total Credit Cards	4,982.32
Other Current Liabilities	
2104 · GAB Line of Credit \$200K	90,819.71
2200 · Payroll Tax Liabilities	
2230 · IN Income / Local Taxes	721.03
2240 · IN Unemployment Tax	341.31
Total 2200 · Payroll Tax Liabilities	1,062.34
2300 · Benefit Liabilities	
2310 · Health	340.33
2320 · Company Contributions Health In	523.03
2330 · Company Contributions IRA	-126.45
2340 · Simple IRA Contribution	-129.23
Total 2300 · Benefit Liabilities	607.68

People and Animal Learning Services **Profit & Loss** January through December 2024

	Jan - Dec 24
Ordinary Income/Expense	
Income	
4000 · Program Income	205,204.00
4100 · Facility Income	19,341.94
4200 · Development Income	349,079.48
Total Income	573,625.42
Gross Profit	573,625.42
Expense	
6000 · Personnel	435,916.69
6100 · Program Support	59,174.49
6200 · Facility	63,343.36
6300 · Development	67,715.25
6400 · Financing	23,148.38
6999 · Bad Debt	200.00
7009 · Bank Service Charges	4,136.81
Total Expense	653,634.98
Net Ordinary Income	-80,009.56
Other Income/Expense	
Other Income	
7200 · Reimbursement Income	5,138.55
7300 · Sale of Non-Asset Items	1,250.96
7400 · House Rental	12,800.00
7500 · Miscellaneous Income	620.58
Total Other Income	19,810.09
Other Expense	
8000 · Reimbursable Expenses	4,902.39
8100 · Gain/Loss Sale of Assets	2,027.78
8300 · Depreciation	48,056.63
8400 · Rental House Expenses	108.36

People and Animal Learning Services
Profit & Loss
January through December 2024

	Jan - Dec 24
8500 · Other Miscellaneous Expense	408.16
Total Other Expense	55,503.32
Net Other Income	-35,693.23
Net Income	-115,702.79

Form ST-105

State Form 49065 R4/ 8-05

Indiana Department of Revenue
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. **This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft.** Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

Section 1 (print only)

Name of Purchaser People & Animal Learning Services (PALS)

Business Address PO Box 1033 City Bloomington State IN Zip 47402

Purchaser must provide minimum of one ID number below.*

Provide your Indiana Registered Retail Merchant's Certificate
TID and LOC Number as shown on your Certificate..... TID# (10 digits) 0108218783 LOC# (3 digits) Indiana

If not registered with the Indiana DOR, provide your State Tax
ID Number from another State..... State ID# 0108218783 State of Issue Indiana

*See instructions on the reverse side if you do not have either number.

Section 2

Is this a ☒ blanket purchase exemption request or a ☐ single purchase exemption request? (check one)

Description of items to be purchased. _____

Section 3

Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)

☐ Sales to a retailer, wholesaler, or manufacturer for **resale** only.

☐ Sale of manufacturing machinery, tools, and equipment to be used directly in direct **production**.

☒ Sales to **nonprofit organizations** claiming exemption pursuant to Sales Tax Information Bulletin #10.
(May not be used for personal hotel rooms and meals.)

☐ Sales of tangible personal property predominately used (greater than 50 percent) in providing **public transportation** - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a **school bus operator**, must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT# _____

☐ Sales to persons, occupationally engaged as farmers, to be used directly in production of **agricultural** products for sale.
Note: A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.

☐ Sales to a **contractor** for exempt projects (such as public schools, government, or nonprofits).

☐ Sales to **Indiana Governmental Units** (agencies, cities, towns, municipalities, public schools, and state universities).

☐ Sales to the **United States Federal Government** - show agency name. _____
Note: A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.

☐ Other - explain. _____

Section 4

I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.

I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.

Signature of Purchaser Susan O. Carter Date 1-26-2024

Printed Name SUSAN O. Carter Title Executive Director

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.
Seller must keep this certificate on file to support exempt sales.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 28 2000

PEOPLE AND ANIMAL LEARNING SERVICES
INC
RR 3 BOX 390
SOLSBERRY, IN 47459

Employer Identification Number:
35-2107038
DLN:
17053158004010
Contact Person:
KENNETH B BIBB ID# 31264
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
May 31
Foundation Status Classification:
509(a)(1)
Advance Ruling Period Begins:
May 4, 2000
Advance Ruling Period Ends:
May 31, 2004
Addendum Applies:
No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

Letter 1045 (DO/CG)

PEOPLE AND ANIMAL LEARNING SERVICES

a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return. Because you will be treated as a public charity for return filing purposes during your entire advance ruling period, you should file Form 990 for each year in your advance ruling period.

PEOPLE AND ANIMAL LEARNING SERVICES

that you exceed the \$25,000 filing threshold even if your sources of support do not satisfy the public support test specified in the heading of this letter.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

-4-

PEOPLE AND ANIMAL LEARNING SERVICES

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

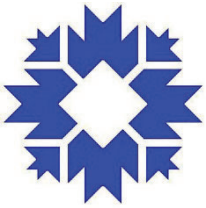
Sincerely yours,

Steven T. Miller

Steven T. Miller
Director, Exempt Organizations

Enclosure(s) :
Form 872-C

Letter 1045 (DO/CG)



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

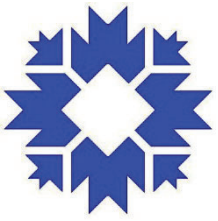
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: ReStore/Habitat for Humanity Monroe County

Address:

850 S. Auto Mall Rd
Bloomington, IN 47408

Phone: 812 331-2660

E-Mail: grannan@monroecountyhabitat.org

Website: <https://monroecountyhabitat.org/restore/>

President of Board of Directors: Wendi Goodlet

Name of Executive Director: Wendi Goodlet

Phone: 812 331-4069

E-Mail: goodlett@monroecountyhabitat.org

Name of Grant Writer: Jess Grannan

Phone: 812 331-2660

E-Mail: grannan@monroecountyhabitat.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
5	8	249

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

ReStore, a fundraising part of Habitat for Humanity Monroe County, is a not-for-profit 501(c)(3) agency whose mission is to generate revenue selling locally donated building supplies and household goods to help build affordable homes for low-income families.

In addition, ReStores' mission also helps in recycling usable materials back into use while diverting these items from the solid waste stream.

Like Habitat, ReStores' mission is to help improve lives and does this directly at ReStore by providing employment opportunities and employment related services in our community for refugees who are here to escape poverty and societal conditions in their home countries.

While ReStore generates revenue, part of its mission now includes a Refugee Employment Program that provides refugees a living wage, instruction in work behaviors, socialization, language acquisition opportunities while lowering the risk of homelessness.

PROJECT INFORMATION

Name of the project to be funded:

Refugee Employment Program

Total cost of project: \$92,400/yearly

Requested amount of Jack Hopkins funding: \$35,000

Number of City residents to be served by this project in 2025: 10

Number of clients to be served by this project in 2025: 10

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

ReStore is requesting \$35,000 in operational funds which are essential to continue and expand the Refugee Employment Program. It will reimburse refugees wages currently paid by ReStore sales revenue and a percentage of staff time needed to help refugees, some who are single parents, learn work skills and acclimate to a new environment. The program has helped 10 refugees and their 16 family members for a total of 26 individuals positively impacted by the program.

Access to jobs, social service support, integration and language acquisition opportunities for refugees present a great challenge in the current climate and show no sign of ameliorating. Refugee populations are frequently poor, have low educational attainment, and are historically marginalized. Such populations have been vilified and funding to critical services have been recently reduced.

This Jack Hopkins funding is critical to help ReStore maintain and expand a compassionate Refugee Employment Program for refugees so they and their families can successfully become integrated and self sustaining in our community.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☒

Yes

☐

No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

ReStore
850 S. Auto Mall Road
Bloomington, IN

Do you own or have site control of the property at which the project is to take place?

☒

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

NA

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

NA

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☒

Yes

☐

No

If “yes,” indicate the nature of the operational request:

☒

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

ReStore sales revenue currently funds 100% of the program costs.

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Claims for reimbursement of wages, staff time and allowable supplies will be submitted monthly.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

NA

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources *(e.g., other funds, in-kind contributions, or volunteers.)*

NA

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Refugees wages \$6,600/monthx12=	\$79,200
Priority #2	2 Staff time 20%/wages \$1,100/monthx12=	\$13,200
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Total Requested		\$35,000

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

The Refugee Employment Project addresses previously identified needs in the SCAN Report and the Consolidated Plan and aligns with the Heading Home initiative.

"A household's economic stability is usually determined by its ability to find and keep a job, secure a good place to live, and build and protect assets" (SCAN pg 69). All or most of the refugees at ReStore start with significant deficits in language, educational and social skills making it very hard to maintain employment.

"Most or all" of refugees at ReStore (SCAN 2012, pg Table 3.25) are "having difficulty finding a job because of language barriers". One hundred per cent 100% of the refugees at ReStore "have difficulty paying for basic needs"(SCAN 2012, pg 76, Table 4.8).

The Refugee Employment program also directly addresses areas of need in the Consolidated Plan such as "Job creation and retention" and "Job training" while helping these individuals to work toward housing stability and independence.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

The request is for operational funds to help continue our commitment to a marginalized population and to help them stabilize their financial resources and their housing situation.

The future of this initiative depends on being able to allocate the necessary funds in the ReStore budget. Currently, ReStore generates 100% of the revenue which sustains the program.

ReStore will look to apply for additional revenue streams such as CDBG funds or other state or local grant funds.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

Refugee employment programs offer significant long-term benefits for individual refugees and the Bloomington Community such as:

1. Increases Social Integration- Employment helps refugees integrate into their Bloomington community, learn social and language skills and reduces dependency on the social services system.
2. Increases Self-Sufficiency- Working enables refugees to become more self-sufficient while developing independence, increasing quality of life and decreasing housing instability.
3. Adds to Economic Growth- Refugees contribute to the local economy by filling local labor needs, increasing local productivity, and paying local, state and Federal taxes.
4. Reduces Informal and Exploitive Economy- Working legally reduces the likelihood of participating in informal work or being exploited by labor forces.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

Refugee Employment Program Outcome Indicators. (ReStore will track change.)

1. Change in number of refugees working at any one time (3 is current baseline)
2. Change in number of refugees currently hired and rotating through the week (4 is current baseline)
3. Increased number of total unique refugees employed/helped by program(10 is current baseline)
4. Total gross pay worked by all refugees/monthly (\$6,600 is current baseline)

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

The Refugee Employment Program evolved and has grown via informal contacts with Exodus which began in February 2023. Since then Restore has employed and helped 10 refugees.

At some point, hiring and working with the refugees became a program. It wasn't designed, but developed organically. It evolved through conversations and referrals with Exodus staff.

The Refugee Employment Program is a program that helps people in need as well as contributing to ReStore's mission and the local community. It is a partially self-sustaining loop that will only be able to continue and grow with additional funding given the percentage of the budget that can be dedicated to the program.

Restore sincerely thanks the committee members for their consideration.

Refugee Employment Program Proposed Budget 2025		
ReStore/Habitat		Refugee Employment Program
		\$92,400
JHHS Grant	\$35,000	Requested JHHS funds
ReStore Allocation	\$57,400	Budgeted allocation
	\$92,400	
Refugees Wages	\$79,200	Cost of 3/\$6,600 per month x 12
2 Staff time/20%	\$13,200	Cost of 2(20%) \$1,100 x 2 x 12
	\$92,400	

ReStore

Budget vs. Actuals: Budget_FY25_P&L - FY25 P&L

July - December, 2024

	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Total		
							Actual	Budget	Variance
Income									
4706 Interest Income	\$ 11	\$ 10	\$ 3	\$ 2	\$ 1	\$ 1	\$ 28	\$ -	\$ 28
Total 4740 Other Income	1,564	1,130	1,014	580	180	2,081	6,550	6,000	550
Total 4750 ReStore Sales	50,338	60,425	42,398	37,017	31,334	32,792	254,304	330,000	(75,696)
Total Income	51,913	61,565	43,415	37,599	31,516	34,875	260,882	336,000	(75,118)
Total Cost of Goods Sold	-	-	-	-	-	-	-	102	(102)
Gross Profit	\$ 51,913	\$ 61,565	\$ 43,415	\$ 37,599	\$ 31,516	\$ 34,875	\$ 260,882	\$ 335,898	\$ (75,016)
Expenses									
8000 Staff-Related Expenses	\$ 12	\$ 159		\$ 84			\$ 255	\$ -	\$ 255
Total 8010 Payroll Wage Expense	24,918	28,381	17,277	27,620	26,404	18,041	142,640	210,985	(68,345)
8400 Hospitality							-	600	(600)
8720 Staff Development	184						184	120	64
Total 8000 Staff-Related Expenses	25,114	28,540	17,277	27,704	26,404	18,041	143,079	211,705	(68,626)
8250 Computer & Office Equipment Exp					264		264	1,200	(936)
8350 Bank Fees	31	15		105	20	35	234	-	234
8420 Insurance	3,296	1,393	1,392	654	654	654	8,043	7,848	195
8430 Licenses and Permits		403	254	127	127	127	1,039	750	289
8510 Office Supplies	319	78	60	346	222		1,025	1,080	(55)
8540 Postage and Delivery							-	70	(70)
Total 8200 Office & Admin Expenses	3,646	1,889	1,734	1,233	1,287	816	10,605	10,948	(343)
8140 Building Repairs & Maintenance	(32)	1,079	148	70		129	1,394	3,000	(1,606)
8260 Depreciation Expense			1,373			1,373	2,745	2,800	(55)
8615 Building Rent	14,939	14,939	14,939	14,939	14,939	14,939	89,632	89,634	(2)
8740 Utilities	1,135	1,524	1,529	1,333	1,159	1,174	7,853	7,980	(127)
8750 Vehicle Expense	73	159	174	737	138	73	1,352	3,000	(1,648)
8760 Waste Removal		566			626		1,192	2,250	(1,058)
Total 8300 Facilities & Equipment	16,115	18,265	18,162	17,078	16,861	17,687	104,168	108,664	(4,496)
8128 Advertising							-	60	(60)
8258 Credit Card Fees	1,192	1,421	1,104	875	854	960	6,406	8,250	(1,844)
8270 Donation Cleaning and Repair	296	210	29	378	257		1,170	1,320	(150)
8545 Printing and Reproduction	32	738	37	585	194	37	1,624	450	1,174
Total 8500 Sales & Marketing Related	1,520	2,369	1,171	1,838	1,305	997	9,200	10,080	(880)
Total Expenses	46,395	51,064	38,343	47,852	45,858	37,541	267,053	341,397	(74,344)
Net Operating Income	5,518	10,501	5,073	(10,254)	(14,342)	(2,666)	(6,171)	(5,499)	(672)
8410 House Sponsorship Tithe	15,000	15,000	5,000				35,000	35,000	-
Net Income	\$ (9,482)	\$ (4,499)	\$ 73	\$ (10,254)	\$ (14,342)	\$ (2,666)	\$ (41,171)	\$ (40,499)	\$ (672)

Indiana Department of Revenue
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. **This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft.** Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.


Section 1 (print only)	Name of Purchaser	Habitat for Humanity of Monroe County, Inc.						
	Business Address	213 East Kirkwood Avenue	City	Bloomington	State	IN	Zip	47408
	Purchaser must provide minimum of one ID number below.*							
	Provide your Indiana Registered Retail Merchant's Certificate TID and LOC Number as shown on your Certificate.....	0006874576		---		000		
		TID# (10 digits)				LOC# (3 digits)		
Section 2	If not registered with the Indiana DOR, provide your State Tax ID Number from another State.....							
	*See instructions on the reverse side if you do not have either number.							
			State ID#				State of Issue	

Section 2	Is this a <input checked="" type="checkbox"/> blanket purchase exemption request or a <input type="checkbox"/> single purchase exemption request? (check one)
	Description of items to be purchased. _____

Section 3	Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)	
	<input type="checkbox"/>	Sales to a retailer, wholesaler, or manufacturer for resale only.
	<input type="checkbox"/>	Sale of manufacturing machinery, tools, and equipment to be used directly in direct production.
	<input checked="" type="checkbox"/>	Sales to nonprofit organizations claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)
	<input type="checkbox"/>	Sales of tangible personal property predominately used (greater than 50 percent) in providing public transportation - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a school bus operator , must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT# _____
	<input type="checkbox"/>	Sales to persons, occupationally engaged as farmers, to be used directly in production of agricultural products for sale. Note: A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.
	<input type="checkbox"/>	Sales to a contractor for exempt projects (such as public schools, government, or nonprofits).
	<input type="checkbox"/>	Sales to Indiana Governmental Units (agencies, cities, towns, municipalities, public schools, and state universities).
Section 4	<input type="checkbox"/>	Sales to the United States Federal Government - show agency name. _____ Note: A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.
	<input type="checkbox"/>	Other - explain. _____

Section 4	I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.			
	I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.			
	Signature of Purchaser	Gerald J Arvesen	Date	August 19, 2016
	Printed Name	Gerald J Arvesen	Title	Controller

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.
Seller must keep this certificate on file to support exempt sales.

Form **990**

 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

- B** Check if applicable:
- ☐ Address change
 - ☐ Name change
 - ☐ Initial return
 - ☐ Final return/terminated
 - ☐ Amended return
 - ☐ Application pending

C Name of organization
Habitat for Humanity of Monroe County

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
213 E Kirkwood Ave

City or town, state or province, country, and ZIP or foreign postal code
Bloomington, IN 47408

D Employer identification number
35-1753977

E Telephone number
(812) 334-9770

G Gross receipts \$ 3,004,827

F Name and address of principal officer:
Wendi Goodlett
213 E Kirkwood Ave
Bloomington, IN 47408

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ monroecountyhabitat.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1988

M State of legal domicile: IN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To provide simple, decent, and affordable housing for members of the community that are living in substandard housing conditions and are not able to qualify for a conventional mortgage.		
Revenue	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	30
	6 Total number of volunteers (estimate if necessary)	6	795
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,410,903	1,462,936
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,310,011	1,513,962
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	574,417	1,096	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,474	26,833	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,313,805	3,004,827
	14 Benefits paid to or for members (Part IX, column (A), line 4)	74,800	96,000
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	935,735	995,199
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 119,115	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	855,302	1,213,917
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,865,837	2,305,116
	19 Revenue less expenses. Subtract line 18 from line 12	1,447,968	699,711
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	7,885,885	9,666,364
	22 Net assets or fund balances. Subtract line 21 from line 20	538,583	1,620,069
		7,347,302	8,046,295

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

***** 2023-02-16
 Signature of officer Date
 Wendi Goodlett President/CEO
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00537516
	Firm's name ▶ Barnes Dennig & Co LTD			Firm's EIN ▶ 31-1119890	
	Firm's address ▶ 8470 Allison Pointe Blvd Suite 200 Indianapolis, IN 46250			Phone no. (317) 572-1130	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III **Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

Habitat for Humanity of Monroe County, Inc (HFH) is a not-for-profit organization dedicated to eliminating the cycle of poverty by partnering with local families to build simple, decent, affordable housing. Families pay interest-free mortgages for their homes, which are built for a lower cost because of the use of volunteer labor and donations from the community. Families qualify for Habitat's home ownership program by meeting three basic criteria:-Need for housing-All families demonstrate that they are currently living in substandard or unaffordable housing and cannot qualify for another program or traditional home loan.-Ability to pay-Homeowners must be able to pay their affordable, 0% interest mortgage as well as their other expenses. Their income should fall between 25-70% of the area's median income.-Willingness to partner-Each adult who will live in the Habitat home is required to invest a minimum of 250 hours of sweat equity. Sweat equity includes taking mandatory home ownership

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$ 1,633,594 including grants of \$ 96,000) (Revenue \$ 876,344) See Additional Data	
4b	(Code:) (Expenses \$ 501,390 including grants of \$) (Revenue \$ 637,618) See Additional Data	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,134,984	

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	13
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V

Form **990** (2021)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	16	
b Enter the number of voting members included in line 1a, above, who are independent	16	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **IN**

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ►Wendi Goodlett 213 E Kirkwood Bloomington, IN 47408 (812) 331-4069

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mark Bauman Chair	3.00	X		X				0	0	0
(2) Noah Stoffman Treasurer	3.00	X		X				0	0	0
(3) Daniel Conkle Secretary	2.00	X		X				0	0	0
(4) Christy Langley Vice Chair	2.00	X		X				0	0	0
(5) Catherine Laughlin Director	2.00	X						0	0	0
(6) Virginia Githiri Director	2.00	X						0	0	0
(7) Jessica Sonneborn Director	2.00	X						0	0	0
(8) Loren Wood Director	2.00	X						0	0	0
(9) Alyson Norrick Director	2.00	X						0	0	0
(10) Brian Thompson Director	2.00	X						0	0	0
(11) Karan Rastall Director	2.00	X						0	0	0
(12) Joe Fitter Director	2.00	X						0	0	0
(13) Jennifer Hurtubise Director	2.00	X						0	0	0
(14) Blayne Roeder Director	2.00	X						0	0	0
(15) Doris Sims Director	2.00	X						0	0	0
(16) Wendi Goodlett President/CEO	40.00			X				110,234	0	4,222

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A)	(B)	(C)
Name and business address	Description of services	Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0		

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	29,708		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,433,228		
	g Noncash contributions included in lines 1a - 1f: \$	1g	34,880		
	h Total. Add lines 1a-1f		1,462,936		
Program Service Revenue	2a Homeowner Transfers	Business Code 236000	874,415	874,415	
	b Habit ReStore Sales	442000	637,618	637,618	
	c Rental Income	532000	1,929	1,929	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f.		1,513,962		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,096		1,096
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
	b Less: direct expenses				
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses				
	c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances					
b Less: cost of goods sold					
c Net income or (loss) from sales of inventory					
11a Miscellaneous Revenue	Business Code				
11a Miscellaneous income	900099	26,396		26,396	
b Refunds	561700	437		437	
c					
d All other revenue					
e Total. Add lines 11a-11d		26,833			
12 Total revenue. See instructions		3,004,827	1,513,962	0	27,929

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	96,000	96,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	114,456	100,451	3,434	10,571
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	751,156	659,133	22,535	69,488
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	57,853	50,774	1,736	5,343
10 Payroll taxes	71,734	62,957	2,152	6,625
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	30,786	27,708	924	2,154
12 Advertising and promotion				
13 Office expenses	53,496	48,114	2,612	2,770
14 Information technology	28,744	24,744	863	3,137
15 Royalties				
16 Occupancy	231,668	226,886	535	4,247
17 Travel	26,630	23,967	798	1,865
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,005	8,118	270	617
20 Interest	6,695		6,695	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,939	22,664	6,106	1,169
23 Insurance	43,557	39,729	1,306	2,522
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Cost of homes sold	361,844	361,844		
b Mortgage Discounts	321,912	321,912		
c Vehicle expense	28,411	26,113	852	1,446
d Other expenses	26,667	26,667		
e All other expenses	14,563	7,203	199	7,161
25 Total functional expenses. Add lines 1 through 24e	2,305,116	2,134,984	51,017	119,115
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	534,724	1	462,852
	2 Savings and temporary cash investments	1,146,817	2	618,982
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . .		6	
	7 Notes and loans receivable, net	4,196,360	7	4,081,693
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,560	9	12,240
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 449,164		
	b Less: accumulated depreciation	10b 340,983	125,503	10c 108,181
	11 Investments—publicly traded securities	65,899	11	932,058
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,807,022	15	3,450,358
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,885,885	16	9,666,364	
Liabilities	17 Accounts payable and accrued expenses	445,672	17	475,172
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties . . .	24,644	23	1,121,880
	24 Unsecured notes and loans payable to unrelated third parties . . .	38,559	24	22,614
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	29,708	25	403
	26 Total liabilities. Add lines 17 through 25	538,583	26	1,620,069
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,160,302	27	7,875,745
	28 Net assets with donor restrictions	187,000	28	170,550
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,347,302	32	8,046,295
33 Total liabilities and net assets/fund balances	7,885,885	33	9,666,364	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)		1	3,004,827
2	Total expenses (must equal Part IX, column (A), line 25)		2	2,305,116
3	Revenue less expenses. Subtract line 2 from line 1		3	699,711
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	7,347,302
5	Net unrealized gains (losses) on investments		5	-718
6	Donated services and use of facilities		6	
7	Investment expenses		7	
8	Prior period adjustments		8	
9	Other changes in net assets or fund balances (explain in Schedule O)		9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))		10	8,046,295

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		No
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	Yes	
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:
Software Version:
EIN: 35-1753977
Name: Habitat for Humanity of Monroe County

Form 990 (2021)

Form 990, Part III, Line 4a:

Habitat for Humanity of Monroe County's (HFH) mission is to provide residential housing for low income families who have been residents of Monroe County and adjacent counties for at least a year. Families pay an affordable 0% interest mortgage. HFH commits to train and equip families for home ownership through a series of homeowner education courses that include money management, homeowner's insurance, avoiding predatory lending and home maintenance.

Form 990, Part III, Line 4b:

Habitat ReStore is a home improvement store that collects donated building materials, furniture, appliances, and other home goods and sells them to the general public at a discounted rate. The profits from ReStore sales go to support the work of Habitat for Humanity of Monroe County.

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Habitat for Humanity of Monroe County	Employer identification number 35-1753977
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,264,506	840,548	1,164,217	1,410,903	1,462,936	6,143,110
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	1,264,506	840,548	1,164,217	1,410,903	1,462,936	6,143,110
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						339,597
6 Public support. Subtract line 5 from line 4.						5,803,513

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. . . .	1,264,506	840,548	1,164,217	1,410,903	1,462,936	6,143,110
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	13,237	4,984	933	1,545	1,096	21,795
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . .	45,562	34,537	28,204	18,474	26,833	153,610
11 Total support. Add lines 7 through 10						6,318,515
12 Gross receipts from related activities, etc. (see instructions)					12	8,020,973

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	91.850 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	91.570 %

16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this boxand **stop here.** The organization qualifies as a publicly supported organization ☒**b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check thisbox and **stop here.** The organization qualifies as a publicly supported organization ☐**17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐
- b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9a		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9b		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
10a		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income	
1 Net short-term capital gain	1
2 Recoveries of prior-year distributions	2
3 Other gross income (see instructions)	3
4 Add lines 1 through 3	4
5 Depreciation and depletion	5
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6
7 Other expenses (see instructions)	7
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8
Section B - Minimum Asset Amount	
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1
a Average monthly value of securities	1a
b Average monthly cash balances	1b
c Fair market value of other non-exempt-use assets	1c
d Total (add lines 1a, 1b, and 1c)	1d
e Discount claimed for blockage or other factors (explain in detail in Part VI):	
2 Acquisition indebtedness applicable to non-exempt use assets	2
3 Subtract line 2 from line 1d	3
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5
6 Multiply line 5 by 0.035	6
7 Recoveries of prior-year distributions	7
8 Minimum Asset Amount (add line 7 to line 6)	8
Section C - Distributable Amount	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1
2 Enter 85% of line 1	2
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4 Enter greater of line 2 or line 3	4
5 Income tax imposed in prior year	5
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10, Explanation of Other Income:	Miscellaneous income - 2017 Amount: \$ 45,392. 2018 Amount: \$ 33,718. 2019 Amount: \$ 27,730 . 2020 Amount: \$ 17,062. 2021 Amount: \$ 26,396. Rebates - Refunds - 2017 Amount: \$ 170. 20 18 Amount: \$ 819. 2019 Amount: \$ 474. 2020 Amount: \$ 1,412. 2021 Amount: \$ 437.

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No. 1545-0047

2021**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
 ► **Attach to Form 990.**

► Go to www.irs.gov/Form990 for instructions and the latest information.**Name of the organization**

Habitat for Humanity of Monroe County

Employer identification number

35-1753977

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		203,080	154,168	48,912
d Equipment		42,333	32,137	10,196
e Other		203,751	154,678	49,073
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				108,181

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Land Held for Development	2,382,097
(2) Construction in Progress	950,106
(3) Homes For Sale	79,710
(4) Other	38,445
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,450,358

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Home Deposits	403
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	403

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,122,905
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-718
b	Donated services and use of facilities	2b	118,796
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	118,078
3	Subtract line 2e from line 1	3	3,004,827
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,004,827

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,423,912
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	118,796
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	118,796
3	Subtract line 2e from line 1	3	2,305,116
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,305,116

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 35-1753977
Name: Habitat for Humanity of Monroe County

Supplemental Information	
Return Reference	Explanation
Part X, Line 2:	Habitat for Humanity of Monroe County, Inc. (HFH) is exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of Indiana law. However, the Organization is subject to federal income tax on any unrelated business taxable income. The organization's IRS Form 990 is subject to review and examination by Federal and state authorities. The organization believes it has appropriate support for any tax positions taken, and therefore, does not have any uncertain income tax positions that are material to the financial statements.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Habitat for Humanity of Monroe County

OMB No. 1545-0047

2021

Open to Public Inspection

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
Habitat for Humanity of Monroe County

Employer identification number
35-1753977

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☒ Yes

☐ No

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Habitat for Humanity Inc 322 W Lamar St Americus, GA 31709	91-1914868	501(c)(3)	96,000	0			Missions and tithes
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							1
3 Enter total number of other organizations listed in the line 1 table							0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Part I, Line 2:	Habitat for Humanity of Monroe County (HFH) each month sends an amount predetermined by its Board of Directors to its sister affiliate to assist with housing in developing countries.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization
Habitat for Humanity of Monroe County

Employer identification number
35-1753977

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Furniture & Fixtures)	X	3	26,213	
26 Other ▶ (Appliances)	X	7	8,046	
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Schedule M (Form 990) (2021)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

2021

**Open to Public
Inspection**

Name of the organization
Habitat for Humanity of Monroe County

Employer identification number
35-1753977

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Line 7a explanation - Board nominations come from a nominating committee, composed of the same members as the executive committee with elections on a rolling basis of three(3) year terms with the option to serve a second consecutive term after six(6) continuous years of board service the member can seek reappointment after one year off the board.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Line 7b explanation - The Board of Directors vote on matters of importance and significance at their meetings.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	Line 11a explanation - The CEO and/or Controller reviews the draft copy of the tax return prior to filing.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The Board of Directors reviews the policies annually, or more frequently if needed.

990 Schedule O, Supplemental Information

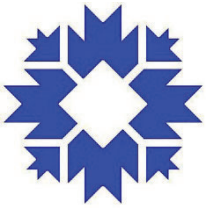
Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The Board of Directors annually reviews the salary and benefits of the employees. We utilize comparable data for similar exempt organization in relation to payroll, website industry statistics, and historical data to assist in our decision.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Governing documents are available upon request to the executive office. Explanation on volunteers and types of services or benefits: Volunteers work on the construction sites, prepare food for construction volunteers, perform office duties, perform administrative tasks, join committee, perform interpretation/translation tasks and work at ReStore.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c:	No changes in process from the prior year.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

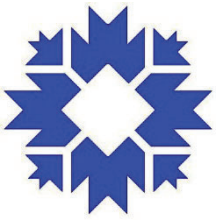
All applicants for 2025 Jack Hopkins funding must submit the following:

- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov
with subject line "[agency name] - 2025 JHSSF App"

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: Stone Belt Arc, Inc.

Address:

2815 E. 10th St.
Bloomington, IN 47408

Phone: 812-332-2168

E-Mail: development@stonebelt.org

Website: www.stonebelt.org

President of Board of Directors: Kim Hurley

Name of Executive Director: Bitta DeWees

Phone: 812-332-2168 ext. 173

E-Mail: bdeweess@stonebelt.org

Name of Grant Writer: Adam Hamel

Phone: 812-332-2168 ext. 269

E-Mail: ahamel@stonebelt.org

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☒ Yes

☐ No

501(c)(3) documentation is included with this application

☒ Yes

☐ No

Number of Employees:

Number of Employees:

Full-Time	Part-Time	Volunteers
335	134	12

MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

At Stone Belt, we believe in the uniqueness, worth, and right to self-determination of every individual. Therefore, it is our mission, in partnership with the community, to prepare, empower, and support people with developmental disabilities and their families to participate fully in the life of the community. Our partnership agency, Down Syndrome Family Connection is a non-profit organization whose vision is to be a regionally-recognized advocacy base for individuals living, learning, and growing with Down syndrome.

PROJECT INFORMATION

Name of the project to be funded:

Job-A-Palooza

Total cost of project: \$6,000

Requested amount of Jack Hopkins funding: \$6,000

Number of City residents to be served by this project in 2025: 300

Number of clients to be served by this project in 2025: 400

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

We are requesting \$6,000 to facilitate Job-A-Palooza for people of all ages and disabilities in October during Disability Employment Awareness Month. Job-A-Palooza is an event in which Stone Belt Arc and Down Syndrome Family Connection provide a day of job exploration. Over 20 local employers will come to a one-day event, and each will set up a table and administer multiple job tasks to participants, who are adults with developmental disabilities. Participants can try job tasks from each employer and ask questions about employment. Participants will also practice their interview skills by completing a mock interview.

COLLABORATIVE PROJECTS

Is this a collaborative project?

☒ Yes

☐ No

If yes, list the name(s) of agency partner(s)

Our primary partner is Down Syndrome Family Connection. Other organizations that participate in Job-A-Palooza include Monroe County Community School Corporation, Vocational Rehabilitation, Richland-Bean Blossom Community School Corporation, and more.

How do your missions, operations and services complement each other?

We all believe that our community is stronger when its needs are met, and people are allowed to succeed. Stone belt and Down Syndrome Family Connection both work to advocate for individuals with developmental disabilities in our community and hope to provide the greatest opportunities for growth in the individuals we support. All of the partner agencies in this project work collectively to meet the community's needs, and this project enables us to focus on employment opportunities for people of all ages with disabilities.

What is the existing relationship between agencies?

Stone Belt has great relationship with Down Syndrome Family Connection and have partnered with the agency on multiple projects including Job-A-Palooza. We work to continually expand Job-A-Palooza and include more agency partners to address the community's needs and offer Job-A-Palooza to more participants and employers.

How will communication and coordination change as a result of the project?

All agencies will work collectively together. The Employment Services Department at Stone Belt will provide overall communication and coordination while Down Syndrome Family Connection will provide secondary support and assistance in outreach efforts.

Explain any challenges and steps you plan to take to address those challenges.

The most evident challenge we anticipate is getting more employers and participants to attend Job-A-Palooza compared to previous years. We plan to leverage the relationships of both Stone Belt's Employment Services teams and Down Syndrome Family Connection to encourage more employers to attend and encourage educational programs and disability service providers to send participants to Job-A-Palooza.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

The Warehouse
1525 S Rogers St.
Bloomington, IN 47403

Do you own or have site control of the property at which the project is to take place?

☐

Yes

☒

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use?

☒

Yes

☐

No

☐

N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

N/A

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐

Yes

☒

No

If “yes,” indicate the nature of the operational request:

☐

Pilot

☐

Bridge

☒

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

N/A

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

We will submit claims for reimbursement as soon as possible to ensure that all aspects of Job-A-Palooza meet the needs of the community.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

N/A

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources *(e.g., other funds, in-kind contributions, or volunteers.)*

We will utilize volunteers in most areas to decrease the amount of paid staff time needed to put this event on. Also, we will use in-kind donations and sponsorships where we can.

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

☒ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

	Item	Cost
Priority #1	Venue	\$1,000
Priority #2	Participation Materials/Decor/Table	\$1,000
Priority #3	Volunteer Materials	\$1,500
Priority #4	Marketing/Signage/Social Media	\$300
Priority #5	Food and Drink for Volunteers and Employers	\$1,200
Priority #6	Participation Incentives	\$1,000
Priority #7		
Total Requested		\$6,000

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

Nationally, people with disabilities are unemployed in higher numbers than people without disabilities. In 2024, just 22.7 % of people with disabilities were employed compared to 65.5 % of those who do not have disabilities, according to the Bureau of Labor Statistics. According to a report in 2020 through the U.S. Commission on Civil Rights, people with disabilities in sheltered work received an average wage of \$3.34/hour. Individuals placed in community jobs through Stone Belt's Community Employment department earn an average wage of \$14.19/hour. These rates are substantially lower than those for people without disabilities. Access to jobs that pay well is pivotal for people with disabilities to afford bare necessities like housing.

Job-A-Palooza will address the community's needs by using person-centered planning to specifically address the employment needs of people with disabilities and connect people with disabilities directly to employers in a safe and supportive setting. Job-A-Palooza allows many more people with disabilities to gain exposure to different work experiences than the traditional approach to disability employment services. Whether people with disabilities find employment in the community or start a self-employment venture, Job-A-Palooza will increase their ability to attain meaningful employment and meet their needs.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

While we will always need some funding to put on events yearly, we believe that the community will be better with this resource fair available to people with disabilities of all ages. As this fair expands to other areas, gains new partners, and grows in visibility, it will be easier to find long-term sponsors for the event who see the impact that Job-A-Palooza has made in the community.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

By doing person-centered planning to identify goals and plans to meet the needs of people with disabilities, we are giving them the tools they need to impact their daily lives significantly. By providing employer training to local businesses, we are ensuring that our community is meeting all its members' needs, some being the most vulnerable. When someone is employed, they become more self-sufficient and less reliant on other forms of assistance. With Job-A-Palooza, we hope to fill some of the needed open positions that local employers struggle to fill. We also believe that all people, regardless of disability, have the right to live and work in the community they are in.

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

1. We hope to help over 65 area transition-age students discover employment paths.
2. We hope to help over 65 adults with disabilities discover employment paths.
3. We hope to work with over 20 local businesses to find employees for their open positions.
4. We hope to help over 130 people with disabilities identify goals to independence.
5. We hope to meet the needs of all people with disabilities that live in our community.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

There are many resource fairs for different groups within the community; however, few specifically focus on people of all ages with disabilities. This collaboration will impact more people than holding smaller events which only meet the needs of Stone Belt clients. Job-A-Palooza was held in person in 2019, then online in 2020, and then a Job-A-Palooza Town Hall inviting employers to participate was held in 2021, and in-person again in 2022, 2023, and 2024 with the help of funding from Jack Hopkins. Many factors have impacted this, with COVID-19 being the most significant and staff shortage being another.

Individuals receiving Employment Services and Pre-Employment Transition Services from Stone Belt work with their support staff leading up to the event to identify goals that lead to successful independence using person-centered planning tools. Additionally, our services provide ongoing support to local businesses including resources to meet the needs of a diverse population and provide quality employment support to people with disabilities.

Job-A-Palooza - Budget 2025			
TOTAL PROJECT COST =		\$	6,000.00
		JHSS Grant	
FUNDS			
JHSS Grants		\$	6,000.00
TOTAL PROJECT FUNDS		\$	6,000.00
EXPENSES			
Venue		\$	1,000.00
Participant Materials/Décor/Table		\$	1,000.00
Volunteer Materials		\$	1,500.00
Marketing/Signage/SocialMedia		\$	300.00
Food and drink for volunteers and employers		\$	1,200.00
Participation Incentives		\$	1,000.00
Total		\$	6,000.00

The Warehouse as venue

Shirts, folders, balloons, table décor, etc.

Shirts, materials

Social media promotion

employer baskets and incentives for job fair completion for participants

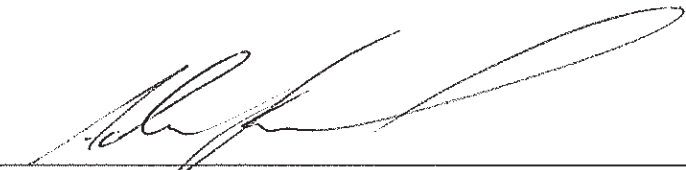
Job-A-Palooza

MOU

- We are requesting funds to facilitate Job-A-Palooza during Disability Employment Awareness Month in October 2025.
- Job-A-Palooza is a joint effort between Stone Belt Arc and the Down Syndrome Family Connection that provides a day of job exploration for individuals with disabilities.
- Over 20 local employers will come to a one-day event. Each employer will set up a table with actual job tasks for participants to try; participants can also ask questions about employment. Participants can practice their interview skills by completing a mock interview.
- There will be pre-Job-A-Palooza workshops to help individuals with disabilities in the community identify goals that lead to successful independence using Person-Centered tools.
- Pre-Job-A-Palooza workshops for employers will also be offered to help any local business provide the best quality services to people with disabilities, and we will provide them with the tools to meet the needs of this diverse population.

By signing this agreement, it is understood that all parties agree and understand the terms above.

SIGN



DATE

3/13/25

PRINT

Adam Hamel

TITLE

Director of Community Engagement

SIGN



DATE

03/20/2035

PRINT

Crystal Bratton

TITLE

DSFC President



FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

CPAs / ADVISORS



STONE BELT ARC, INC.

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JUNE 30, 2024 AND 2023

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Blue & Co., LLC / 500 N. Meridian Street, Suite 200 / Indianapolis, IN 46204
main 317.633.4705 fax 317.633.4889 email blue@blueandco.com

REPORT OF INDEPENDENT AUDITORS

Board of Directors
Stone Belt Arc, Inc.
Bloomington, Indiana

Opinion

We have audited the accompanying financial statements of Stone Belt Arc, Inc. (Stone Belt), a nonprofit organization, which comprise the statements of financial position as of June 30, 2024 and 2023, and the related statements of activities and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Stone Belt as of June 30, 2024 and 2023, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the *Uniform Compliance Guidelines for Examination of Entities Receiving Financial Assistance from Governmental Sources*, issued by the Indiana State Board of Accounts. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Stone Belt and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Stone Belt's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Stone Belt's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Stone Belt's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Blue & Co., LLC

Indianapolis, Indiana
October 4, 2024

STONE BELT ARC, INC.

STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2024 AND 2023

ASSETS		
	2024	2023
Current assets		
Cash	\$ 1,567,910	\$ 2,606,595
Contract receivables, net	1,612,495	1,025,318
Prepaid expenses	180,870	129,332
Contribution receivable, net	85,500	81,125
Other current assets	61,301	63,457
Total current assets	3,508,076	3,905,827
Contribution receivable, net	184,878	262,923
Assets whose use is limited	4,844,426	4,572,298
Right-of-use assets under operating leases, net	1,389,604	760,953
Property and equipment, net	3,103,725	3,237,480
Total assets	<u>\$ 13,030,709</u>	<u>\$ 12,739,481</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Current portion of operating lease liabilities	\$ 415,341	\$ 311,736
Accounts payable	217,713	183,303
Accrued wages and related liabilities	1,172,753	1,003,948
Refundable advances	-0-	544,962
Total current liabilities	1,805,807	2,043,949
Operating lease liabilities, net of current portion	977,314	452,065
Total liabilities	2,783,121	2,496,014
Net assets		
Without donor restrictions		
Undesignated	5,132,784	5,327,121
Board designated	4,743,975	4,471,847
Total without donor restrictions	9,876,759	9,798,968
With donor restrictions	370,829	444,499
Total net assets	10,247,588	10,243,467
Total liabilities and net assets	<u>\$ 13,030,709</u>	<u>\$ 12,739,481</u>

See accompanying notes to financial statements.

STONE BELT ARC, INC.

STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
YEARS ENDED JUNE 30, 2024 AND 2023

	2024	2023
Revenues and support		
Residential program	\$ 19,292,673	\$ 17,509,288
Day program	1,499,303	1,113,866
Clinic service revenue	472,297	348,950
Manufacturing services revenue	669,891	623,489
Leased employee revenue	317,310	295,584
Grant revenue	714,936	441,078
Contributions and other support	983,918	964,931
Investment return	286,894	99,012
Other	96,295	31,102
Net assets released from restrictions	81,125	75,000
Total revenues and support	24,414,642	21,502,300
Expenses		
Salaries, wages and benefits	19,737,499	18,357,736
Professional fees	180,451	204,439
Purchased services	397,696	365,403
Supplies	631,761	720,134
Rent and leases	623,663	517,685
Utilities and telephone	591,109	583,487
Depreciation	422,252	403,281
Repairs and maintenance	165,431	267,318
Dues and subscriptions	354,182	321,947
Insurance	192,967	189,244
Vehicle	192,199	225,991
Travel and training	260,247	225,466
Provider tax	442,770	472,785
Other	144,624	36,959
Total expenses	24,336,851	22,891,875
Change in net assets without donor restrictions	77,791	(1,389,575)
Change in net assets with donor restrictions		
Gifts-in-kind rent contributions	7,455	315,156
Net assets released from restrictions	(81,125)	(75,000)
Change in net assets with donor restrictions	(73,670)	240,156
Change in net assets	4,121	(1,149,419)
Net assets		
Beginning of year	10,243,467	11,392,886
End of year	\$ 10,247,588	\$ 10,243,467

See accompanying notes to financial statements.

STONE BELT ARC, INC.

STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2024 AND 2023

	2024	2023
Operating activities		
Change in net assets	\$ 4,121	\$ (1,149,419)
Adjustments to reconcile change in net assets to net cash flows from operating activities		
Restricted contributions and support	(7,455)	(315,156)
Depreciation	422,252	403,281
Amortization of discount on contribution receivable	(7,455)	1,229
Realized gain on investments	(194,962)	(103,978)
Unrealized (gain) loss on investments	(77,166)	6,741
Changes in operating assets and liabilities		
Contract receivables	(587,177)	47,089
Prepaid expenses	(51,538)	5,677
Contribution receivable	81,125	(241,385)
Other current assets	2,156	123,890
Right-of-use assets under operating leases, net	(628,651)	(760,953)
Accounts payable	27,885	(52,863)
Accrued wages and related liabilities	168,805	(179,980)
Refundable advance	(544,962)	544,962
Operating lease liabilities	628,854	763,801
Net cash flows from operating activities	(764,168)	(907,064)
Investing activities		
Purchase of property and equipment	(281,972)	(413,288)
Purchase of investments	(23,164,806)	(4,388,567)
Proceeds from sale of investments	23,164,806	620,308
Net cash flows from investing activities	(281,972)	(4,181,547)
Financing activities		
Restricted contributions and support	7,455	315,156
Net change in cash	(1,038,685)	(4,773,455)
Cash		
Beginning of year	2,606,595	7,380,050
End of year	<u>\$ 1,567,910</u>	<u>\$ 2,606,595</u>
Supplemental cash flows information		
Property included in accounts payable	\$ 6,525	\$ 5,186

See accompanying notes to financial statements.

STONE BELT ARC, INC.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Stone Belt Arc, Inc. (Stone Belt) is incorporated as a not-for-profit organization, under the laws of the State of Indiana. The primary purpose, mission, and principal activities are to prepare, empower, and support persons with developmental disabilities and their families to participate fully in the life of the community. Stone Belt serves children and adults with developmental disabilities and children at risk for developmental disabilities in a seven-county area in south central Indiana. A summary of Stone Belt's significant programs include:

- Manufacturing Services - providing training and employment experience in a manufacturing setting.
- Community Employment Services - providing training on skills related to seeking, obtaining and holding a job in the community.
- Employment Fundamentals - providing training in social inclusion, active citizenship and identity development with the goal of increasing independence.
- Community Living Services - providing supervised residential services in a variety of settings from 24-hour supervision to semi-independent support for apartment living.
- Transportation Services - represents the costs of transporting clients between facilities and employment locations and maintenance of the transportation facilities.
- Behavioral Health Services - certified outpatient mental health clinic providing care to children, adolescents and individuals with disabilities.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash

Stone Belt maintains its cash in bank deposits accounts which, at times may exceed federally insured limits. Stone Belt has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash.

Contract Receivables

Contract receivables are recorded at the net realizable amounts based on established charges when the service is rendered. Stone Belt has agreements with third-party payors that provide for payments to Stone Belt at amounts different from its established rates. Payment arrangements include prospectively determined rates, discounted charges and per diem payments. Contract receivables were \$1,072,000 as of July 1, 2022.

STONE BELT ARC, INC.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

Stone Belt records an allowance for credit losses for financial assets carried at amortized cost, which represents the net amount expected to be collected. The allowance for credit losses is based on losses expected to arise over the contractual term of the asset. Assets are written off when Stone Belt deems the financial assets to be uncollectible. Write-offs are recognized as a deduction from the allowance for credit losses. Expected recoveries of amounts previously written off, which do not exceed the aggregate of previous write-offs, are included in determining the allowance account. The allowance for credit losses was not significant as of June 30, 2024 and 2023.

Assets Whose Use Is Limited

Assets whose use is limited consist of board designated funds, amounts designated for reserve requirements, and donor restricted endowment. The assets consist of mutual funds and fixed income securities, recorded at fair value, and cash and cash equivalents. Stone Belt considers interest, dividends, realized and unrealized gains and losses on investments as a component of investment return in the statements of activities and changes in net assets.

Additionally, Stone Belt benefits from the investment return earned related to approximately \$84,000 of funds held by the Community Foundation of Bloomington and Monroe County (the Foundation). These funds are not recorded in Stone Belt's financial statements since the Foundation has variance power over the funds.

Property, Equipment and Depreciation

Property and equipment are stated at cost or, if donated, at fair market value on the date of acquisition. Additions and improvements are capitalized based on certain dollar thresholds; expenditures for routine maintenance are charged to operations. Depreciation is provided over the estimated useful lives of the various classes of assets on the straight-line method. The estimated useful lives are as follows:

<u>Description</u>	<u>Range of Useful Lives</u>
Land improvements	10-40 years
Buildings and improvements	10-40 years
Furniture and equipment	3-10 years
Vehicles	5-7 years

Gifts of long-lived assets such as land, buildings and equipment are reported as support without donor restrictions unless explicit donor stipulations specify how the assets are to be used. The gift of cash and other assets that must be used to acquire long-lived assets are reported as donor restricted support. Absent explicit donor stipulations about how long-lived assets must be maintained, expirations of donor restrictions are reported when the donated acquired long-lived assets are placed in service.

STONE BELT ARC, INC.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

Net Assets

The accompanying financial statements have been prepared on the accrual basis and have been prepared with a focus on the entity as a whole. Net assets, support, revenues, gains, and losses are classified based on the existence or absence of donor restrictions. Accordingly, the net assets of Stone Belt are classified and reported as follows:

- Net assets without donor restrictions: Net assets that are currently available for operating purposes under the direction of the board or designated by Stone Belt for specific use. Designated net assets approximated \$4,744,000 and \$4,472,000 as of June 30, 2024 and 2023, respectively.
- Net assets with donor restrictions: Net assets subject to donor stipulations for specific operating purposes or time restrictions. These include donor restrictions requiring the net assets be held in perpetuity or for a specified term with investment return available for operations or specific purposes. Net assets with donor restrictions as of June 30, 2024 and 2023 were related to net assets with time restrictions of approximately \$262,000 and \$344,000, respectively. Net assets restricted for endowment were \$100,000 as of June 30, 2024 and 2023. Net assets released from restrictions related to meeting donor time restrictions in 2024 and 2023 were \$81,000 and \$75,000, respectively.

Revenue Recognition

Residential and Day Programs

Stone Belt contracts with various State of Indiana (the State) agencies to provide a wide variety of services to persons with disabilities, including residential and day services. Stone Belt vouchers the State agencies based on current activity and the original amount of the contract. These services, rendered to Medicaid waiver program beneficiaries, are paid utilizing a determined daily consumer rate. These services are paid at prospectively determined rates. Stone Belt recognizes the amount of revenue it expects to collect for the transfer of services to clients over time in the period in which its performance obligations are satisfied.

Service revenues are recognized over time as promised services are delivered to clients, in an amount that reflects the consideration Stone Belt expects to be entitled to in exchange for those services. Service revenue from contracts with various third-party payers is recognized in the amount to which Stone Belt has a right to invoice, (generally determined and billed on a weekly to monthly basis), when services are rendered by Stone Belt. Generally, the transaction price in contracts is known at inception and the performance obligation is measured from the commencement of the services to the point when Stone Belt is no longer required to provide services. Stone Belt submits annual cost reports to determine its Medicaid rates for residential services. These reports are subject to periodic audit by the State. Based upon reports previously submitted and unaudited periods, Stone Belt has determined that any liability related to unsettled Medicaid cost reports would be not be significant to the financial statements as a whole as of June 30, 2024 and 2023.

STONE BELT ARC, INC.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

Laws and regulations governing the Medicaid programs are complex and subject to interpretation. Stone Belt believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations and potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretations as well as significant regulatory action including fines, penalties, and exclusion from the Medicaid programs.

Clinic Service Revenue

Stone Belt operates a behavioral health clinic, Milestones Health Clinic, as a department of Stone Belt. Clinic service revenue is reported at the amount that reflects the consideration to which Stone Belt expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government payors), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, Stone Belt bills the patients and third-party payors several days after the services are performed. Revenue is recognized as the performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by Stone Belt. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. Stone Belt believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients receiving services in outpatient centers. Stone Belt measures the performance obligation from the commencement of the service to the point when it is no longer required to provide services to that patient, which is generally at the time of completion of the services. The method of reimbursement for Stone Belt is fee for service. The timing of revenue and recognition for healthcare services is transferred over time.

Stone Belt determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with Stone Belt's policy, or implicit price concessions provided to uninsured patients. Stone Belt determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. Stone Belt determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

Given the current regulatory and reimbursement environment, there can be no assurances that adequate reimbursement levels will continue to be available for clinic services provided by Stone Belt. Significant limits on the scope of services reimbursed and on reimbursement rates and fees could have a material adverse effect on Stone Belt's liquidity, financial condition, and results of operations.

STONE BELT ARC, INC.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

Manufacturing Services Revenue

Stone Belt recognizes revenue from providing manufacturing services to various local employers. Revenues are recognized over time as promised services are delivered to the employers, in an amount that reflects the consideration Stone Belt expects to be entitled to in exchange for those services. Revenue is recognized in the amount to which Stone Belt has a right to invoice, (generally determined and billed on a weekly to monthly basis), when services are rendered by Stone Belt. Generally, the transaction price in contracts is known at inception and the performance obligation is measured from the commencement of the services to the point when Stone Belt is no longer required to provide services.

Leased Employee Revenue

Stone Belt has a leased employee agreement with Centerstone, a nonprofit licensed behavioral health care organization that provides behavioral health services in Indiana. The agreement allows Stone Belt to lease employees to Centerstone for the purposes of providing Medicaid Rehabilitation Option services and Medicaid Clinic Services to Medicaid eligible Residential Waiver and Non-Residential clients. Revenues are recognized over time as promised services are delivered to Centerstone, in an amount that reflects the consideration Stone Belt expects to be entitled to in exchange for those services. Revenue is recognized in the amount to which Stone Belt has a right to invoice, (generally determined and billed on a weekly to monthly basis), when services are rendered by Stone Belt. Generally, the transaction price in contracts is known at inception and the performance obligation is measured from the commencement of the services to the point when Stone Belt is no longer required to provide services. The agreement is renewable annually and can be terminated by either party with appropriate written notice.

Grants and Contributions and Other Support

Contributions from the general public, governmental agencies, philanthropic foundations, and other organizations are recognized as support in the period when cash, securities, or other assets, or an unconditional promise to give is received. Contributions that are not restricted by the donor or restricted by time are reported as an increase in net assets without donor restrictions. Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction is met in the reporting period in which the revenue is received. Expirations of donor restrictions on net assets, either by fulfillment of the stipulated purpose or the passage of time, are reported as reclassifications between the applicable classes of net assets. Conditional promises to give – that is, those with a measurable performance or other barrier and a right of return – are not recognized until the conditions on which they depend have been met.

Stone Belt also evaluates whether a contribution is unconditional or conditional based on the absence or presence of barriers and any right of return provisions. Receipt of funds for conditional contributions are recorded as a refundable advance in the statement of financial position until conditions are satisfied. Once satisfied, the refundable advance is released into contribution revenue. There were no refundable advances as of June 30, 2024 and 2023. Materials, property, equipment, and other assets received as donations are recorded and reflected in the accompanying financial statements at their estimated fair market values on the date received. During 2024 and 2023, Stone Belt recognized for gifts-in-kind (GIK) rent contributions of approximately \$9,000 and \$315,000, respectively, for the land on which Stone Belt's primary campus is located. The valuation and inputs used to determine fair value of the GIK rent

STONE BELT ARC, INC.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

contributions were based on sales of similar properties in the geographic area using a market derived discount/capitalization rate.

The value of donated volunteer services is not reflected in the accompanying financial statements since there is no objective basis available by which to measure the value of such services. However, a substantial number of volunteers have donated significant amounts of their time to various fund-raising events and contacts with individuals receiving services at Stone Belt.

Malpractice Coverage

Stone Belt participates in the State of Indiana Patient Compensation Fund (the Fund) and is covered under the Indiana Medical Malpractice Act (the Act). The Act provides for a maximum recovery of \$1,650,000 per occurrence (\$8,000,000 annual aggregate based on Stone Belt's size), \$400,000 of which would be paid through Stone Belt's malpractice insurance coverage and the balance would be paid by the Fund.

Stone Belt has commercial insurance for malpractice (in addition to coverage under the Act) under a claims-made policy, whereby only the claims reported to the insurance carrier during the policy period are covered regardless of when the incident giving rise to the claim occurred. Under the terms of the policy, Stone Belt bears the risk of the ultimate costs of any individual claims exceeding \$250,000, if not covered under the Act, or aggregate claims exceeding \$5,000,000, if not covered under the Act, for claims asserted in the policy year. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on the occurrences during the claims-made term, but reported subsequently, will be uninsured. Stone Belt is not aware of any medical malpractice claims, either asserted or unasserted, that would exceed the policy limits.

Marketing and Community Relations

Stone Belt expenses marketing and community relations costs as incurred. The total expense for 2024 and 2023 was approximately \$141,000 and \$138,000, respectively.

Income Taxes

Stone Belt is organized as not-for-profit corporation under Section 501(c)(3) of the United States Internal Revenue Code. As such, Stone Belt is generally exempt from income taxes. However, Stone Belt is required to file Federal Form 990 – Return of Organization Exempt from Income Tax, which is an informational return only.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by Stone Belt and recognize a tax liability if Stone Belt has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. Management has analyzed the tax positions taken by Stone Belt, and has concluded that as of June 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. Stone Belt is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

STONE BELT ARC, INC.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

Stone Belt filed its federal and state income tax returns for periods through June 30, 2023. These income tax returns are generally open to examination by the relevant taxing authorities for a period of three years from the later of the date the return was filed or its due date (including approved extensions).

Going Concern Evaluation

Management evaluated whether there are conditions or events that raised substantial doubt about Stone Belt's ability to continue as a going concern for a period of one year from the date the financial statements were available to be issued.

Reclassifications

Certain amounts in the prior year financial statements have been reclassified to conform with current year presentation. The reclassifications had no effect on the previously reported net assets or changes in net assets.

Subsequent Events

Stone Belt evaluated events or transactions occurring subsequent to the financial position date for recognition and disclosure in the accompanying financial statements through the date the financial statements were available to be issued which was October 4, 2024.

2. CHANGE IN ACCOUNTING PRINCIPLE

On July 1, 2023, Stone Belt adopted Financial Accounting Standards Board Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments – Credit Losses (Topic 326)*, utilizing the modified retrospective approach. This ASU replaces the incurred loss impairment methodology with a methodology that reflects expected credit losses and requires consideration of a broader range of reasonable and supportable information to estimate credit losses. The ASU requires financial assets measured at amortized cost to be presented at the net amount expected to be collected. Stone Belt applied the guidance to financial assets measured at amortized cost (primarily contracts receivable) that existed as of July 1, 2023 (the date of initial application). The adoption of the ASU did not have a significant impact on Stone Belt's financial statements.

3. CONTRIBUTION RECEIVABLE

Stone Belt has a non-cancellable lease for land on which Stone Belt's primary campus is located. The lease agreement is through November 2027. The lease agreement calls for a payment of \$1 per year. Accordingly, Stone Belt has recognized a contribution receivable based on the fair value of property to lease and the required payments. The contribution has been discounted at 4% as of June 30, 2024 and 2023 which approximates a risk-free interest rate. Stone Belt expects full realization on the contribution and has not recognized an allowance as of June 30, 2024 and 2023.

STONE BELT ARC, INC.**NOTES TO FINANCIAL STATEMENTS**
JUNE 30, 2024 AND 2023

The following is a summary of the contribution receivable as of June 30:

	2024	2023
Contribution receivable	\$ 292,125	\$ 373,250
Discount to present value	(21,747)	(29,202)
	<u>\$ 270,378</u>	<u>\$ 344,048</u>
Due in one year	\$ 85,500	\$ 81,125
Due in one to five years	206,625	292,125
	<u>\$ 292,125</u>	<u>\$ 373,250</u>

4. ASSETS WHOSE USE IS LIMITED

Assets whose use is limited are reported at fair value and consist of the following as of June 30:

	2024	2023
Board designated funds	\$ 4,743,975	\$ 4,471,847
Donor restricted	100,451	100,451
	<u>\$ 4,844,426</u>	<u>\$ 4,572,298</u>
Cash and cash equivalents	\$ 281,271	\$ 1,122,908
Fixed income securities	3,978,318	2,940,673
Mutual funds	584,837	508,717
	<u>\$ 4,844,426</u>	<u>\$ 4,572,298</u>

Board designated funds relate primarily to capital improvements. As of June 30, 2024 and 2023, the letter of credit related to the workers compensation and employers' liability did not require collateral for a reserve requirement. The remaining funds are donor restricted.

Investment return is comprised of the following for 2024 and 2023:

	2024	2023
Interest and dividends, net of fees	\$ 14,766	\$ 1,775
Net unrealized gain (loss) on investments	77,166	(6,741)
Net realized gain on investments	194,962	103,978
Investment return	<u>\$ 286,894</u>	<u>\$ 99,012</u>

STONE BELT ARC, INC.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

5. PROPERTY AND EQUIPMENT

The following is a summary of Stone Belt's property and equipment as of June 30:

	2024	2023
Land	\$ 461,431	\$ 461,431
Land improvements	2,783,089	2,783,089
Building and improvements	5,691,351	5,529,696
Furniture and equipment	3,829,095	3,678,624
Vehicles	669,045	657,774
Construction in progress	-0-	34,905
	13,434,011	13,145,519
Accumulated depreciation	(10,330,286)	(9,908,039)
	<u>\$ 3,103,725</u>	<u>\$ 3,237,480</u>

There were no significant outstanding commitments related to property and equipment as of June 30, 2024.

6. LINE OF CREDIT

As of June 30, 2024 and 2023, a \$250,000 line of credit with Old National Bank was available with interest at prime plus .25%. The line of credit expires in November 2024 and is collateralized by substantially all of Stone Belt's assets. As of June 30, 2024 and 2023, there were no amounts outstanding on the line of credit.

7. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that Stone Belt has the ability to access.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

STONE BELT ARC, INC.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of June 30, 2024 and 2023.

- *Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by Stone Belt are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by Stone Belt are deemed to be actively traded.
- *US government obligations*: Valued using pricing models maximizing the use of observable inputs for similar securities.
- *Money market funds*: Valued based at the subscription and redemption activity at a \$1 stable NAV. However, on a daily basis the funds are valued at their daily NAV calculated using the amortized cost of the securities.

The following table sets forth by level, within the hierarchy, Stone Belt's assets and liabilities measured at fair value on a recurring basis as of June 30, 2024 and 2023 as follows:

		June 30, 2024			
		Total	Level 1	Level 2	Level 3
Assets					
Assets whose use is limited					
Fixed income securities					
US government obligations	\$	3,978,318	\$ -0-	\$ 3,978,318	\$ -0-
Cash equivalents					
Money market funds		281,271	-0-	281,271	-0-
Mutual funds					
Intermediate-term bond		132,132	132,132	-0-	-0-
Large blend		167,984	167,984	-0-	-0-
Large growth		103,686	103,686	-0-	-0-
Short-term bond		85,715	85,715	-0-	-0-
Other		95,320	95,320	-0-	-0-
Total mutual funds		584,837	\$ 584,837	\$ 4,259,589	\$ -0-
		<u>\$ 4,844,426</u>			

STONE BELT ARC, INC.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

	June 30, 2023			
	Total	Level 1	Level 2	Level 3
Assets				
Assets whose use is limited				
Fixed income securities				
US government obligations	\$ 2,940,673	\$ -0-	\$ 2,940,673	\$ -0-
Cash equivalents				
Money market funds	1,111,919	-0-	1,111,919	-0-
Mutual funds				
Intermediate-term bond	170,835	170,835	-0-	-0-
Large blend	130,584	130,584	-0-	-0-
Large growth	83,517	83,517	-0-	-0-
Short-term bond	66,325	66,325	-0-	-0-
Other	57,456	57,456	-0-	-0-
Total mutual funds	508,717	\$ 508,717	\$ 4,052,592	\$ -0-
Cash	10,989			
	<u>\$ 4,572,298</u>			

Realized gains and losses are reported in the statements of activities and changes in net assets as a component of investment return. Realized gains were recorded during 2024 and 2023 of approximately \$195,000 and \$104,000, respectively. Differences between market value and cost of investments are classified as unrealized gains or losses. Unrealized gains or losses are included in earnings for the period attributable to the change in unrealized gains relating to assets held as of June 30, 2024 and 2023 and are reported in the statements of activities and changes in net assets in investment return. Unrealized gains (losses) of approximately \$77,000 and (\$7,000) were recorded in 2024 and 2023, respectively.

Stone Belt holds investments which are exposed to various risks such as interest rate, market, and credit. Due to the level of risk associated with these securities and the level of uncertainty related to changes in the value, it is at least reasonably possible that changes in the various risk factors will occur in the near term that could materially affect the amounts reported in the accompanying financial statements.

8. ENDOWMENT FUND

Stone Belt's donor restricted net assets include an endowment fund which consists of various investment securities, most of which are traded on public markets. The endowment is made of donor restricted assets. As required by accounting principles generally accepted in the United States of America, net assets associated with the endowment fund are classified and reported based on the existence or absence of donor-imposed restrictions. The donor restricted endowment was approximately \$100,000 as of June 30, 2024 and 2023. The income from the endowment is available to be utilized by Stone Belt at its discretion. The investment return from the endowment is included in the statements of activities and changes in net assets as activity without donor restrictions.

STONE BELT ARC, INC.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

Interpretation of Relevant Law

Stone Belt's Board of Directors has determined the requirements of Indiana's version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA) to center around the preservation of the fair value of the original investment as of the date of the asset transfers. Investments resulting from donations directing that they be invested in perpetuity are classified as donor restricted. The earnings generated by these investments are classified as without donor restriction upon their appropriation for expenditure by Stone Belt in a manner consistent with the standard of prudence prescribed by Indiana's version of the UPMIFA. Stone Belt considers the following factors in making a determination to appropriate or accumulate its endowment funds:

- (1) The duration and preservation of the fund
- (2) The purposes of Stone Belt and the donor-restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of Stone Belt
- (7) The investment policies of Stone Belt

Return Objectives and Risk Parameters

Stone Belt has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that Stone Belt must hold in perpetuity. Under this policy, as approved by the Board of Directors, all endowment assets are invested in readily marketable securities. The purpose of the endowment fund is to facilitate donors' desires to make substantial long-term gifts to Stone Belt to develop a source of revenue to support the endeavors of Stone Belt and to support the activities of Stone Belt's clients.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate of return objectives, Stone Belt relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). Stone Belt targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

Spending Policy and How Investment Objectives Relate

Annually a spending rate shall be determined by the Board of Directors after a recommendation from the finance committee. The allowable distribution from endowment funds, over and above fees and expenses allocable to the funds, shall be calculated annually by multiplying the current year's spending rate by the average ending market value of the endowment funds for each of the prior twenty quarters, using Stone Belt's calendar year ending June 30.

STONE BELT ARC, INC.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor restricted endowment funds may fall below the level that the donor or UPMIFA requires Stone Belt to retain as a fund of perpetual duration. Cumulative deficiencies of this nature are reported in net assets without donor restrictions. Stone Belt had no such deficiencies as of June 30, 2024 and 2023.

The following is a progression of the endowment assets for 2024 and 2023.

	2024	2023
Balance, beginning of year	\$ 100,451	\$ 100,451
Interest and dividends	10,778	2,221
Realized gain	67,031	5,398
Unrealized gain	8,528	1,842
Expenditures	(86,337)	(9,461)
Balance, end of year	<u>\$ 100,451</u>	<u>\$ 100,451</u>

9. RETIREMENT PLAN

Stone Belt maintains a 401k profit-sharing plan for eligible employees. Under the 401k retirement plan, Stone Belt makes a matching contribution of 100% up to 2% of the participant's contributions. Total retirement plan expense was approximately \$165,000 and \$153,000 for 2024 and 2023, respectively.

10. LEASES

Stone Belt recognizes right-of-use (ROU) assets and liabilities for leases with terms greater than 12 months or leases that contain a certain purchase option that is reasonably certain to be exercised. Leases are classified as either finance or operating leases. This classification dictates whether lease expense is recognized based on an effective interest method or on a straight-line basis over the term of the lease. Stone Belt had no financing leases as of June 30, 2024 and 2023.

Stone Belt leases building space, equipment and vehicles under long-term agreements, which are classified as operating leases. Under the terms of the agreements, Stone Belt makes monthly payments based on agreed upon schedules. The lease agreements do not contain any material restrictive covenants. The leases have remaining term dates that range from 2025 through 2029.

Stone Belt's ROU assets and liabilities are recognized on the lease commencement date in an amount the represents the present value of future lease payments over the lease term. Stone Belt made a policy election to use a risk-free interest rate for the discounting and measurement of ROU assets and liabilities related to building space and equipment. The risk-free rate is permitted under a practical expedient available to not-for-profit entities which prescribes Stone Belt to use the risk-free rate so long as there is no implicit rate in the lease that is readily determinable. Stone Belt used the implicit rate for discounting and measurement of ROU assets and liabilities related to vehicles. Certain leases contracts contain non-lease components such as maintenance and utilities. Stone Belt has made a policy election to not separate

STONE BELT ARC, INC.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

the lease and non-lease components, and thus recognizes a single lease component for all of its ROU assets and lease liabilities. The operating lease ROU asset also includes any lease payments made and excludes lease incentives, if any.

Short-term leases (leases with an initial term of 12 months or less or leases that are cancelable by the lessee and lessor without significant penalties) are not capitalized but are expensed on a straight-line basis over the lease term. The majority of Stone Belt's short-term leases relate to office equipment.

In evaluating contracts to determine if they qualify as a lease, Stone Belt considers factors such as if it has obtained substantially all of the rights to the underlying asset through exclusivity, if Stone Belt can direct the use of the asset by making decisions about how and for what purpose the asset will be used and if the lessor has substantive substitution rights. Furthermore, Stone Belt assesses whether it is reasonably certain to exercise options to extend or terminate a lease considering all relevant factors that create economic incentive to exercise such options, including asset, contract, market, and entity-based factors. These evaluations may require significant judgement.

The components of Stone Belt's lease cost for 2024 and 2023 is as follows:

	2024	2023
Operating lease cost	\$ 338,893	\$ 348,847
Gifts-in-kind rent cost	81,125	75,000
Short term lease cost	203,645	93,838
	<u>\$ 623,663</u>	<u>\$ 517,685</u>

Stone Belt's ROU assets and lease liabilities as of and for the year ended June 30, 2024 and 2023 are as follows:

	2024	2023
Right-of-use assets		
Operating lease assets	<u>\$ 1,389,604</u>	<u>\$ 760,953</u>
Deferred rent reduction included in ROU assets	<u>\$ 3,051</u>	<u>\$ 2,848</u>
Lease liabilities		
Operating lease liabilities, current	\$ 415,341	\$ 311,736
Operating lease liabilities, noncurrent	977,314	452,065
Total operating lease liabilities	<u>\$ 1,392,655</u>	<u>\$ 763,801</u>

STONE BELT ARC, INC.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

	2024	2023
Cash paid for amounts included in measurement of lease liabilities:		
Operating cash flows from operating leases	\$ 348,654	\$ 349,752
Right-of-use assets obtained in exchange for new operating lease liabilities	\$ 967,747	\$ 662,483
Weighted-average remaining lease term - operating leases	3.67 years	3.49 years
Weighted average discount rate - operating leases	6.96%	6.02%

Future payments of lease liabilities are as follows:

Year Ending June 30,	
2025	\$ 451,323
2026	434,971
2027	431,442
2028	220,070
2029	64,997
Total lease payments	1,602,803
Less interest	(210,148)
	<u>\$ 1,392,655</u>

The leases include escalating lease payments that, under accounting principles generally accepted in the United States of America, are to be recognized on a straight-line basis. Under ASC 842, the ROU asset was reduced by approximately \$3,000 for deferred rent in 2024 and 2023.

11. LIQUIDITY AND AVAILABILITY OF RESOURCES

As of June 30, 2024, Stone Belt had approximately \$3,180,000 of financial assets available within one year of the statement of financial position date to meet cash needs for general expenditure consisting of cash of \$1,568,000 and contract receivables of \$1,612,000. None of the financial assets are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the statement of financial position date. Contract and grant receivables are subject to implied time restrictions, but are expected to be collected within one year. Stone Belt's policy is to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, as part of its liquidity management, Stone Belt invests cash in excess of daily requirements in various investments, including mutual funds.

As of June 30, 2023, Stone Belt had approximately \$3,632,000 of financial assets available within one year of the statement of financial position date to meet cash needs for general expenditure consisting of cash of \$2,607,000 and contract receivables of \$1,025,000.

STONE BELT ARC, INC.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

As of June 30, 2024 and 2023, Stone Belt had approximately \$4,744,000 and \$4,472,000, respectively, in long-term investments that were without donor restriction but designated by the board for capital improvements. While there is no intent to liquidate these investments, they are available to Stone Belt with board approval. Furthermore, Stone Belt also had \$250,000 available on its line of credit as of June 30, 2024 and 2023 which is available through November 2024 when the line of credit expires.

12. CONCENTRATION OF CREDIT RISK

Major customers/grantors are those that individually account for more than 10% of Stone Belt's total support and revenue. For 2024 and 2023, Medicaid programs (primarily residential and day services) accounted for 85% and 87% of the total support and revenue for 2024 and 2023, respectively. Stone Belt provides services to individuals and companies which are billed in arrears at least monthly. The majority of individual services are provided under grant contracts or provider agreements with state agencies. Companies are provided credit in the normal course of business without collateral. Accounts receivable by payor was as follows as of June 30:

	2024	2023
Medicaid	58%	59%
Government	19%	24%
Other	23%	17%
	<u>100%</u>	<u>100%</u>

13. COMMITMENTS AND CONTINGENCIES

Stone Belt has a standby letter of credit for \$100,000 and \$225,000 as of June 30, 2024 and 2023, respectively, as a requirement to the workers compensation and employers liability insurance policy. There were no borrowings against this letter of credit as of June 30, 2024 and 2023. The letter of credit is collateralized by substantially all of Stone Belt's assets.

Certain grants and contracts require the fulfillment of certain conditions as set forth in the instruments. Failure to fulfill the conditions could result in the return of the funds to grantors. Although that is a possibility, Stone Belt deems the contingency remote, since by accepting the funds and their terms it has accommodated the objectives of the organization to the provisions of the grant or contract.

Stone Belt is involved in various legal proceedings and litigation arising in the ordinary course of business. Although the eventual outcome of these matters is not presently determinable, in the opinion of Stone Belt's management, the resolution of such proceedings and litigation will not have a material adverse effect on the financial position, results of operations or cash flows of Stone Belt.

STONE BELT ARC, INC.**NOTES TO FINANCIAL STATEMENTS**
JUNE 30, 2024 AND 2023**14. FUNCTIONAL EXPENSES**

Stone Belt provides a full range of services to individuals with disabilities. The costs of providing various programs and support activities have been summarized on a natural basis in the statements of activities and changes in net assets and on functional basis below. Certain costs such as salaries, wages and benefits have been allocated among program services, general and administrative, and fundraising categories based on actual direct expenditures and cost allocations based on estimates of time spent by Stone Belt's personnel. Other costs such as rents and leases, utilities and telephone and depreciation have been allocated among program services, general and administrative, and fundraising categories based on actual direct expenditures and cost allocations based on estimates of space utilized by these functional expense categories. Allocations have been applied to all functional categories reported below. Although the methods used were appropriate, alternative methods may provide different results.

Expenses related to providing these services for 2024 and 2023 were as follows:

	2024			
	Program Services	General and Administrative	Fundraising	Total Expenses
Salaries, wages and benefits	\$ 17,657,908	\$ 1,902,072	\$ 177,519	\$ 19,737,499
Professional fees	95,493	84,129	829	180,451
Purchased services	182,822	203,036	11,838	397,696
Supplies	491,421	59,938	80,402	631,761
Rent and leases	571,730	39,717	12,216	623,663
Utilities and telephone	427,417	161,930	1,762	591,109
Depreciation	257,103	164,407	742	422,252
Repairs and maintenance	101,260	64,171	-0-	165,431
Dues and subscriptions	11,096	329,335	13,751	354,182
Insurance	154,094	38,873	-0-	192,967
Vehicle	183,221	8,366	612	192,199
Travel and training	186,901	71,004	2,342	260,247
Provider tax	442,770	-0-	-0-	442,770
Other	59,112	85,512	-0-	144,624
Total	<u>\$ 20,822,348</u>	<u>\$ 3,212,490</u>	<u>\$ 302,013</u>	<u>\$ 24,336,851</u>

STONE BELT ARC, INC.

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2024 AND 2023

	2023			
	Program Services	General and Administrative	Fundraising	Total Expenses
Salaries, wages and benefits	\$ 16,426,987	\$ 1,806,362	\$ 124,387	\$ 18,357,736
Professional fees	127,349	76,692	398	204,439
Purchased services	143,609	215,705	6,089	365,403
Supplies	578,309	77,016	64,809	720,134
Rent and leases	475,671	32,014	10,000	517,685
Utilities and telephone	364,817	217,600	1,070	583,487
Depreciation	234,759	167,756	766	403,281
Repairs and maintenance	173,097	94,221	-0-	267,318
Dues and subscriptions	10,231	307,062	4,654	321,947
Insurance	155,148	34,096	-0-	189,244
Vehicle	215,679	10,094	218	225,991
Travel and training	167,771	54,932	2,763	225,466
Provider tax	472,785	-0-	-0-	472,785
Other	4,136	32,823	-0-	36,959
Total	<u>\$ 19,550,348</u>	<u>\$ 3,126,373</u>	<u>\$ 215,154</u>	<u>\$ 22,891,875</u>

15. FEDERAL, STATE AND LOCAL AWARDS

Uniform Compliance Guidelines for Examination of Entities Receiving Financial Assistance from Government Sources, issued by the Indiana State Board of Accounts, requires Indiana not-for-profit entities to disclose federal, state and local awards expended during the entities' annual reporting period. During 2024, and 2023, Stone Belt expended the following federal, state, and local awards.

	2024	2023
Federal		
Innovation Pilot Project Grant	\$ 93,750	\$ -0-
Employment Transformation Collaborative Grant	56,960	-0-
Direct Service Workforce Investment Grant	536,621	299,999
Total federal	687,331	299,999
Local		
Monroe County	573,150	560,039
United Way	27,605	31,079
Other	-0-	110,000
Total local	600,755	701,118
	<u>\$ 1,288,086</u>	<u>\$ 1,001,117</u>

STONE BELT ARC, INC.

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

The federal, state and local awards are included in grant revenue and contributions and other support on the statements of activities and changes in net assets.

Stone Belt received COVID-19 federal grant funds through the Department of Treasury under Federal Assistance Listing Number #21.019 passed through the State of Indiana Family and Social Services Administration (FSSA). In 2024 and 2023, these funds were for the stabilization of the workforce through the innovation pilot project grant, employment transformation collaborative grant, and direct service workforce investment grant. FSSA considers Stone Belt a beneficiary for these grant funds rather than sub-recipient. As a beneficiary, these funds are excluded from Stone Belt's determination of federal expenditures under the Uniform Guidance requirements.

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: DEC 15 1995

Stone Belt Arc, Inc.
2815 E. Tenth Street
Bloomington, IN 47408-2601

Person to Contact:

Dee Anna Jarmon

Telephone Number:

513-684-3957

Refer Reply to:

EP/EO

Federal Identification Number:

35-1059827

Dear Sir or Madam:

This letter is in response to your request for a copy of your determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in June 29, 1961, granted your organization exemption from Federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your sources of support, or your purposes, character, or method of operations have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

(2)

Stone Belt Arc, Inc.
35-1059827

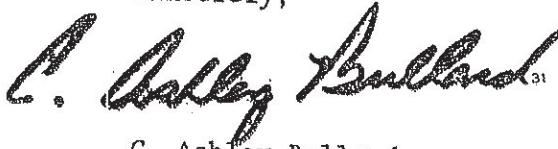
You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it with your permanent records.

Please direct any questions to the person identified in the letterhead above.

This letter affirms your exempt status.

Sincerely,

A handwritten signature in dark ink, appearing to read "C. Ashley Bullard". The signature is fluid and cursive, with a small "31" written at the end.

C. Ashley Bullard
District Director